

**THE FACULTY AND STAFF
OF
RUTGERS UNIVERSITY BEHAVIORAL HEALTH
CARE
WELCOME YOU
TO THE PSYCHOLOGY DOCTORAL INTERNSHIP
PROGRAM AT RUTGERS NEWARK**

Name: _____

Your room assignment is: _____.

Your phone extension is: _____.

Psychology Internship Program Accredited by:

Office of Program Consultation and Accreditation (OPCA) American Psychological Association Commission on Accreditation (CoA), 750 1st Street NE, Washington, DC 20002, Phone: (202) 336-5979, Fax: (202) 336-5978, E-mail (General): APAAccred@apa.org, Web: <http://www.apa.org/ed/accreditation> (site visit for consideration of re-accreditation will next be scheduled in 2019)

RUTGERS UNIVERSITY

**RUTGERS UNIVERSITY BEHAVIORAL
HEALTH CARE
RUTGERS UNIVERSITY CORRECTIONAL
HEALTH CARE**

and

**RUTGERS NEW JERSEY MEDICAL SCHOOL
DEPARTMENT OF PSYCHIATRY
DIVISION OF CHILD AND ADOLESCENT
PSYCHIATRY**

**SURVIVAL MANUAL FOR PSYCHIATRY
RESIDENTS, PSYCHOLOGY INTERNS, AND
NEW STAFF**

2015-2016

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NJ MEDICAL SCHOOL FACULTY

Petros Levounis, M.D.	Chair and Assoc. Prof, Department of Psychiatry, NJMS Vice Chair, Education
Najeeb Hussain, M.D.	Director of medical student training and Director of Adult Residency Training
Cheryl Kennedy, M.D.	Assoc. Prof., Dept. of Psychiatry, NJMS Vice Chair, Clinical Services
Tolga Taneli, M.D.	Asst. Prof., Dept. of Psychiatry, NJMS Director, Child Psychiatry Residency Training Program Co-Chair, Child Psychiatry
Beata Geyer Beaudoin, Ph.D.	Assistant Professor, Dept. of Psychiatry, NJMS
Susan Adubato, Ph.D.	Asst. Prof., Dept. of Pediat. and Dept. of Psychiatry, NJMS
Rashi Aggarwal, M.D.	Assistant Prof., Dept of Psychiatry, NJMS
Evan Christodoulou, M.D.	Asst. Prof., Dept. of Psychiatry, Robert Wood Johnson Medical School
Donald Ciccone, Ph.D.	Asst. Prof., Dept. of Psychiatry, NJMS
James Hill, Ph.D.	Asst. Prof. Dept. of Psychiatry, NJMS Associate Dean of Student Affairs, NJMS
Dorothy Isecke, M.D.	Instructor, Dept. of Psychiatry, RWJMS
Nadia Mirza, M.D.	Clinical Instructor, NJMS
Rachael Power, M.D.	Asst. Clin. Prof., Dept. of Psychiatry, RWJMS

UBHC STAFF - Leadership:

Christopher Kosseff	President and CEO, UBHC
Jeff Dickert, Ph.D.	Vice President, University Correctional HealthCare
Rosemarie Rosati, LSW	Vice President, Brief and Extended Services Acting Director, Child Services
Michelle Miller, APN	Vice President, Acute Services
Theresa Miskimen, MD	Medical Director
Stephanie <u>Marcello Duva</u> , Ph.D.	Chief Psychologist UBHC, Executive Director, Psychology Internships

Management Staff, UBHC-Newark:

Rinku Arora, Psy.D.	Clinician Supervisor, Asst. Dir. of Psych. Training
David Cudia, LPC	Clinician Supervisor, Adult OPS
Elaine Edelman, LCSW	Clinician Supervisor, Adult OPS
Gregory Benson, Psy.D.	Clin. Sup, AOPS, Dir. of Psychology Training
Kristin Miller, LCSW	Program Coordinator, Children's Partial Care Services
Ruby Valles, LCSW	Program Coordinator, Crisis Clinic
Derrick Knighton, BA	Program Coordinator, Children's Services
Vicki Larsen, Ph.D.	Program Director, Acute Services
Karen Somers, LCSW	Program Director, Adult Outpatient Services
Evelyn Orozco, PhD	Program Director, Children's Services
Susan Carrington-Royal, EdS, LAC	Clinician Supervisor Children's Mobile Response and Stabilization
Avis Scott, LCSW	Program Director, Adult Extended Partial
Debra Waksberg, LCSW	Program Coordinator, Collaborative Partial Program
Tonya Wright	Office Manager, Children's Services

Clinical Staff Children's Services-Newark:

Indira Acosta, LPC	Clinician, Partial Hospital
Huldah Adams, LPC	Clinician, Partial Hospital
Karen Aizaga, M.A.	Clinician, Outpatient Services
Rinku Arora, Psy.D.	Clinician Supervisor, Outpatient Services
Sonia Borges, M.A.	Clinician, Partial Hospital
Nicole Brito, MSW, LSW	Clinician, Partial Hospital
Rosanna DeJesus, MA	Clinician, Outpatient Services
Annabys Duval, MA	Clinician, Collaborative
Mona Ismail, M.D.	Psychiatrist, Collaborative
Alejandro Flores, LCSW	Clinician, Outpatient Services
Dorothy Isecke, MD	Attending Psychiatrist, Outpatient Services
Paula Iudica-Costa, Ph.D.	Clinician, Outpatient Services
Diane Kaufman, MD	Attending Psychiatrist, OPS
Jacelyn Matthews, M.A.	Clinician, Partial Hospital
Irene Ngai, MA	Clinician, Outpatient Services
Eric Parker, PhD	Clinician, Outpatient Services
Sueli Petry, Ph.D.	Clinician, Outpatient Services
Rachael Power, M.D.	Attending Psychiatrist, Outpatient Services Asst. Clin Prof., RWJ Medical School
Jessica Shabo, MD	Psychiatrist, Partial-Hospitalization
Sharon Teague, LCSW	Child Outreach Program, Partial Hospital

Mental Health Specialists - Children's Services-Newark:

Michael Ajagbe, BA	Mental Health Specialist, Partial Hospital
Lyonel Bordes , BA	Mental Health Specialist, Partial Hospital
Maria Canelas, BA	Mental Health Specialist, Collaborative
Mariangel Chevalier, BA	Mental Health Specialist, Partial Hospital
Aminah Daniels, BA	Mental Health Specialist, Collaborative
Dwanee Finley, BA	Mental Health Specialist, Partial Hospital
Crystal Garcia, BA	Mental Health Specialist, Partial Hospital
Doris Marin, B.A.	Mental Health Specialist, Collaborative
Julio Ortiz, BA	Mental Health Specialist, Collaborative
Jamilla Paden, B.A.	Mental Health Specialist, Partial Hospital
Carolyn Page, BA	Mental Health Specialist, Partial Hospital
Christina Salmon, BA	Mental Health Specialist, Partial Hospital
William Tate, BA	Hab. Counselor, School-Based Staff
Rashid Taylor, BA	Mental Health Specialist, Partial Hospital
Tracy Tironi, BA	Special Education Teacher, Partial Hospital
Joseph Vitale, BA	Mental Health Specialist, Collaborative
Christopher Zarillo, BA	Mental Health Specialist, Partial Hospital

Support Staff Children's Services-Newark:

Jacob Brown	Driver, Partial Hospital
Alex Figueroa	Scheduler
Lakeysa Green	Principal Recept., Scheduler
Roselyn Oaks	Secretary, Partial Hospital
Ethel Malloy	Housekeeper

Maria Mendez	Driver, Specialist, Partial Hospital
Alicia Reed	Secretary, Outpatient Services
Kecia Tidwell	Driver, Collaborative
Tonya Wright	Office Manager, Children's Services

Child Fellows – Newark

Cecilia Belardinelli, M.D. (2nd yr)

Shirley Sostre, M.D. (2nd yr)

Clinical Staff Adult Outpatient Services-Newark:

Frank Baffige, MA, PhD, CADC	Clinician- OPS
Stuart Belenker, MD	Psychiatrist, OPS
Mukti Chakrabarti, MD	Psychiatrist, OPS
David Cudia, LCSW	Clinician Supervisor – Adult OPS
Patricia Firrincili, MA, LCADC	Clinician- OPS
Oraida Gandara, LCSW	Clinician- OPS
Farhana Mansoob, MD	Psychiatrist, OPS
Manuel Sanchez, MD	Psychiatrist, OPS
Isabel Steinfeld, MD	Psychiatrist, OPS
Jocelynda Udasco, MD	Psychiatrist, OPS

Support Staff Adult Outpatient Services-Newark:

Shante Corner	Scheduler/Receptionist
Diane Delaney	Secretary
Dawn Lee	Office Manager (supervisor, support services)
Sherise Pollard	Secretary
Marilyn Rodriguez	CSR
Geneva Saunders	CSR
Jacinta Torres	CSR

Mary Smith

Secretary

Soraida Sukhera

Secretary

EXTENDED TREATMENT-PH ADULT STAFF DIRECTORY

NAME	PHONE#	ROOM#
Althea Littlejohn	2-6402	D-1457
Ana Maria Caceres	2-7703	D-1543
Arlene Raynor	2-9876	D-1425
Avis Scott (Clinician Administrator)	2-4357	D1433
Caroline Ndumele (Nurse)	2-6569	D-1500
Claire Hipol-Ligot	2-1941	D-1437
David Goldbloom (Psychiatrist)	2-9477 Wed &Fri	D-1404
David Sims	2-4888	D-1540
Dana Robinson	2-5024	D-1547
Dana Rotio	2-9309	D-1412
Danielle Trippeda	2-7548	D-1453
Deborah Towns (Office Manager)	2-4885	D-1434
Della Dunlap	2-4839	D-1440
Edward Woods	2-7900	D1456
Emelda Phillip	2-1359	D-1549
Enrico Reid	8-8811	N/A
Evangelia Dixon	2-9683	D-1426
Gary Taylor	2-7908	D1456
Hafeeza Muhammad	2-4522	D-1541
Hussain Salaam	2-7690	D-1545
Isabel Allen-Steinfeld (Psychiatrist)	2-9380/ Tue &Fri	D-1404
Jamie Molenaro	2-7702	D-1440
Jerome Coakieanos	2-5452	D-1441
Jessie Fields	2-7907	D-1438
Kaietha Andrews	2-4234	D-1455
Kevin Motley	2-9316	D-1419
Larry Rimbart	2-6392	D-1454
Marilyn Green (Clinician Supervisor)	2-7897	D-1436
Marcia Ginlock	2-9689	D-1410
Michele Allen	2-6570	D-1439
Michael Goldin (Psychiatrist)	2-9358/ M,T,W,F	D-1404
Muhammad Abbass	2-4129	D-1451
Monica Noel	2-9683	D-1426
Nicole Attaway (Program Coordinator)	2-9798	D1435
Nina Smith	2x7060	D-1543
Paula Pesci (Psychiatrist)	2-4809/ M,T,Th,Fri	D-1416
Rosemarie Rosati (Vice President)	2- 4809/Wednesday	D-1416
Shelley McClain	2-9683	D-1426
Sondy Cadeau	2-0775	D1429
Teresa Prince-Sims	2-0558	D-1427
Terry Reed	2-9303	D-1403
Wilma Johnson	2-4262	D-1452

450 PROGRAM		
Maple Rest	973-678-7699	East Orange
Maple Rest (Irma Nyack)	973-676-0039	East Orange
Group Rooms & Other Department Contacts		
Acute Service (NwkPH)	1-1008	D-1504
Dinning Room		D-1542
Engraving	1-1003	D-1560
Empowerment (MICA)		D-1521
Food Service (Kitchen)	1-1004	D-1536
Gero	1-1884	D-1443
Laundry		D-1548
Multipurpose Room		D-1444
Program Services		D-1520
Snack Bar		D-1534
Group Room A		D-1449
Group Room B		D-1448
Group Room C		D-1447
Group Room D	Clinical Area	D-1446
Group Room E		D-1555
Group Room F		D-1554
OUTSIDE CONTACTS		
Access Center	1-800-969-5300	
AOPS / E-Level	2-5430	
AOPS Nurse (Rita Howley)	2-5424	
Child & Adolescent	2-4818	
Child & Adolescent Nurse	2-7475	
Clinical Records	2-4834	
COPSA (Dementia)	1-800-424-2494	
Crisis / Acute	2-6100	
Emergency Medical Services (EMS)	2-7000	
Emergency (Police)	2-4490	
G-Yellow	2-6126 / 2-6123	
Help Desk (UBHC)	5-4715	
Hospital Lab	2-4079	
Housekeeping	Main# 2-6702	
IST (B-Level)	2-3919	
Path mark Pharmacy	973-242-2838	
Physical Plant	2-5400	
Piscataway Club	5-6903	
Security	2-5517	
Schedulers (Front Area) B-Level	2-1431 / 2-1087	
UH - Psych ER	2-6134	
Violence Institute	2-1725 / 2-1717	

FAX NUMBERS

Extended Treatment Phone: 973-972-5479 Fax: 2-3711

450 Residential Group Home; 44-60 Livingston St., Newark

Phone: (Building A) 973-732-6338 (Building B) 973-732-0078 Fax: 862-234-1600

PROFESSIONAL BEHAVIOR

ABSENCE FROM UNIT

If you are away from a “home” unit for any reason, particularly in deviating from your regular training plan, it is your obligation to inform the receptionist of where you are and how you can be reached.

ARRIVAL OF PATIENTS

It is your responsibility to be in your office and available for a scheduled appointment with a patient at the scheduled time. It is expected that you will see scheduled patients at the appointed time.

The receptionist will call your office when the patient arrives. If you do not answer, the receptionist will leave a message on your voice mail. It is your responsibility to check your voice mail and respond by coming to the reception area for your patient. If you do not receive a call, check with the receptionist to see if your client has arrived.

COURTESY

It is expected that all staff will treat all patients and co-workers, including clinical, support, and maintenance staff, in a courteous, collegial, and respectful manner. Disagreements among staff members should lead to constructive discussion and, if necessary, the involvement of supervisory personnel.

Patients and family members who are in our area are our guests. If we see someone in the hallway who seems to be lost, it is appropriate to inquire as to where the person is going and to direct them to the appropriate place. The culture within UBHC Newark is generally a very friendly one, and most individuals, even strangers, expect a short, cordial greeting.

CONFIDENTIALITY

We have an obligation to treat the information given to us by patients in a highly confidential manner. Staff should not discuss or have conversations with patients in public places (the waiting area, hallways, the elevator). When a patient is in your office, the door should be closed so that the conversation cannot be heard by people passing by. You should position your computer so that the screen is not easily seen by people at your door. Special care should be taken regarding any documentation with identifying information; if you need to leave such material in the mailboxes of other staff members, it should be placed in an envelope. If you refer to patients in an email to other staff, please use initials and ID numbers, not the names of the patients; this is also true for attachments to emails. Do not use the email system to communicate with patients. Please also make sure that you have reviewed Rutgers’s policies on confidentiality and have completed the web-based HIPPA training.

There are also very strict rules in terms of working on patient information (e.g., testing reports) off-

site. In general, ALL information must be de-identified first, and password protected with the internship code “assess”. If you e-mail any de-identified reports or other patient-related information, you MUST use only your Rutgers e-mail address, and mail only to another Rutgers e-mail address for proper encryption. You will be asked to sign confidentiality forms attesting to this.

DRESS

Interns are expected to dress in an appropriate and professional manner every day, including Fridays and in accordance with UBHC’s dress code policy. It is important to remember that our patient population includes children and adolescents, some of whom have difficulties with boundaries, impulsivity, and sexual issues. Interns are also psychologists-in-training, and are expected to represent their profession well, even on days they are not seeing patients.

Policy Manual
University of Medicine and Dentistry of New Jersey
University Behavioral HealthCare

Subject Special Administrative Policies	Coding 32-31-50-80:00	Page 1 of 2
Title Professional Appearance/Dress Code	Effective Date 4/20/10	Revision Date 6/7/11; 6/1/12

Purpose:

University Behavioral HealthCare (UBHC) believes that the work attire should complement an environment that reflects a professionally operated organization. This policy is intended to define appropriate casual business attire for staff members.

Responsibility:

All UBHC managers and supervisors are responsible for ensuring that staff members are dressed in a manner that is consistent with this policy, department-specific policy, and the personal appearance guidelines in the Rutgers Department of Human Resources Staff Handbook.

Policy:

It is the policy of UBHC that each employee’s dress, grooming, and personal hygiene should be appropriate to the work situation.

Below are examples of attire that are suitable:

- Blazers, suits or sport coats
- Slacks, Chinos, Dockers, or Dress Capris
- Dresses, skirts
- Polo shirts with collars
- Dress shirts, oxford button-down shirts
- Sweaters and cardigans
- Dress shoes, loafers, sandals

Below are examples of unacceptable attire:

- Jeans, which includes jean/denim jackets, or other denim clothing
- Leggings, spandex or tight-fitting apparel
- Mini-skirt/dresses (2 or more inches above the knees)
- Dresses or shirts with necklines that reveal cleavage
- Shorts and skorts
- Halter-neck, strapless, spaghetti strap or tank-top garments
- Sheer clothing
- Sweat pants and shirts
- Tee shirts
- Sneakers
- Flip-flops/backless sandals
- Headwear (unless as a part of a uniform or are part religious headwear)

Staff who wear a uniform are required to adhere to the uniform dress code standards.

Procedure:

1. Clothes/uniforms must be clean, neat, and free of frays, tears, and wrinkles.
2. Footwear must be clean, in good condition, and appropriate for work functions.
3. Staff must strictly adhere to department-specific policies and infection control standards regarding clothing, footwear, hair and fingernail grooming, jewelry, and accessories (i.e., belts, scarves).
4. Rutgers identification cards are to be worn and clearly visible while on Rutgers premises.
5. Perfumes and colognes should be worn in moderation, so as not to overwhelm consumers, visitors, and colleagues during interactions.

Exceptions can be made for special events outside the facility/program locations and must be approved

by the program supervisor.

For UCHC-based interns or any interns visiting the prisons,

1. Pack items in a clear bag to facilitate your arrival
2. No cell phones are allowed
3. More conservative and loose clothing is needed, including closed, low-heel shoes
4. Wireless bras only (others will set off the metal detector)

STAFF ISSUES

ATTENDANCE

The attendance book is located in the reception area. Please be sure to sign in and out each day for accurate recording of your time (Next to the C-level mailbox).

HOLIDAYS

There are eight regularly scheduled holidays for faculty, staff, and house staff: New Year's Day, Martin Luther King Jr.'s Birthday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Day. If you observe any other holidays, these must be taken as vacation days or float holidays.

TIME OFF

Requests for vacation, float holidays, scheduled sick days, and conference attendance should be requested on the Time Off Notification Form located in the file cabinet in C1511 (in Child Services) or in E1520 (for Adult Services). The forms are the same and can be obtained in either location. Sick days should not be scheduled in advance, except for medical appointments; they should not be tacked on to vacation time or float time; they are to be used only if you are sick or have a medical appointment. Except for emergency sick time, requests must be submitted at least two weeks **in advance**. Intern requests should be signed by Dr. Benson or Dr. Iudica. You will receive 6 float holidays. Fellow requests should be signed by the Clinician Supervisor of the unit and then sent on to the Department of Psychiatry. Staff requests should be signed by the Clinician Supervisor. Please note that it is your responsibility to identify the individual(s) who will provide coverage for you while you are away, and to obtain their agreement.

Once vacation time has been approved, it is your responsibility to notify all appropriate administrative, supervisory, and support staff as to your expected absence and coverage. You should also notify patients for all expected absences.

It is wise to maintain an independent record of the time you have taken.

CONFERENCE/TRAINING ATTENDANCE

Requests for time off for attendance at a conference must be submitted in the same manner as vacation time. All time off requests for conferences must be accompanied by a copy of the conference announcement or brochure and the attendance at events form from the Office of Compliance (for non-UBHC sponsored events). This also applies to time off to attend trainings sponsored by UBHC.

UBHC allows staff five conference/training days per year, but expects that productivity for half that time will be made up. Further clarification of this can be provided by your supervisor.

SICK TIME/ABSENCE/TARDINESS

You must apply for sick time for medical appointments scheduled in advance by use of the Time Off Notification Form.

If you are ill or will be unexpectedly late or absent from the office on a scheduled workday, it is important that you notify the receptionist (972-4818 in Child Services; 972-1431 or 972-5430 in Adult Services). Coverage is provided at the front desk beginning at 8:30 AM. It is wise to wait until 8:30 AM to call in, so that you can speak to the receptionist directly rather than leaving a voice mail message, and notify her as to which patients must be called. You must also notify the training director, your primary supervisor, as well as supervisors in any other areas you are scheduled to be in that day. If you are ill, please inform your primary supervisor as to the nature of your illness. Finally, you should also notify the person providing coverage for you.

If you must leave your office for an extended time during the workday, it is essential that you notify the receptionist of your whereabouts.

CHANGE OF ADDRESS

If you move during the year, make sure that you inform Human Resources, and also alert Dr. Benson of your new address.

INTERNSHIP HOURS

As an intern, you are expected to accrue 2000 hours to ensure successful completion of your internship, as internship administrators need to be able to sign off on any state's licensure forms. Vacation, sick time, and holidays do not apply towards your 2000 hour total. However, you may document time spent at home doing internship duties (e.g., writing up an educational or case presentation, etc), but NOT time spent reading journal articles and other learning activities. It is also expected that you will accrue at least 600 face-to-face clinical hours on internship, while more is desirable. You must document your internship time (both total and face-to-face) on the weekly sign-in sheets, and must submit a monthly total to the assistant TD (Dr. Iudica).

INCLEMENT WEATHER

Please note that the University may make decisions about closing in the event of inclement weather **independent** of the decisions made for state employees. Therefore, please watch for announcements about Rutgers at the following places: 1) the University Web Page (<http://rbhs.rutgers.edu/operatingstatus.shtml>; www.rutgers.edu or www.ubhc.rutgers.edu); 2) radio and television stations (WCBS-880 AM, WOR-710 AM, WBUD-1260 AM, WKXW-101.5 FM, News 12 NJ Cable News); 3) email; 4) phone, Newark campus, 972-4300; and 5) phone tree (maintained by supervisory staff). Generally, such decisions are made by 6:00 AM.

Campus Information Services (CIS) plays a primary role in disseminating Adverse Weather related information to the university community, including the announcement of delayed openings, office closings, and class cancellations via broadcast e-mail messages and postings on the Campus Operating Status web page. Additional methods are also utilized to disseminate information, which include e-mail, websites, campus television and local radio/television stations.

Faculty and staff may also be notified of a change in campus status through their departmental telephone chains and are encouraged to review their group's emergency telephone chain and update them as needed.

During an adverse weather event, please use the information resources listed on the Campus Operating Pages and refrain from calling the Rutgers University Police Department (RUPD) regarding possible cancellations, closures, or delays. Maintaining the ability of the RUPD to receive emergency calls is vital. A large volume of calls can tie up police phone lines at critical times. Please direct questions to Campus Information Services at 732-932-info.

Please note that Rutgers University closings do not necessarily correspond with those of UBHC, which may remain open, even when classes are cancelled.

LUNCH

The cafeteria is located on Level B of the Medical Science Building, and the Canteen is located on B-level of UBHC.

DINNER

After hours, there are many local restaurants which are accessible and affordable, including IHOP on Bergen St., Appleby's on Springfield Avenue, and many good Portuguese options in the Iron Bound/Down Neck area.

STAFF MISHAPS

An Incident Report is to be filed by the unit supervisor if any staff member or visitor is injured in any manner, or if there is theft of or damage to property. Bring such incidents to the attention of a unit supervisor immediately.

OCCUPATIONAL MEDICINE

These offices are located in the Stanley Bergen Building (100 Bergen St). No appointment is needed, but do be prepared to wait. If desired, appointments can be made by calling (973) 972-2900. While there is an Employee Assistance Program Service for personal counseling issues, whose website

may be accessed at <http://ubhc.rutgers.edu/eap/index.htm> and interns may be assigned a staff person operating outside the rotation as a counselor, most interns tend to choose to use the benefits associated with their health insurance for mental health counseling.

FITNESS FACILITIES

There is a small fitness room with cardiovascular equipment in E-1539, to which you may gain entry with your swipe/ID card. You may also be entitled to membership to the Golden Dome Fitness Center on the downtown campus, with a membership fee.

SECURITY

We ask that staff members exercise prudence with regard to the security of themselves and their property. It is recommended that purses and other valuables be locked in a desk or file drawer during the work day. Office doors should be locked when offices are not occupied, even if the offices are left only momentarily. All offices must be locked at the end of the workday.

We generally maintain reception area coverage on Mondays through Fridays until 6:30 PM in Child Services. In Adult Services coverage extends until 6PM Monday through Thursday, and until 5PM on Fridays. If you plan to stay later than that in your office, you can inform the security desk in UBHC (on duty until 10PM) that you are here and when you will be leaving. If you work late and wish to be escorted to your car, notify campus security (2-4492). If you come into the building on a weekend, please make sure the front door is closed behind you.

To, register for the Rave Alert system, which sends alerts to your cell phones. To register, try to visit getrave.com/login/rutgers and log in with your Rutgers core credentials. As a Rave participant, you can allow Public Safety to be alerted if you do not reach your campus destination when expected. In addition, Rave's "panic button" feature activates GPS tracking of your location and immediate contact with Public Safety. Further, Rave notifies participants of emergency or hazardous conditions at Rutgers.

Security numbers are:

Main security desk in BHSB: 2-5517

Campus security: 2-4492

EMERGENCY: 2-4490

Please keep these numbers readily accessible. Use the emergency number, **2-4490**, in the unlikely event of a serious crisis with a patient. Each office is also equipped with a "panic button" that will also alert security.

A phone call to 2-4490 or pushing the panic button will result in the appearance of Rutgers police and/or public safety. The security staff located in our building is not equipped to subdue a patient or transport a patient to the emergency room. Once used, the panic button must be reset. Contact security in our building to reset it.

If there are emergency issues related to patient care (e.g., DCP&P reporting, suicidal ideation), the intern **must** consult with the supervisor immediately (prior to the patient leaving the facility), even through emergency contact information, and if that person is unavailable, they should consult the covering psychologist, or if unavailable, a psychiatrist. If the covering psychiatrist is unavailable, the intern must contact the psychiatrist on duty (P.O.D.). If a DCP&P report is made in the partial program, the intern must also report the incident to Shula Minsky at Quality Improvement.

We now have special emergency preparedness procedures, including “Shelter In Place” for outside disturbances, “Lockdown” for dangerous situations within the building, or Evacuation Procedures. Details will be reviewed for each, during unit wide Emergency Preparedness trainings.

SUPPORT RESOURCES ON UNIT

SUPPORT STAFF

Ms. Tonya Wright is the designated support staff for the internship program, and sometimes engages Ms. Alicia Reed to assist with internship matters. She has a two-hour time commitment to the internship program each week, on average, which varies slightly depending on internship cyclical demands.

She is responsible for tracking paperwork, such as for online staff training, conference attendance, mileage reimbursement, coordination of repairs to your rooms, scheduling of group or conference rooms, and internship coordination for functions such as interviews and graduation. She also is an excellent resource for information regarding questions for staff issues. If you are in need of office supplies or office functions, such as faxing or copying of larger volumes of material, you may ask Ms. Wright for assistance. She can be reached at wrightto@ubhc.rutgers.edu, or 2-6831.

COMPUTERS

Every staff member has a computer. Every staff member is assigned a password for using the computer. Do not give your password to anyone else.

All staff has access to the email system. Email is **never** to be used to communicate to patients. Email can be used *internally* to communicate about patients, as long as the patient's name is not used; you may use patient identification numbers and/or initials. Remember that email is like a postcard and appropriate confidentiality cannot be maintained through email. You can access your email account from your home computer at by logging into Rutgers, through <http://rbhs.rutgers.edu>, going to “Quick Links” and selecting “My Portal”. This will give you access to e-mail as well as your pay stubs and some online

training sites.

Do not download programs, or material from the Internet or outside sources into your computer without consultation with Information Services. Please also note that internet use will be monitored by the University. Do not use the internet for personal use. You are prohibited from listening to the radio or watching streaming video as this creates a heavier demand on bandwidth and may slow down the speed for all users.

All computers are connected to centralized printers. The primary printer on the C-Level is N82, located in the intake room. If you need something printed on letterhead, notify the support staff. It is very important that you pick up anything you print out within a short time. Never leave material overnight that has been printed out.

If you have any computer problems, notify the Help-Desk by e-mailing ubhcatg@ubhc.rutgers.edu. This is the only way to submit a service claim. If you do not receive a response promptly, alert Ms. Tonya Wright of the difficulty.

For corrections to the EMR, you will need to submit a formal request for a “service correction”, or calling Amy Kazary if there is a more significant problem at 5-5921.

COPYING

Copying tasks may be performed by clinical staff on the copier in the Intake Room.

FAXING

Fax machine is in the Intake Room. Please use FAX Cover Sheet (on the shelf in the Intake Room). Please note that **faxing of patient information is prohibited**. We may also not receive confidential patient information by fax.

Child Services FAX number is 973-972-6976. Adult Services FAX: 973-972-7173.

If you need to fax or call out of area (such as to your home program), you will need to use your access code. Personal calls, particularly out of area, are not permitted.

MAIL

Incoming mail will be distributed to your mailbox in the reception area in Child Services, and in E1520 in Adult Services. Please check your box on a regular basis as it will also be used regularly for distribution of daily schedules, and other important information.

Outgoing mail may be placed in black plastic stacking tray located in the area outside the reception

area. You may also place personal mail in this location, if it is properly stamped. The grey or gold inter-office envelopes should be used for any correspondence within the Rutgers campuses.

Documents which will go into client charts should be labeled with the patient name, ID, and date of birth, and then placed in the locked wooden box in the alcove outside the reception area. Whatever does not fit in the mail slot requires the use of a bright yellow envelope marked for Clinical Records.

MAINTENANCE REQUESTS

Requests for repairs, maintenance, and other physical plant services should be submitted in writing to Tonya Wright, who will prepare the appropriate paperwork and obtain administrative approval. The extension for the Maintenance Department is 2-5400.

SUPPLIES

Office supplies may be requested using the Staff Supply Request form. This form is available in the cabinet in the reception area. The completed form should be left in Tonya Wright's mailbox by Tuesday afternoon. Basic supplies are kept in stock on the unit and are generally distributed on Wednesday of each week. If you need something immediately and urgently only, ask Ms. Wright for assistance. Special orders may take longer as they must be ordered from the outside.

We also have craft supplies that you can keep in your office, and games that can be borrowed. If you wish specific items to be purchased for use by clients individually or in group therapy, speak to the supervisor of the unit involved. Occasionally the internship may order a useful piece of play equipment if it can be washed or cleaned. If you have any plastic toys, you will be asked to enter your name onto Ms. Malloy's cleaning schedule. The use of non-washable toys in offices (ie. Fabric, wooden, etc) is not allowed. Plastic toys should be washed weekly.

KEYS

You will receive keys to your assigned office. You are responsible for the safekeeping of these keys and will be expected to return them at the completion of your training experience.

Keys for the "common areas" are kept at the front desk. This includes keys to the conference room and group rooms (C1444, C1507, C1453, and C1455), as well as to the observation room (C1540 and C1541), library, and the storage closet for video equipment. The key for the bottom right drawer in the cabinet in the intake room is also at the front desk; this cabinet contains manuals for the checklists in the bottom left drawer of this cabinet.

Information about the keys for the psychological testing cabinet will be given to the interns by the

testing supervisor.

Keys for group and conference rooms in Adult Services are kept in the reception area.

ROOM RESERVATIONS

The following rooms are available for some family/group therapy or meetings, at certain hours that are not taken up by standing meetings or groups:

C1505, C1453, C1455, C1503, and C1444.

You may schedule these rooms on a regular basis by speaking to Tonya Wright, or to schedule the rooms in Adult Services please speak to Dawn Lee. To schedule these rooms for a single use only, please use the monthly schedule on the door to each room.

In addition, classrooms on the B-level (ground floor) can also be scheduled for single or regular events, usually only in the evenings, if more space is needed. Arrangements for this can be made through Tonya Wright at 2-6831. If the B-Level rooms are available, you will be asked for a memo or email stating the reason for your use of this room.

KITCHENETTE

There is a refrigerator and microwave available for staff use in both Child and Adult Services. Kitchen area pwd is "4818," which is the 4 digit phone number for Child Services. You MUST label all refrigerated items with your name and date. We ask that you respect other staff members by cleaning up after yourself. Please do not leave food in the refrigerator for extended periods of time, and remove all foods on Friday afternoon.

There are also refrigerators for use for the partial care programs. Please do not use and do not remove any food from the refrigerator marked "Program". This refrigerator contains supplies for the partial care clients.

The mesh bags for the washing of toys are kept on top of the refrigerator.

RECEPTION AREA

All patients should wait in the reception area when they are not in an office with a clinician. Do not ask a child or parent to wait outside your office door, or in any area other than the reception area. If you see a patient or parent wandering the halls, please direct them to the reception area to wait for the clinician.

Please note that the clinic policy is that all children under age 14 should be accompanied to appointments by a guardian. Exceptions to this rule are children being seen for groups, or children where an alternate arrangement is discussed in the treatment plan. The support staff can handle unaccompanied children in the reception area if they are able to occupy themselves with books or games or toys. Children who are hyperactive and very young children should not be left in the waiting area to be supervised by

support staff, unless a Mental Health Specialist or a volunteer is present.

Please remind your patients that the waiting area is very close to offices where other people are working, so the noise level in that area should be minimal.

COMMUNITY MEETINGS

Attendance at UBHC Community Meetings is encouraged, so that you can receive information on systems issues affecting UBHC from the higher-level administration. These are held twice a year in B-1425, usually in November and April. You will receive a UBHC-wide e-mail as to when these are scheduled.

PHONES

The main numbers to Child Services are 972-4818 / 972-7881; and to Adult Services, 973-972-5430. You will receive your own number with voice mail. Please familiarize yourself with the phone by reading the phone manual. All voicemail should be originally set at your room # and then the last 2 digits of the year; please reset this when you begin. For your outgoing voicemail message, please include your name and title, the front desk # (973-972-4818, for messages during business hours), and the emergency numbers: (e.g., "in case of psychiatric emergency, please call 911 or the crisis hotline number- 973-623-2323.")

You can make an unlimited number of local calls from your telephone. You can also call Rutgers's Piscataway and New Brunswick campuses by dialing "5" and the last four digits of the number. The last four digits in Newark are preceded by "2" and at Rutgers in Stratford and Camden the preceding number is "6".

Calls and faxes outside Rutgers and outside the local area require a special code, which you will be given. Such calls should only be for business purposes.

FORMS

Blank forms are generally located in the file cabinet in the Intake Room (formerly called the "Take a Break Room") in C1511. If testing forms are missing from the drawer or if more forms need to be added, please notify the testing supervisor. In Adult Services, most forms are located in the mail room in E1520, password 2677 (to be kept confidential)

Most forms related to individual patients or patient care are to be placed in the medical record. Be sure that the patient's name and ID number and birth date are on every form; we are required to have at least **two identifiers** on everything in the medical record and the name and birth date are the recognized identifiers. They can be put in the brown box outside the reception area for pick-up by the Medical Records Staff. If you wish to place any other materials in the medical record (e.g., a report from a school or another agency), be sure to put the client's name, DOB, and ID number on the top.

The following forms are in the cabinet in the Intake Room. Those forms to be placed in the Medical Record are noted with “MR” below. The destination of other forms is indicated below as well.

The following forms are available in this cabinet:

Authorization to Release Information-Partnership for Children (English and Spanish) – MR
Authorization and Report for Therapeutic Holding – Clinician Supervisor
Discuss with supervisor and psychiatrist; support staff (Roselyn Oaks) may give intern form, receive form back, and distribute to appropriate personnel
Authorization for Release of Protected Health Information/Cover Letter – MR
Child Study Team Request Form Letter – School, copy to MR
Clinical Incident Report (Patient) – Clinician Supervisor
Consent to Receive Clinical Services - MR
Consent for Videotaping, Audiotaping, Photography - MR
Growth Charts – MR
Incident Report (Visitor, Staff, Volunteer) – Clinician Supervisor/Clinician Administrator
Misfiled Documentation Notification – Medical Records Supervisor
Nutrition Screening Form – MR
Pain Assessment - MR
Pain Evaluation and Pain Control - MR
Referral to Partial Care Programs from OPS Treatment (form and checklist) – Dr. Arora
Request for Information – Identified Agency, copy to MR
Request for Child Psychological or Neuropsychological Testing – Dr. Testing supervisor
Staff Supply Request – Ms. Oaks or Ms. Reed
Time Off Request – Supervisor for approval; Ms. Wright
Treatment Plan Patient Signature Page - MR
Untoward Event Report – Clinician Supervisor/Clinician Administrator

Also, the following forms for use by physicians are available in the file cabinet as well:

Adverse Medication Reaction Report (this is now part of medication reconciliation??)
Chemistry, Hematology, Serology Test
Chemistry Test, Hematology Blood, Serum, or Plasma
Computed Tomography Scan
Diagnostic Radiology
EKG Charge
Lab Request Form
Medication Authorization and Education
Medication Sheet
Neurology Electroencephalogram

Non-Invasive Cardiography Medication Sheet
Physicians Order Sheet
Physicians Request for Medication in School
Urine, CSF, and Body Fluids Order Form

CASELOAD ASSIGNMENTS AND RESPONSIBILITIES

CASE ASSIGNMENTS

Trainees should review the chart and speak with your supervisor.

New trainees should call the family/client and schedule an appointment. Remember to inform support staff of the appointment (in Child Services).

In Child Outpatient Services cases are formally assigned by clinician supervisor Dr. Rinku Arora only; partial care cases are assigned by the Clinician Supervisor Dr. Lolalyn Clarke. In Adult Outpatient Services, cases are formally assigned by Dr. Benson or David Cudia. Interns should establish a schedule template with Ms. Dawn Lee, and then document the scheduling phone call with a progress note. For the Adult partial programs cases are assigned by Dr. Nicole Attaway. Do not accept cases through informal arrangements, including on outside services (contact the rotation supervisor) as this creates confusion regarding patient care and record keeping.

If you are a fellow and assigned cases for medication monitoring or medication evaluation only, you will be working with an attending physician as well as a primary therapist. You should introduce yourself to the primary therapist and get an update on patients before seeing them. Scheduling should take place based upon the patient's medication needs. All appointments must be made through the support staff member doing scheduling (primarily support staff). Any medication management patient you see will be co-scheduled for you and the attending psychiatrist.

SCHEDULING APPOINTMENTS AND PATIENT BILLING

UBHC uses an electronic clinical documentation system called vxVista. Scheduling is done by Support Staff in a software system called InsightCS. You will receive training in the use of vxVista. There are also periodic updates that will be sent to you by email that you should keep on file.

COMPUTER SCHEDULING OF APPOINTMENTS

Support staff Lakeysa Green and Alexandra Figueroa are responsible for scheduling in Child Services (Mary Smith, Diane Delaney, Sherise Pollard, Geneva Saunders, and Jacinta Torres in Adult Services) and have primary responsibility for scheduling appointments. Other support staff can back them up if needed. In Adult Services, Support Staff enter trainees' scheduled appointments. All scheduling paperwork goes into mailboxes that are labeled as such (daily schedules). All inquiries about schedules are to be directed to the schedulers.

All staff seeing patients must submit a template schedule that details the hours that the clinician should **not** be scheduled (including lunch hour, supervision, didactics, etc). It will be assumed that the

hours left blank are available for patient contact. The designated schedulers in Adult and Child services will schedule appointments for all psychiatric fellows and clinical staff. Staff members who are not trainees should not schedule time for paperwork; trainees may do this. Staff members who are not trainees will be directed by their supervisors as to how many hours per week they must make available for patient appointments in their schedules.

Psychology interns have traditionally arranged their own appointments with clients. Schedulers in Adult and Child services **must** be made aware of all such pre-arranged appointments. **Every Thursday**, you should submit the schedule for next week to support staff. These will be entered into the computerized scheduling system. Appointments made subsequently must be shown to support staff as soon as they are made. If you wish the schedulers in Adult/Child to handle your appointments in the same manner as staff appointments are handled, please let them know.

If the schedulers are handling the scheduling of appointments (as with fellows and staff), the following procedure applies: when finishing an appointment with a client and arranging the next appointment, you must fill out an appointment slip with the amount of time until the next appointment (e.g., one week, one month) and have the patient stop by the reception area to be given an appointment. The scheduler will then enter the appointment into your schedule.

If you know that you will be on vacation, support staff should be informed of this as soon as your vacation time is approved, so that your availability for that period of time can be removed. Please note that, as stated above, you must request vacation time at least two weeks in advance. It is preferable to give more notice than that, so that patient appointments do not have to be changed. In general, it is your responsibility to inform patients that you will be on vacation. The support staff will notify patients if you call in sick.

All interns must leave a copy of their schedule with the C-level support staff so that we know where you are in case of emergency. This is most easily done through the Microsoft Outlook calendar.

UNSCHEDULED OR WALK-IN APPOINTMENTS

If you see a patient and that appointment has not been prescheduled, you must remember to enter that patient's name, case number, and service code on your daily schedule. Otherwise, no bill will be generated for that service.

DAILY VERIFICATION OF APPOINTMENTS

Each morning, you must check your mailbox for the day's schedule printout. This will reflect all appointments entered into the system.

At the end of each working day, you must verify each scheduled appointment, and enter all unscheduled appointments that have occurred. For outpatient appointments, you must write in the exact start and end time of each appointment as well as the appropriate billing code that you will be using when

completing documentation. A list of billing codes to be used by interns will be provided. Then the schedule must be signed and placed in relevant mailboxes (they are marked). **Each clinician's or trainee's workday schedule must be handed in at the end of the day.** This must become a habit.

There must be a match between clinical service codes entered on the schedule and the progress note in the computer. Failure to do so will result in improper billing. Please be very careful about insuring this consistency. Please review the list of codes and discuss anything you don't understand with your supervisor.

MISSED APPOINTMENTS

If a patient misses an appointment, it is generally recommended that you call. However, if missed appointments become habitual, you should discuss with your supervisor the best way to handle the situation. This often requires reaching out to the family via a letter, at times providing them with a deadline within which they must schedule an appointment in order to keep the case open.

PARTIAL HOSPITAL PROGRAM SCHEDULING AND BILLING

Patients are billed daily for their attendance at Partial programs, and all services provided are "bundled" into that bill. Therefore, we do **not** bill separately for patients in a partial program who are seen for therapy, psychiatric evaluations, medication monitoring, psychological evaluations, or any other specific service.

While partial patients will not be included on your daily verification sheet (for interns and fellows), scheduled appointments for these patients should be entered onto your weekly schedule.

Patients in the Intensive Outpatient Program (IOP) are scheduled and billed in the same manner as patients in the Outpatient Services. Patients followed by IOP are those who have been referred to the Challenge Program from an in-patient facility and are waiting for a place to open up, or those who are "stepping down" from Challenge to OPS; if a patient is in the OPS and referred to Challenge, that patient remains with the clinician in the OPS until a place is available.

PATIENT CHARTS AND CLINICAL DOCUMENTATION

PATIENT CHARTS

Since all of our patients have an electronic medical record (“the EMR,” also known as vxVista, or just “Vista”), we do not routinely request for the official paper medical record to be delivered to the unit. If you wish to check recent core assessments, treatment plans, or prior notes, these are available in the EMR. If you need to, you can request the written chart which may contain some information not available in EMR. Also, records can be obtained from the old EMR software (CWS, used prior to 2011) in the medical records, or by asking a unit supervisor to print old core assessments for you. Other CWS records can be obtained by going to “tools” in the current EMR, and then clicking “UBHC Web Portal,” and then “EMR Legacy Rpts.”

Patient charts may be obtained directly from the Clinical Records Department on the B level, using the Medical Record Request card located on the door of Clinical Records. Any chart taken from Clinical Records must be returned by the end of the day. If no one is available to receive the chart, drop the chart in the slot at the bottom of the Clinical Records door.

Materials to be filed in a chart can be placed in the brown box located in the alcove mail area. Be sure to include the patient's name, date of birth, and ID# on each document.

Patient requests for copies of documents contained in the chart should be addressed to Medical Records. **Do not copy and distribute documents in the medical record on your own.** Medical Records keeps a careful record of materials disbursed for HIPAA purposes. If you generate a letter for a patient, please place a copy of that letter in the chart. However, be careful about generating special letters, and always consult with your supervisor before doing so. Charts must not be disassembled.

ELECTRONIC MEDICAL RECORD

vxVista is the computer program that currently handles our clinical documentation (All our scheduling and billing is done through InsightCS, a companion program to Vista.) The EMR allows us to produce a computerized medical record. Core assessments, mental status examinations, progress notes, master treatment plans, treatment plan updates, transfer summaries, and termination summaries are entered into vxVista, and you will receive training in this during your orientation.

GENERAL DOCUMENTATION ISSUES:

It is essential that all clinical DOCUMENTATION be maintained in a timely manner. A document checking system is in place to monitor timeliness of charting requirements and is accessed regularly by supervisory staff. Monthly caseload printouts are distributed to help you adhere to each

month's requirements.

All core assessments, treatment plans, and transfer or termination summaries should be signed by the clinician, and must be counter-signed by the clinical supervisor and the attending psychiatrist. Once documents are signed by all parties, including the client (and guardian if appropriate), the original should be placed in the box for Clinical Records.

Duplicates of important documents can be maintained for ease and convenience. However, all original documents must be filed in the official chart in a timely manner. If you maintain a personal file, it should be shredded upon your departure from the unit, unless you are transferring the case to someone else, and share the information with that person.

INTAKE EVALUATIONS/CORE ASSESSMENTS

Fellows or interns may sit in on evaluations done by attending psychiatrists or licensed psychologists or advanced practice nurses. The trainee may do a draft of the core assessment, which is then to be reviewed by the attending or licensed psychologist or APN. There are some core assessment modules that are to be completed by the trainee and other modules that are completed by the attending or licensed psychologist or APN. This individual also enters the Diagnosis Update note, allergy assessment, and medications.

If you are assigned to do an intake, the first draft of the intake evaluation **MUST** be entered into a word document for review by the attending or licensed psychologist who “topped off” the case within 48 hours, and the final draft should be filed in vxVista within ten calendar days (not working days—weekends count). Other documentation (Problem List, Evaluation USTF, allergy information Medication record, notice to primary care physician) **MUST** be completed within 24 hours, and can be done by the clinician or trainee involved. You will receive training on how to do this. You will hear the colloquial expression “top off” on the unit; this means that a psychiatrist or licensed psychologist must see the patient for a short time during the intake, and sign off on some intake documentation. If a psychiatrist is not “topping off” the intake on the day you perform it, you must ensure that an appointment is set up with the psychiatrist within 10 days of the intake. The treatment plan must also be written **AND** signed off by the supervisor, administrator, and treating psychiatrist within 10 days of intake. The alert must be sent to the Psychiatrist for the first signature and then you may subsequently add additional signers. A family therapy service note must be written if there is no “top off” needed.” The billing code for an intake with a “top off” is 5160-Clinician Evaluation. The billing code for a re-intake (without a “top off”) is for Family Therapy – Patient Present (code varies based on length of session.)

Core assessments can and should be updated by treating staff at any point during treatment if new information becomes available that is significant. Like the Core Assessment, the Diagnostic Update note should be reviewed periodically and changed as necessary. A physician should be involved in the decision to change the diagnosis.

OTHER INTAKE FORMS

At the time of intake in Child Services, caretakers and children are asked to complete several forms: the Developmental History Questionnaire and PCP information. These are typically completed in the waiting room and given to the clinician who will do the intake. The results of these forms should help focus the questions at intake. Please be sure to look at how the forms have been completed prior to beginning your interview with the child and family.

In addition, at the time of intake, the following forms are completed in the waiting area: HIPAA Privacy Notification, and the BASIS-24. The BASIS-24, and its children's version, is a UBHC-wide Quality Improvement project, whereby patients report on their status at the time of entry into our system and at designated intervals thereafter. In our outpatient units, there are occasionally "BASIS-24 weeks" during which every patient seen during that week is asked to complete the forms again, to assess improvement. In the partial program, the follow-up BASIS-24 is done at the time of the treatment plan review and at discharge from the program; at these times, the clinician must also complete the Clinician Rating Scale.

INITIAL TREATMENT PLANS

The primary therapist generates and enters into the computer an initial treatment plan after the first visit with a new patient and then presents the case in the team meeting after discussing it with the supervisor. Treatment plans must have documentation by signature that it was discussed with patient/guardian. It is expected that patients/guardians will participate in and sign treatment plans. All children should also participate, but those over 14 must participate. In the extreme circumstances when involvement of the patient and parent is not possible, the reason must be documented. Transfer cases from one clinician or psychiatrist to another require a new treatment plan even when the transfer occurs within the same unit. The person creating the treatment plan in the new unit should review the goals and objectives in the prior unit and comment upon whether these were met or not in the new treatment plan.

Your first visit with a client that has been transferred to you should be scheduled for a full hour; this is true, even if you are a fellow and the case is being seen for medication only. Please note that when a case is transferred to you from someone else, it becomes your case. You should review the record and discuss with your supervisor whether you agree with the previous diagnosis. If you do not, the diagnosis should be changed. After the first time an intern or fellow sees a client assigned to them for therapy, they must update the treatment plan and identify themselves as the primary MH provider. You should also notify support staff to change the assignment in the scheduling system.

Treatment plans should be created and suspended in Mental Health Suite (MHS) and an alert should be sent to the attending psychiatrist. The psychiatrist must be the FIRST person to electronically sign the treatment plan. Once signed, the primary MH provider will be notified via an alert in CPRS. The intern or fellow should then sign the treatment plan within CPRS. Additional signers (i.e. Supervisors) can be added by right clicking on the treatment plan and then clicking on "add signers." Treatment plans should

be entered into the system and suspended at least a week before it is due (5 days after intake) in order to allow ample time for the attending psychiatrist to sign it on time. For trainees, the trainee's supervisor must also sign. If a non-medical clinician or trainee is generating a treatment plan and a fellow is providing medication, that fellow must also sign. Please speak to Dr. Orozco/Dr. Clarke or Dr. Attaway about the other people who must sign the treatment plan for the partial programs. Once the treatment plan has been signed by all staff required, signatures of the client/guardian can be obtained on the "Treatment Plan Signature Page." The white (front) page with original signature should be placed in the Clinical Records box so that it will be filed in the client's chart. It is suggested that you keep the yellow copy for your own records.

TREATMENT PLAN REVIEWS (TPR)

Treatment plan reviews are generally produced every three months. All treatment plans should be reviewed by your supervisor in draft form before they are finalized and sent for signatures. After a patient has been in the same unit for a year, treatment plans may be done once every six months. Treatment plan reviews are the responsibility of the primary therapist. Treatment plan reviews must have documentation by signature that they were discussed with patients/parents. Treatment plans must be signed by all staff involved (clinician, Clinician Supervisor, Attending Psychiatrist) as well as the patient/guardian and submitted as described above. Make sure to write the treatment plan reviews at least a week in advance to allow ample time for the attending psychiatrist to review it and sign off on it. If the assigned psychiatrist is out, please send to a covering psychiatrist for electronic signature.

At the time that the new treatment plan is done, you should review both the Core Assessment and the Diagnostic Update to see whether anything needs to be added or changed. Pay particular attention to Axis IV and V on the Diagnostic Update; if the patient is functioning better (or worse) or the stressors in the patient's life have changed, the diagnosis should be updated.

PROGRESS NOTES

Progress notes are typed into the patient's CPRS record. They must be completed within 24 hours of each patient contact. There will be a menu of choices to reflect the appropriate service. Please be careful that the service you code is the same service you have verified on your daily schedule.

You should utilize the D-A-P-E format for progress notes for treatment sessions. You will also receive training on the proper way to write these notes. Your notes should reflect your treatment plan problems and objectives, by problem. There are a number of fields that must be completed including a current mental status. If family members are present during the session, a comment should be made about their participation level and status in the mental status section. Physicians must be sure to make an entry into the "E" (education) section when prescribing medication, for any medication education you provide. It is expected that such education will occur when any new medication is prescribed. This education must include giving the patient a medication fact sheet (kept in C1455-the Intake Room) and this must be noted in the progress note.

In addition to schedule-based progress notes for face-to-face contacts, a phone contact progress note should be completed for any phone contact with the patient or family, or with another agency concerning the patient (e.g., school, DCP&P, court). A miscellaneous data progress note should also be written to indicate a letter was sent out, a referral to another program or agency was submitted, a cancellation, etc. There is also a no-show note available to document missed appointments. An appointment is considered a no-show if client does not notify you that they will miss the appointment or if they notify you with less than 24 hours notice.

Students will have a designated supervisor for each patient and service. The supervisor reviews the note and co-signs it within Vista. Progress notes do not have to be printed out.

MEDICATION SHEET

An entry in the EMR Medication Reconciliation Record must be done at the time of the appointment; note any prescription or change of medication. In addition, the Medication Consent form must be signed by the guardian (and client if 14 and over) and submitted to Clinical Records to be file in client's chart. This is **VERY IMPORTANT DOCUMENTATION!!!**

TRANSFER of PATIENTS

A transfer of a patient from one level of care to another within UBHC (e.g., from Partial to OPS) requires a Transfer Summary, found within CPRS, and a Transfer USTF, found within the Web Portal. Transfer summaries of patients from one level of care to another should be electronically signed by the primary clinician and co-signed by the supervisor. The Transfer USTF should be printed (prior to submitting electronically) and submitted to support staff so that future appointments in current level of care can be deleted from the electronic scheduling system. If the transfer of the patient is not successful and the patient drops out of treatment, a termination USTF should be completed and submitted to support staff.

Support staff should be informed of any change in clinician or physician.

In Child and Adult Services, changes in clinician or physician are always documented on a Change of Provider form and submitted to the Supervisor (Dr. Arora for child; Mr. Cudia for adult).

A transfer from one unit to another (e.g., OPS to partial) also requires a phone call to the Transfer Center (5-2111). If patients do not show up for their first visit in the new unit, the Transfer Center notifies the sending unit, and it is the responsibility of the sending unit to reach out to the patient to help insure that the patient follows through with the transfer. When patients are seen for the first time in a new unit, they must stop at the registration desk on the ground level to update their registration within the system. Transfers from partial to OPS generally are scheduled for a first appointment during intake time.

TERMINATION SUMMARY

These summaries are completed when cases are closed at UBHC. Termination Summaries are the responsibility of the primary therapist or the resident/fellow when there is no therapist attached to the case.

Prior to completing a Termination Summary, you should review and update the Problem List Diagnosis Update note, because the most recent versions of these will be pulled up into the Termination Summary. When you complete the Termination Summary, you should also complete the USTF termination forms in the computer. Then, give the printed USTF document to support staff who will close out the episode (in Child Services) or in the relevant mailboxes in Adult Services. If you are carrying a client and the client is hospitalized, you should close the case. If the client returns after the hospitalization, the case must be re-opened, and the initial visit should include a psychiatric contact to assess for change in status; new opening documentation must be completed.

PATIENT PERMISSION FORMS

PERMISSION TO RELEASE INFORMATION

No information, in either written or oral form, regarding patients is to be released without a properly signed release form. Permission to Release/Cover Letter forms are in the file cabinet in the Intake Room, or in the Mail Room in Adult Services. Requests to release written information should be sent to the Medical Records Department; the Medical Records Department then copies the requested material and sends it out. **Staff members should not copy material from charts to be sent out.** Patients should never be asked to sign forms that are blank and do not have the anticipated recipient of the information indicated.

Information cannot be released about clients over the age of 14 without the client's authorization.

REQUEST FOR INFORMATION

Information from schools, physicians, DCP&P, and other agencies may be obtained by getting a signed authorization from the patient/parent. Request for Information forms are in the file cabinet in the Intake Room. Remember that parents should not be asked to sign blank forms; the agency that you want the information from should be identified on the form before you ask a parent or patient to sign the release. Information about clients over the age of 14 requires the signed authorization of the client.

VIDEOTAPING/AUDIOTAPING/PHOTOGRAPHY OF PATIENTS

Taping sessions is of great use in supervision and training. Patients/parents must give consent for any taping of sessions. A Consent to Videotape/Audiotape/Photograph form is available in the file cabinet in the reception area. No tapes are to be removed from our premises, and all tapes are to be erased after use for supervisory or training purposes. Clients over the age of 14 must give written permission for this activity. When videotaping, include both yourself and the client in the frame.

FOR ALL CONSENTS/AUTHORIZATIONS, BE SURE YOU KNOW WHO IS THE ACTUAL LEGAL GUARDIAN. ONLY THE LEGAL GUARDIAN, AND THE PATIENT WHO IS OVER 14, CAN SIGN THESE DOCUMENTS. DCP&P MAY BE INVOLVED WITH A FAMILY BUT MAY NOT HAVE CUSTODY. IF YOU ARE UNSURE ABOUT THE SITUATION, CONSULT WITH YOUR SUPERVISOR.

CLINICAL RESOURCES ON UNIT

The forms for these instruments are available either in C-1511 (Take a Break Room), or the testing room. The manuals and scoring templates for these instruments are in the testing room. The testing sign-out procedures will be reviewed in testing seminar

Intellectual / General Reasoning Ability

Spanish

WISC-4 Spanish
Bateria R Woodcock Munoz cognitive

Child

2 of WISC – 4 –; SySch; 95 Cancellation
WPPSI – 3; ages 2-3, 4-7 resp bks
Stanford Binet – 5
Differential Abilities Scales
CAS (Cognitive Abilities Scale) w/ 8 record forms, age 81-7 resp bks
age 5-7 resp bks, fig mem bks
Universal Nonverbal Abilities Test (UNIT) w/ forms, profile sheets, mazes

WISC-III (old)
WPPSI-R (old)
Stanford-Binet – 4 (old)

Adult

WAIS 4 (record, response forms #1 and #2), computer scoring
2 of WAIS-3 (record, response forms)

WAIS-R NI – many forms in case & file

Both

K-BIT (2 kits; forms)
WASI –
WJ-III Cognitive Record , response forms

General Neuropsych / Neurological

Spanish

Halstead-Reitan Aphasia / Sensory Perceptual – Spanish
Neuropsi Brief Assessment Kit

Child

NEPSY – 2 kit
Age 3-4 record forms
Age 3-4 response forms
Age 5-16 record forms
Age 5-16 response forms

NEPSY - age 3-4 response
Age 3-4 record
Age 5-12 response

Age 5-12 record

Children's Revision of Luria-Nebraska (1987)

Adult

Dementia Rating Scale – 2nd Ed., many protocols

H-R forms, TPT portable test

Quick Neurological screening test – revised (1998); many forms; geometric forms repro , 1978

RBANS Record forms – B ; kit

Temporal Orientation

Luria – Nebraska (WPS, 1980), 20 resp. books, WPS, form I

Both

H-R portable TPT forms

Developmental Scales

Child

Beyley-II w/ many of each record forms

Battelle Developmental Inventory w/ screening & regular forms (to age 8)

Battelle -2 (personally owned by Dr. Geyer Beaudoin; available on request; - to age 7-11)

Bracken School Readiness Assessment – 3 kit (English and Spanish forms)

Denver -2 rating sheets

General Achievement

Spanish

Bateria III Woodcock Munoz w/ record and response forms

Bateria R Woodcock Munoz w/ record and response forms

Child

Developmental Tasks for Kindergarten Readiness II (DKTR), 1994 Pro-Ed,

Diagnostic Achievement Battery, 1984, many

First Step Screening Test for Evaluating Preschoolers (1993)

Age groups 1-2 –forms

Age groups 3-4 –forms

Age groups 5-6-7 –forms

K-SEALS (Kaufman Survey of Early Academic and Language Skills), 1993,
1 form

Brigance Inventory of Early Development (1978, old) for pre-speech, academics

Detroit Tests of Learning Aptitude – Primary, 2nd Ed. (ages 3-9) for

learning potential; non-academic knowledge, many forms

DTLA-4 subtest word sequencing and repetition

Hiskey Nebraska Learning Aptitude (1)

WIAT (old) – 10 examiner forms; 10 resp bks

Adult

K-FAST kit with protocols (practical achievement)

Both

WRAT – 4 kit; each Blue Test/Response Forms, each Green Test/Response Forms, Blue Sentence Comprehension Response Booklets, Green Sentence Comprehension Response Booklets, 2 Sets of 2 Word

Reading/Spelling Cards, Set of 3 Sentence Comprehension Cards, and 1 Place Marker

WRAT – 3 with scoring program (blue , tan); 2 manuals; 2 tan cards;
1 blue card
Woodcock Johnson – III record, response, manuals & scoring keys
Normative Update kit w/software portfolio (manual incl)

Reading

Adult

Wechsler Test of Adult Reading – Kit

Child

Gates McGintie Reading Tests – 3rd Ed; level 3 ; level 4 ; level 5/6
Level 7/9

Gray Oral Reading Tests – 4th Ed (GORT-4) – record forms each of
Versions A and B

Gray Silent Reading Tests – Reading Comp (2000), sufficient forms
Phonological Abilities Test (1997)

Gray Oral Reading Test – 3rd Edition (old), forms A & B – each
Meynuk Syntactic Comprehension Test
Reversals Frequencies Test forms for execution, recog., matching w/manual
Test of Early Reading Ability (TERA) – 30 (1981 Pro-Ed), w/ manual and cards

Both

Woodcock Reading Mastery forms

Writing

Child

Test of Written Language – 3 w/ many forms in case & files

Test of Written Spelling TWS – 2 (1986; old) – 40 w/ manual

Math

Child

Key Math Manual (2) & test records (10) (old)

Attention

Child

Conners' Continuous Performance Test (old)

Adult

Rapidly Recurring Target Figures Test cancellation (1)
Sentence Repetition (1) from compendium
Symbol-Digit Modalities Test (200) w/ template & manual

Both

Stroop (6) + Updated Children's and Adults' Manuals
Gordon Continuous Performance Test (+manual, 50 forms)

Stroop – old manual

Memory

Child

WRAML-2 w/ sufficient forms
CMS + 6 word lists subtest 6
 Age 5-8 many forms
 Age 9-16, 32 forms
CVLT-C

WRAML w/ 20 of each form (old)

Adult

Benton Visual Retention Test, 1992
CVLT-II forms
RAVLT with norms
WMS – III –forms; visual repro forms
WMS-IV – of each form

Both

Rey-O w/ forms

Visual/Spatial

Child

Beery-Buktenica VMI – 5th ed. with manual
 Visual-Perception
 Motor
Hooper VOT – many answer sheets & norms; no test forms
Raven's Coloured Progressive Matrices – (6 admin books)
Visual Form Discrimination (1983) (60)
WRAVMA (visual motor) w/ 15 drawing forms, 43 record sheets

Wepman Visual Discrimination Test (age 5-8) (1975)

Adult

Matrix Analogies Test (1985) (file cab & shelf); expanded form answer sheets
 PsychCorp
Judgment of Line Orientation – w/ many forms, 2 form V's, 1 form H
Facial Recognition (50)
Raven's Standard (1 admin book),
 Advanced matrices (2 admin books),
 short (20), long (20), std (40)
Visual Search and Attention Test (1 copy only; in color)

Both

Rey-O Complex Figure Test and Recognition Trial w/ manual (50)

Bender – many w/ Canter Background Interference Procedure (1976)

Language/Verbal

Spanish

Bilingual Verbal Abilities Test w/ record forms
Examining for Aphasia
Peabody Picture Vocabulary Test w/ 1 form (TVIP)

Word Accentuation Test (WAT)

Child

Phonological Abilities Test (PAT): Ages 4-7:11 only

Clinical Evaluation of Language Fundamentals (CELF-4)

Record Form 1 (ages 5-8):

Record Form 2 (ages 9-21):

Observational Rating Scale:

Wepman Auditory Discrimination (200), 1986 WPS, w/ manual

Wiig-Semel Test of Linguistic Concepts – receptive language – can copy**

3 of Peabody Picture Vocabulary Test – revised L& M, many forms

Test of Adolescent Language (TOAL-2) – no forms

Test of Early Language Development (TELD), 1981 – 30 w/ manual & stimuli
under age 5

Test of Language Development – Primary (1982) – 200, w/ picture book
and manual

Adult

Aphasia Screening Test

Boston Diagnostic Aphasia Examination (BDAE) complex ideational material

Only (for comprehension of complex material) with norms

Examining for Aphasia – 3 (EFA) – 20 forms Pro-Ed; admin manual in near cabinet

Examining for Aphasia

Multilingual Aphasia Exam (10)

Revised Token Test – 10 w/ tokens & manual

Western Aphasia Battery w/ many protocols (1982)

Both

Boston Naming Test, new book (1); old booklets (2)

Expressive One Word Picture Vocabulary Test – R (1990) naming

Sensory/Motor Skills

Child

Beery-Buktenica VMI

Visual-Perception

Motor

Draw a Person Quantitative Scoring System

Reitan-Klove Sensory Perceptual Exam, many

WRAPMA (visual motor) w/ 15 drawing forms, 43 record sheets, 25 matching forms

Adult

Halstead-Reitan Exam Sheets

Both

Electronic Finger Tapping Test

Manual Finger Tapping Test

Grooved Pegboard

Halstead Reitan Lateral Dominance Exam (5)

Harris Test of Lateral Dominance, 2nd ed, plenty

Executive Functioning

Child

Behavior Rating Inventory for Executive Function (BRIEF)
Children's Category Test – many forms ages 5-16 (forms only?)
Trails

Adult

Booklet Category Test
Clock Drawing Guide from Lezak
Test of Abstract Reasoning (similarities and proverbs) with norms
Trails

Both

Delis-Kaplan Executive Functioning System (D-KEFS) (age 8-89)
 Conditions 1-5 Trails, 25 each
 Design Fluency, Std. Record Forms, 25 each
Wisconsin Card Sorting Test – 25 forms
FAS (Controlled Oral Word Association Test)

Response Set

Adult

Test of Memory Malingered (TOMM) (with manual)
Structured Inventory of Malingered Symptoms (SIMS) (kit)

Projectives

Child

Adolescent Apperception Cards (2)
Child Sentence Completion Test, Adolescent, Rotter,
 Forer (adult w/ manual; many forms)
 Columbus Sentence Completion for Children
Children's Apperception Test (4) w/ Adaptive Mechanisms Rating Scale
 (defenses)
Draw a Person: SPED record form 1991, many, Pro-Ed, for emotional
 disturbance (2)
Family Apperception Test w/ manual and score sheets
House-Tree-Person procedure book (1992) w/ many record & interp. Forms
Kinetic Family & School Drawings (1985) - plenty w/ good Q's w/ handbook
Let's Talk Coloring Book Manual (1991)
Projective Storytelling (apperception test)
Roberts' Apperception Test – forms & manual w/ interpretive handbook
TEMAS record bks (15) (2 sets) w/ manual and quantitative interpretation

Adult

Gero Sentence Completion – PAR (20); under G
Senior Apperception Test
Sentence Completion Test

Both

Rorschach (4) – loc sheets, cards, structural summary sheets
 Response recording forms w/ 5th edition workbook
TAT (20 forms) – about 4 sets

Self-Report

Spanish

CDI
Career Assessment Inventory, 1984
MMPI-A
MMPI-II
PAI
Parenting Stress Inventory (PSI) (20 copies w permission)

Child

Abuse

Adolescent's Cognitive Scale (deviant sexual behavior), 1985, many
Groth Anatomically Correct Drawings (many)
My Worst Experiences Scale (100); SATS (victimization by bullying) (100)
Trauma Symptom Checklist (240 in file rm) – also with computer scoring
 Male profile forms (75)
 Female profile forms (75)
Trauma Symptom Checklist for Young Children (TSCYC) with 25 Item Booklets,
 25 Hand-Scorable Answer Sheets, 25 Profile Forms-Male & Female Ages 3-4 Years, 25 Profile Forms-
 Male & Female Ages 5-9 Years, and 25 Profile Forms-Male & Female Ages 10-12 Years

ADHD

Conners-Wells Self-Report Scale (S) -215
 Feedback form – 20
 (L) – 120
 Feedback form – 30
 Profile form - 100
Stony Brook ADHD self-report (front rm) (20), summary (20)
*ADDES – Home and School (McCarney): 1 home form; 1 school form

Anxiety

RCMAS – Reynolds Children Manifest Anxiety Scale (What I think and fl)
 Many w/ manual & key, 1985
Pediatric Anxiety Rating Scale (PARS)

Autism

Childhood Autism Rating Scale – Second Edition (CARS-2): manual & 25 each of parent questionnaire, standard form, high functioning autism spectrum scale

Bipolar

P-GBI (parent general behavior inventory) (1; may be copied)

Coping

Coping Inventory for Children – high reading level

Depression

 CDI – 162; short form (160)
 Depression Adjective Checklist – many

Dissociation

Adolescent Dissociative Experiences Scale

General

MACI (Millon Adolescent Clinical Inventory) w/ manual 2nd ed, answer keys
(10 test booklets, 50 answer sheets, 50 profile forms, 50 worksheets)
MMPI-A & scoring templates (+answer sheets, profile forms/VRINTRIN
Grids; Psy-5 scales, manual supplement, Content Component Keys,
English CD)
PAI-A intro kit
Youth Self-Report (ASEBA, 2001) (50)
Beck Youth Inventories (25 combinations)
BASC-2 Child and Adolescent (25 each)

Misc.

About my life (Reynolds grades 7-9), 1987 PAR
What I am Like (Harter) (1 – can copy)

Self-Esteem

Piers-Harris Self-Concept Scale – 40 (no manual)

Social

Social Skills Rating System – self-rating grades 7-12 (30), grades 3-6 (40)

Substances

Substance Abuse Subtle Screening Inventory for Adolescents (SASSI-A2)
25 response sheets & profile sheets

Adult

Anxiety and Depression Scales

Behavioral questionnaires for anxiety and depression, including OCD, PTSD,
BAI

Depression

BDI-II

Family

FAM-III Self-family rating scale (20)
Dyadic relation scale (40)
General appraisal of family (30)
Parenting Stress Index – 3rd Ed (1995) (39 copies)

Adult-Adolescent Parenting Inventory

General

MCMII-III Starter Kit Hand-Scoring
MMPI – 2 w/ many response sheets, answer keys, TRIN/VRIN recording grids,
profile sheets, manuals, supplements, AUDIO CD, revised manual, RC scale keys
PAI – 1992, profiles, response sheets, critical item lists; new manual 2007,
Revised profile and critical items sheets; software portfolio; English audio
CD
16-PF (1994) w/ manual, forms, administration books, keys
SCL-90-R starter kit (inpatient norms)

California Psychological Inventory (1956, old) many forms
MMPI (old)
Edwards Personal Preference Schedule, 1975, old

Misc.

Millon Behavior Health Inventory bubble sheets (20)
Mooney Problem Checklist, 1950, PsychCorp

Trauma

Trauma Symptom Inventory - 2

Vocational

Self-Directed Search form E – High school education level – 25 of each form

Career Assessment Inventory, 1984 – plenty of forms (old)
Strong-Campbell Interest Inventory, 1985, 4th Ed., NO ADMIN BOOK,
Just answer blanks w/ manual; good list of professions (old)

Observer Questionnaires

Spanish

Child

BASC parent forms – child and adolescent (25 each)
CBCL age 1-6 ; age 6-18
Conners - CADS Parent (225)
- Conners Short (100)
- Conners Long (100)
- Teacher Rating Scale – 39 items (40)
Adult-Adolescent Parenting Inventory – form A w/ profile sheet (20) in
front rm.
Stony Brook ADHD Symptom Checklist (front rm) (20); summary (50)

Child

Abuse

Checklist for Child Abuse Evaluations, 1990 (8)
Child Abuse Potential Inventory - plenty
Child Sexual Behavior Inventory (70)

ADHD

ADHD Adaptive Behavior Scale (1975)
Conners'
CADS – parent - 255
Parent Rating Forms (S) – 300
Long & profile sheets – 100 each
Feedback forms – 46
R: Long parent feedback (20)
Long Profile Sheet - 1
Teacher – 200 (S)
R: long form – 50
Profiles - 10

Teacher feedback (20)
Stony Brook checklist (210 parent) summary forms (230)

Coping

Coping Inventory for Children & Manual (10)
Early Coping Inventory – age 4-36 months & manual

Custody

Aspect Ackerman-Schoendorf Scales for Parent Eval of Custody, 1992

General

BASC – Teacher and Parent, Child and Adolescent (25 each)
CBCL – parent age 1-5
- parent age 6-18
- Caregiver/teacher age 1-5
- teacher age 6-18
First Step Social Emotional Parent Ratings (1993) – 20
Personality Inventory for Children – II (PIC, 2001) many sheets & profiles
w/ manual, keys, & admin books
Preschool & Kindergarten Behavior Scales Pro-Ed (40) manual, 1994
Stony Brook Child Symptom Inventory – teacher – many
Parent adolescent (100), child (100)

Personality Inventory for Children (PIC, 1993) many sheets & profiles
w/ manual, keys, & admin books

Memories

Early Memories Test – dynamic defenses – 5

Misc.

Adult-Adolescent Parenting Inventory – AAPI-2 form A, B, worksheets – plenty,
1999, front rm; 1984 version too
Children's Self-Control Checklist age 5-12
Parent-Child Relationship Inventory (25) with manual

Social

Social Skills Rating System (1991) with software, manual (AGS) record forms
(15);
Parent Q age 3-5 (20), elementary (40), secondary (50) also self-
report (see above)
Teacher Q preschool (8), K-6 (7), 7-18 (8)

Stress

Parenting Stress Index – 3rd Ed (1995) (39 copies)

Adult

Borderline

Diagnostic Interview for Borderlines – 1

Psychiatric

Psychiatric Diagnostic Interview - 20

Both

Suicide

Suicide Probability Scale (5), Profile Sheets (20)

Adaptive Functioning

Spanish

Vineland – II

Vineland Adaptive Behavior Scales

Child

ABAS (Adaptive Behavior Assessment System) Parent Questionnaire (6)

also Teacher Version available (30) w/ manual

Adaptive Behavior Inventory Profile / Response Sheet, 1986 Pro-Ed

Adaptive Behavior Scale – School 2nd Ed., many forms & manual

Battelle Developmental Inventory w/ 30 screening & 30 regular forms (to age 8)

Comprehensive Test of Adaptive Behavior, 1984 (parent survey) (8) & manual

Adult

Adaptive Behavior Scale – Residential & Community, 2nd Ed., more practical
for adults & voc. planning; many books

Both

Vineland – II + manual

Vineland Adaptive Behavior Scale – report to parents (30)

Interview Edition (40)

Classroom form 3

Expanded 2

Surveys 59

Miscellaneous

Percentile sheets

Protractor

Tape recorder

4 stopwatches

CD player (personally owned)

LIBRARY

A unit library of books for professional use is located Room C1444. You are asked to please return these books when you are finished with them.

Additional resource material in the form of children's therapeutic games, treatment manuals, books for use in bibliotherapy with children, and books for parents are located in a locked closet. The keys for this

closet are at the receptionist's desk.

Videotapes for clinicians and parents about a variety of mental health issues are maintained in a locked cabinet in the Intake Room. You can obtain the key at the reception desk and **MUST** sign out any videotape you borrow.

The University Library (Smith Library) is an excellent resource for journals, books, media, and on-line resources. One example is the online Mental Measurements Yearbook for questionnaires and other measures.

TOYS

If the budget allows, we try to make some funds available for purchase of toys for offices of new clinicians. There may be some money available for toys for trainees as well. Please speak to the Clinician Supervisor in your unit about this. Do not purchase toys and expect reimbursement without prior approval.

You are allowed to purchase and bring in your own toys that are your property and may be taken with you upon your departure. However, please be aware that we cannot keep stuffed animals or anything that cannot be washed on the unit.

If you maintain toys in your office, you must participate in having them washed on a weekly basis. This is a Joint Commission requirement. You will not be allowed to keep toys in your room if you do not participate in the washing schedule. Our housekeeper, Ms. Ethel Malloy, is responsible for washing the toys and maintains a log of which rooms have had toys washed. It is best to sign up for a day of the week with her. Toys to be washed can be placed in the mesh bags on top of the refrigerator, in the kitchenette.

PLAY THERAPY ROOM

There is a sign-up sheet and key in the front office to use this room. Any toys used should be put in the toy-washing bag in that room.

PSYCHOLOGICAL TESTING SUPPLIES

Psychological testing supplies are for the use of psychology interns and staff psychologists only. They are kept in several cabinets in the intern area in C1445.

Blank protocols are in an unlocked cabinet in that area. Test kits and supplies are in several locked cabinets. The testing supervisor will discuss the procedures for use of these materials with the interns.

P-DRIVE

You will save your flip-cam video files in the P: drive, under Psychology/Newark Internship/

Interns/2015-2016/(*your name*).

CHILD/ADULT SERVICES DISTRIBUTION LIST

A Distribution List exists for all staff members seeing children or adults throughout UBHC. You can ask questions or distribute information through it by going to the email directory and looking for “Child List” or “Adult List”. Your name will automatically be entered into that listing when you arrive on the unit.

QUALITY IMPROVEMENT TEAMS

UBHC supports and encourages the development of local teams to address improvements in specific areas. We typically have such teams and projects going in both our Outpatient Services and in our Partial Care Programs. Speak to the Clinician Supervisor for each unit to learn more about these. New staff and students are welcome to join any on-going team and to offer ideas about others that should be developed. Please review the Performance Improvement section on the UBHC website to learn more about QI at UBHC. The QI workbook is worth reviewing.

SPECIAL SERVICES FOR PATIENTS

PSYCHIATRIC CONSULTATION-OUTPATIENT SERVICES

Most patients are seen by a psychiatrist at the time of intake. If indicated, the patient will be assigned to a psychiatrist for continuing follow-up at that time. However, if a patient is seen by one of the licensed psychologists at intake and assigned to an intern, there may have been no initial psychiatric involvement. Since psychiatrists must sign all treatment plans, all intake cases are discussed during the team meeting where the psychiatrist is present. If needed, an appointment for an evaluation by a psychiatrist can be scheduled through the scheduler.

Emergency psychiatric consultation is provided by the person in the #1 spot on the on-call schedule. See sample On Call Schedule.

PSYCHIATRIC CONSULTATION -PARTIAL CARE PROGRAMS

All patients in the partial care programs have psychiatric evaluations scheduled at the time of their initial orientation into the program. As soon as a partial care case is assigned to an intern or partial clinician for admission to the program, the partial clinician or intern should check with Ms. Roselyn Oaks as to the next available psychiatric evaluation appointment. The partial clinician or intern should then schedule an orientation appointment for the child and parent to coincide with this psychiatric evaluation.

REFERRAL TO PARTIAL HOSPITAL PROGRAMS

Primary therapists of patients in the outpatient services may refer their patients for admission to the partial care programs. These programs provide individual, family, group, and milieu treatment as well as medication management. The Challenge Program and the Collaborative Program are for children ages 5-17. The children come from 2 PM - 5:30 PM, every day, Mondays – Fridays, during the months of September through June. During the months of July and August the program hours are 9:30am-3:00pm, and include full day programming.

Candidates for the partial hospital are children with histories of residential treatment or psychiatric hospitalizations, clients who present with severe psychiatric and/or behavioral challenges across settings, or who are at risk for an inpatient or residential placement due to deterioration in their functioning. Children who are failing to adapt to their special education placements or who need more extensive services than can be provided in once weekly outpatient therapy can also be considered.

Possible referral to the partial care programs should be discussed with your supervisor, the treatment team, and with the parent and child. Referral to Partial Hospital Program from Outpatient Service Treatment forms are available in the file cabinet in the Intake Room. Once a referral to partial care is agreed upon, the clinician should take the completed referral form, checklist, and any other materials (e.g., IEP), which should be submitted to Dr. Arora. In addition, the family should be shown the partial hospital powerpoint, and the guardian should sign the last slide on the handout form. If the client does not keep the

orientation appointment, the partial care clinician will inform the OPS clinician and attempt to re-schedule another orientation appointment. There is an additional step of filing an application with the state to authorize partial hospitalization level of care which is completed by the assigned PHP clinician. Please see your partial supervisors for further information.

It is possible the child may have to be on a waiting list until a spot opens up. The partial care staff will notify the OPS treating clinician when the child can be admitted. It is the responsibility of the referring OPS clinician to continue to provide services in the OPS until the child can enter the program. When the partial staff notifies the OPS clinician that a spot has been opened, the child will be given an appointment for an orientation to the partial program. That appointment is the first official visit to the partial program. The partial clinician is responsible for notifying the scheduler that a change in program and a change in assigned clinician and assigned physician have occurred. The partial clinician will also inform the OPS clinician that the child has come for an appointment. At that time, the referring outpatient therapist should complete a Transfer Summary within EMR. If the child and family do not come for the orientation appointment, the case is still an OPS case, and the OPS clinician remains responsible.

Clients who have been moved from an OPS clinician to the partial program will be referred back to the OPS clinician (unless client requests a new OPS clinician) upon completion of the partial program.

There are times when a child comes for an intake appointment in the OPS, and the OPS intake clinicians assess at that time that the child requires a partial level of service, and discuss with their supervisor. If appropriate, the OPS clinician must complete the same OPS to PHP referral form/checklist, and submit it to the OPS Clinician Supervisor for her approval. If the client is deemed appropriate, he/she will be immediately brought into the program or placed on a waiting list.

Remember, movement of a child from the OPS to the partial program, or vice versa, requires closing one episode of treatment and opening another. This is done by the support staff at the time the child comes for the first appointment into the new program, but the new clinician should inform the support staff that this has occurred. The new clinician should inform the old clinician who will complete a Transfer Summary. The new clinician/physician must update the Core Assessment in the new episode of treatment. Until the child keeps the appointment in the new unit, the child remains the responsibility of the therapist in the sending unit.

REFERRAL FROM PARTIAL TO OPS

The movement of patients from PHP to OPS also requires completion of a Transfer Summary and referral form by the clinician in partial; the BASIS-24 should be completed at this time. The clinician also must call the Transfer Center at 5-3456 to obtain an intake appointment for OPS services. For child cases, Dr. Arora should also be notified of the planned transfer, and she will assign the child to an OPS clinician; if the patient was seen in the OPS prior to admission to Partial, the child is typically returned to the same OPS clinician. If the patient keeps the appointment, the OPS clinician must open the case in the new episode of treatment by updating the core assessment, diagnosis, and mental status. A physician should also see the patient at this time. If the patient does not come for the initial appointment, the partial clinician will

be notified and that person will do the outreach to the family to encourage their continuation in the OPS.

PSYCHOLOGICAL EVALUATION REQUESTS

Requests for psychological evaluations of patients can be made by completing the Request for Psychological Evaluation form, located in the cabinet in the reception area. Requests for testing of outpatients should be reviewed with Dr. Arora in Child Services and direct supervisors in Adult Services. Completed forms should be returned to the testing supervisor.

PATIENT RISK AND LEGAL ISSUES

ABUSE AND NEGLECT

In the State of New Jersey, **anyone having reasonable suspicion that a child is being abused or neglected has a legal mandate to report those suspicions to the State Division of Child Protection & Permanency.** Such concerns should be discussed with a supervisor *immediately*. Any report to DCP&P should be fully documented in the chart. See phone numbers and information about DCP&P in this manual. The main reporting number is: 1-877-NJ-ABUSE.

For clients in Partial Hospitalization Programs, Shula Minsky's office (QI) must be notified of all DCP&P reports within 5 days of the report. In addition, for all children in all programs, Untoward Events Form must be completed. You will then be notified of the date and time of the Clinical Case Review which usually takes place through video-conference with the Clinical Case Review Team located in Piscataway. Your PHP supervisor and the treating psychiatrist will accompany you at this Clinical Case Review.

REPORTING REQUIRMENTS REGARDING UNUSUAL INCIDENTS:

Certain incidents are reportable to the Division of Mental Health Services (DMHS) and must be reported to supervisors **immediately**, because we must notify DMHS by phone within 24 hours:

- a. Death of a patient, for any reason.
- b. Suicide of a patient, suspected or substantiated.
- c. Suicide attempt resulting in serious injury and/or requiring emergency medical assistance.
- d. Serious injury to patients or staff requiring emergency medical assistance.
- e. Property damage believed to be suspicious in nature and/or rendering a facility or part thereof unusable.
- f. Elopement from a designated screening center, if patient does not return within 2 hours.
- g. Elopement of children or adolescents from residential services, if patient does not return within 2 hours.
- h. Newsworthy events, that attract media interest, involve criminal charges, or involve well-known or publicly discussed people.
- i. Alleged cases of physical abuse by staff to patients, that result in criminal charges, or injuries, or immediate evidence points to likelihood of substantiation.
- j. Alleged cases of physical assault, by staff to patient, by patient to staff, or by patient to another patient or visitor, that results in criminal charges, injuries, or immediate evidence points to the likelihood of substantiation.
- k. Alleged cases of sexual assault involving a patient, staff member, or visitor, resulting in criminal charges, or injuries, or immediate evidence points to the likelihood of substantiation.
- l. Alleged sexual contact between a staff member and a patient, resulting in criminal charges, injuries, or immediate evidence points to the likelihood of substantiation.
- m. Alleged sexual contact between patients, if under the age of 18, that results in criminal charges, injuries, or immediate evidence points to likely substantiation.

In addition, there are internal reporting requirements with specific time frames:

UNUSUAL INCIDENT: Any unusual occurrence involving a patient on UBHC premises, or a suicide attempt off premises, must be reported using the Unusual Incident form, which can be found on UBHCWeb, under QI. A list of reportable events can be found in the same location.

In the event of an injury to self on this campus, there is also an Injury to Staff database that must be completed online by your unit supervisor.

If you are in doubt about whether an incident requires reporting, consult with the Clinician Supervisor or Administrator on the unit as soon as you are aware of a potential issue.

SUBPOENAS AND REQUESTS FROM ATTORNEYS

Do not respond to any calls from attorneys or to requests to write letters for legal purposes without speaking to your supervisor. Requests or subpoenas for clinical records should be directed to the Clinical Records Department.

PSYCHIATRIC EMERGENCIES

Ideally, any patient who appears to be suicidal or homicidal should be seen by a psychiatrist or APN on the unit. If the psychiatrist or APN assesses that the client may need hospitalization, a note should be written to that effect. Security (x4491 / 4492) should be called to transport that client to the ER. A staff member from your unit should accompany the client or family, and should take a copy of the core assessment, last treatment plan, and any other relevant information from the medical record. In addition, the psychiatrist/APN should notify the resident on call in the Emergency Room, and the clinician should notify the Screening Center. In the event that a psychiatrist or APN is not available to assess the patient on the unit, the clinician should contact the psychiatrist on duty (POD) and should proceed in the same way.

Once a patient is registered in the ER, the client is the responsibility of the ER and UBHC staff is not required to remain. The staff member may remain if he/she can and thinks it would be helpful.

Please note that if the client is admitted for psychiatric hospitalization, we must close the case at UBHC.

EXTERNAL SYSTEMS AND RESOURCES

SCHOOLS

Contact with teachers, Child Study Team, and other school personnel is essential for doing effective clinical work with children. Please remember that any contact with school personnel requires appropriate parental consent (and authorization from a client over the age of 14). Such contacts should be documented in a progress note.

DCP&P (DIVISION OF CHILD PROTECTION & PERMANENCY, formerly DYFS)

DCP&P is the child protective agency for New Jersey. **We have a mandatory responsibility to notify DCP&P if we suspect child abuse or neglect.** In addition, many of our clients are currently in DCP&P foster care, or are living in families being monitored by DCP&P. It is important that you establish a working relationship with DCP&P if you have a client who is involved with the agency.

Please note that confidentiality can be broken to contact DCP&P regarding abuse/neglect suspicions, although you should discuss with your supervisor the appropriate way to handle this issue clinically. However, confidentiality cannot be broken without appropriate consent from a parent when DCP&P requests information from us about evaluation or treatment, unless DCP&P has custody of the child or a court order has been issued. Furthermore, it is *generally inadvisable to issue recommendations*, even when requested by DCP&P, either orally or in writing, regarding placement of a child, visitation issues with a parent, or other legal decisions; any letter giving such recommendations should be issued only after thorough discussion with a supervisor. Remember that it is unwise and unethical for clinicians treating a child to make judgments about the capacity of a parent or caretaker without an evaluation of that person. Legal recommendations to DCP&P are best left in the hands of independent evaluators.

NJ DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES (DCBHS)

The public system of care for children with serious behavioral health problems has been restructured and a variety of services are available for “deep-end” children. Accessing almost all of these services involves notification of the state “Contracted Systems Administrator” or CSA. The CSA for NJ is Perform Care. In order for Perform Care to establish services, the parent must call and provide information.

It is generally helpful if the clinician is present during the call to provide additional clinical information but this is not necessary. Their contact number is: 1-877-652-7624. Perform Care will arrange for a “Needs Assessment” to be done of the child and family in order for the family to access services

Once a child has had the “Needs Assessment”, the following services may become available:

- Children’s Mobile Response and Stabilization (MRSS): This is a 24 hour/7 day a week service available within an hour to help stabilize a child in a living situation whose placement is in jeopardy due to behavioral problems. The Essex County unit, which happens to be housed in UBHC, can provide continuous in-home services for up to 72 hours, and then can follow the child for an additional six weeks with several different service options. Calls for this service can

be made for active clients in our programs. You may also wish to call the service directly, since it happens to be here, to inquire as to whether they think it is appropriate. You can reach them at 2-6100. This service is **not** a traditional psychiatric emergency service; children who require assessment for possible psychiatric hospitalization should be sent directly to the Emergency Room at University Hospital.

- The Essex County Care Management Organization is known as the Partnership for Children of Essex Unified Care Management (UCM). This group provides intensive care management for the highest risk youngsters, and also has funds for a variety of wrap-around services (e.g., mentoring, after school activities, summer camp, respite care for caregivers, etc.). Currently, referrals to UCM are made through Perform Care. Perform Care calls must be made by primary caretakers/legal guardians. The need to make a call to Perform Care should be discussed with the primary caretaker and assistance should be provided to ensure the call is made and referral information provided. Children are appropriate to be considered for this if they are known to us and to at least one other system (e.g., DCP&P, special education, juvenile justice) and are deemed moderate to high risk for out of home placement. Any case being considered for residential care should be referred to UCM. If you have a case you wish to refer to UCM, speak to the Clinician Supervisor of the unit about the process of making a referral.
- Intensive In-Community Therapy and Behavioral Assistance Services. These are services authorized by the CSA, and may include services from UCM or Mobile Response, based upon the needs assessment. Professional and paraprofessional workers are assigned to work with youngsters and their families in their homes for periods of time. Families with seriously emotionally disturbed children who have been inconsistent in attendance at our clinic should be considered for this service.

TRANSPORTATION

Children covered by Medicaid are eligible for transportation services for medical appointments. Caregivers must call Logisticare of NJ at 866-527-9933 to arrange for transportation, to confirm transportation and to change appointments. When children come alone, we can arrange for a Medicaid van service to provide transportation. Please note, however, that it is clinic policy that all children under age 14 should be accompanied to appointments by guardians, unless they are coming for group therapy. Please see Mr. Derrick Knighton for information about van companies.

We have a limited ability to arrange for transportation by our own drivers and vans. We reserve these services primarily for uninsured families (both in partial and in the OPS). In addition, we can arrange that our drivers accompany you on home visits. If you have a particular need for these services, speak with Dr. Arora for Child Outpatient and to Mr. Derrick Knighton for Child PHP.

OTHER UBHC WIDE PROCEDURES

SATISFACTION SURVEYS

At designated intervals, all patients presenting for treatment are asked by the support staff to complete Satisfaction Surveys. If your patients speak to you about this, please encourage them to complete these forms and let them know that this is the way in which we evaluate ourselves and seek to improve. Please tell them that their opinion is very important.

CONTINUING EDUCATION

It is important that continuing education be recorded regularly. The UBHC web site contains a database that should be updated regularly when you complete continuing education programs.

UBHC POLICIES AND PROCEDURES

All UBHC policies and procedures are available for your review through the UBHC web site. You are strongly encouraged to make yourself familiar with this web site so that you can easily access the information you need when you need it.

Resource Directory

Many useful resources may be found on the web:

Adult Protective Services of NJ:

<http://www.nj.gov/njhealthlink/programdetails/adultprotect.html?pageID=Adult+Protective+Services&file=file:/njhealthlink/programdetails/adultprotect.html&whichView=popUp>

Essex County:

FOCUS, Hispanic Center for Human Dev., Inc.

441-443 Broad St.

Newark, NJ 07102

Phone: 973-624-2528 x 134

After Hrs: 911, local police, first aid or hospital

Division of Youth and Family Services: <http://www.nj.gov/dcf/divisions/dyfs/> child abuse reporting: 1-877-NJ-ABUSE

Other useful hotlines for support, safety, referrals for families and individuals of all ages: <http://www.nj.gov/dcf/home/hotlines.html>

NJ Department of Mental Health: <http://nj.gov/humanservices/dmhs/services/>

New Community Corporation: <http://www.newcommunity.org/>
(workforce development, housing, health care, adult and child education)

Urban League of Essex County: <http://www.ulec.org/>
(employment services, housing, education, community development)

Community services with mental health directory:
<http://www.nj.gov/humanservices/dmhs/services/community/>

Abuse and Family Resources:
<http://www.centerforwomennj.org/resources/ChildServices.pdf>

Partnership for Children:
<http://www.pcenj.org/>

Family Support Organization of Essex County:
<http://www.fsoec.org/>

State of NJ Human Service Directory:
<http://www.state.nj.us/humanservices/ocpm/home/resources/services/Directoryofcontractedservices2010.pdf>

Essex County Shelters:
<http://www.hud.gov/local/nj/homeless/shelters/essex.cfm>

Goodwill Rescue Mission:
<http://www.grmnewark.org/index.asp>

Mental Health Services

American Rescue Workers, Inc.
<http://www.arvus.org/>

**77 Bruen Street
Newark, NJ 07105
Tel: (973) 589-5772
Fax: (973) 589-7798
Eligibility: All**

Type of services: - Shelters and Housing Services
- Social Services

Services provided: Multi-service agency provides boarding homes for women and children; food pantry/meals; emergency financial/material assistance. (For men's shelter, call 973-344-3450).

**Apostles' House
<http://www.apostleshouse.org/>
24 Grant Street and 513-515 Avon Avenue
Newark, NJ 07108
Tel: (973) 482-0625
Fax: (973) 482-8865
Eligibility: All**

Type of services: - Child Abuse Services
- HIV/AIDS Services
- Parenting Support Services
- Shelters and Housing Services
- Social Services

Services provided: Multi-service agency provides HIV/AIDS prevention and support services; health education for homeless women and their children, teen mothers and pregnant women; boarding house parent aide/home visiting program for DCP&P referred families; AHEAD program for non-residential adolescents-provides life skills; tutoring; and job/college preparation; crisis intervention and counseling services; parenting groups; prevention services; food pantry; case management

**Babyland Family Services, Inc.
<http://www.babylandfamilyservices.org/>
755 South Orange Avenue
Newark, NJ 07106
Tel: (973) 399-3400
Fax: (973) 399-2076
Eligibility: Children and their families**

Type of services: - Child Abuse Services

- Child Care Services
- Domestic Violence Services
- HIV/AIDS Services
- Parenting Support Services
- Social Services

Services provided: Multi-service agency provides eight child care and pre-school programs throughout Newark are Abbott Pre-school sites, Babyland I serves HIV/AIDS affected families, Babyland VII serves primarily children involved with DCP&P. Children Together offers foster care homes for siblings and boarder babies. 24-hours crisis group home for children. Family Violence program offers domestic violence shelter and crisis hotline; batterer treatment; community based domestic violence counseling. Pediatric AIDS program and asthma reduction programs. Young Fathers program. Family Literacy program; parenting education; community organizing.

C.U.R.A. , Inc. <http://www.curainc.org/>

35 Lincoln Park
 Newark, NJ 07101
 Tel: (973) 622-3570
 Fax: (973) 621-8330

Eligibility: Substance abusers; Spanish speaking clients only

Type of services: - HIV/AIDS Services
 - Mental Health Services
 - Substance Abuse Services

Services provided: HIV/AIDS support services, testing and treatment; individual mental health counseling; case management; group therapy; crisis intervention; health education; prevention services; computer skills; job preparation; vocational training; housing/rental assistance program; career guidance/vocational assessment. (Other location: 1148 Broad Street 645-4361). Substance abuse treatment for adults and children; residential substance abuse treatment for males; residential substance abuse treatment for adolescent boys; alcohol treatment program.

Catholic Community Services-Mt. Carmel Guild Behavioral Healthcare System <http://www.ccannj.com/>

1160 Raymond Boulevard
 Newark, NJ 07102-4015
 Tel: (800) 227-7705 or (973) 596-4190
 Fax: (973) 639-6583

Eligibility: All

Type of services: - Health Care Services
 - Mental Health Services
 - Substance Abuse Services

Services provided: Out-patient/In-patient substance abuse treatment; methadone maintenance stabilization; halfway house and residential services for men with alcohol and drug abuse problems; individual, couples and family mental health counseling; child therapy/play therapy; therapeutic nursery; group therapy support groups; psychiatric inpatient and day treatment services; medication

monitoring; crisis intervention; case management; child development evaluation; health screenings; early intervention; communications disorder and evaluation (audiology; speech and language assessments); child diagnostic evaluation (Study Team); special education program for handicapped children; rehabilitation services; Americorp Volunteer Program; housing counseling program.

Community Mental Health Services

570 Belleville Avenue
Belleville, NJ 07109
Tel: (973) 450-3100
Fax: (973) 450-1189
Eligibility: All

Type of services: - Domestic Violence Services
- Mental Health Services
- Substance Abuse Services

Services provided: Outpatient mental health counseling for individuals, children, couples, families and groups; day treatment for adults with psychiatric problems; alcoholism treatment program; domestic violence counseling; child therapy/play therapy; crisis intervention; case management; therapeutic school for children with emotional and developmental delays.

East Orange General Hospital-Behavioral Health Center <http://www.evh.org/htm/inbehavioral.htm>

300 Central Avenue
East Orange, NJ 07019
Tel: (973) 395-4182
Fax:

Eligibility: Essex County residents

Type of services: - Domestic Violence Services
- Hospitals and Medical Centers
- Mental Health Services

Services provided: Outpatient mental health therapy for individuals and families. Groups for types of problems including domestic violence survivors, anger management, bereavement, etc. Partial hospital programs. Intensive Mentally Ill Chemical Abuser (MICA) program. Short-term and long-term inpatient psychiatric care.

East Orange General Hospital-Child/Adolescent Psychiatric Services <http://www.evh.org/htm/caps.htm>

310 Central Avenue
East Orange, NJ 07019
Tel: (973) 395-4095
Fax: (973) 395-4185

Eligibility: Children ages 3-18 and their families; Essex County residents

Type of services: - Hospitals and Medical Centers
- Mental Health Services

Services provided: Individual and group mental health therapy for children ages 3-18. Psychi-

provided: evaluations. Therapeutic After School Program for children ages 8-12.

East Orange General Hospital-Crisis Intervention Unit

<http://www.evh.org/htm/crisisinterventionunit.htm>

300 Central Avenue

East Orange, NJ 07019

Tel: (973) 266-4478 (973) 266-4479/4480 (Mobile Crisis Services)

Fax: (973) 266-4445

Eligibility: Essex County residents

Type of services: - Hospitals and Medical Centers
- Mental Health Services

Services provided: 24 hour emergency psychiatric service for families; by appointment or walk-in service; 24 hour crisis hotline; mobile outreach crisis intervention.

Family Connections <http://www.familyconnections nj.org/>

395 South Center Street

Orange, NJ 07050

Tel: (973) 675-3817

Fax: (973) 673-5782

Eligibility: Depends on services provided

Type of services: - Domestic Violence Services
- Mental Health Services
- Parenting Support Services
- Substance Abuse Services

Services provided: Outpatient mental health counseling for individuals, couples, and families; outpatient alcohol/drug treatment and counseling; crisis intervention; child therapy/play therapy; domestic violence counseling; school-based counseling; youth services/delinquency prevention; senior services; support groups; parenting groups; Youth Connection Program: An intensive behavior modification based therapeutic after school program for behaviorally disordered children 8-14.

Family Service Bureau

http://www2.newcommunity.org/services/family_service_bur/

393 Central Avenue

Newark, NJ 07103

Tel: (973) 412-2056

Fax: (973) 484-3452

Eligibility: All

Type of services: - Domestic Violence Services
- Mental Health Services
- Parenting Support Services
- Substance Abuse Services

Services provided: Outpatient mental health counseling for individuals, couples and families; outpatient substance abuse treatment; domestic violence counseling; batterer counseling; child therapy/play therapy; group therapy; support groups; pa

groups; crisis intervention. (Other location: Kearney (201-246-8077)).

Family Service League <http://www.familyserviceleague.org/>

29 Park Street
Bloomfield, NJ 07003
Tel: (973) 743-3737
Fax: (973) 743-3738
Eligibility: All

Type of services: - Mental Health Services

Services provided: Outpatient mental health counseling for individuals, couples and families counseling; child therapy/play therapy.

FOCUS-Hispanic Center for Community Development

<http://www.focus411.org/>

449 Broad Street
Newark, NJ 07102
Tel: (973) 972-0980 (973) 624-2528
Fax: (973) 624-6450
Eligibility: All

Type of services: - Educational and Vocational Services
- Health Care Services
- Mental Health Services
- Recreational Programs
- Social Services

Services provided: Multi-service agency provides GED and ESL classes; job preparation, placement and referrals; vocational training; mentoring/leadership development; life skills/personal development; housing; rental and utilities assistance; food pantry/meals; primary health care; pediatric health care; health screening senior services; community outreach; case management; individual mental health counseling for couples and families; youth services/delinquency prevention after school program.

Irvington Counseling Center
www.irvcounseling.com

21-29 Wagner Place
Irvington, NJ 07111
Tel: (973) 399-3132
Fax: (973) 399-7552
Eligibility: All

Type of services: - Domestic Violence Services
- Mental Health Services

Services provided: Domestic violence counseling for individuals, couples, families and group support groups; batterer group counseling.

La Casa De Don Pedro, Inc.

<http://www.lacasanwk.org/>

317 Roseville Avenue

Newark, NJ 07107

Tel: (973) 485-0701 Ext. 101

Fax: (973) 485-7555

Eligibility: All

Type of services: - Child Care Services
- Domestic Violence Services
- Educational and Vocational Services
- Immigration Services
- Mental Health Services
- Recreational Programs
- Social Services

Services provided: Multi-service agency provides domestic violence counseling; individual, couple and family mental health counseling; housing, rental and utility assistance; home owner education workshops and home repair; child care and after school programs; ESL classes; computer skills training; job placement/referrals; Citizenship Project helps legal immigrants prepare for US Citizenship tests; community organizing and education; recreational activities.

Main Street Counseling Center

<http://www.mainstcounseling.org/>

8 Marcella Avenue

West Orange, NJ 07052

Tel: (973) 736-2041

Fax: (973) 669-9683

Eligibility: All

Type of services: - Mental Health Services

Services provided: Outpatient mental health counseling for individuals; couples and families therapy/play therapy; school-based group counseling.

Mental Health Association of Essex County

<http://www.mhaessex.org/>

33 South Fullerton Street

Montclair, NJ 07042

Tel: (973) 509-9777

Fax: (973) 509-9888

Eligibility: All

Type of services: - Mental Health Services

Services provided: Services for adults with psychiatric disorders and their families; individual and group counseling; drop-in center for adults with psychiatric disabilities; support groups for parents of the mentally ill; case management; social skills prevention services; other support groups. Low Cost Psychotherapy Center provides referrals to mental health practitioners in private practice at reduced fees.

New Hope Behavioral Health Care

<http://www.nhbhc.com/>

277 Coit Street

Irvington, NJ 07111

Tel: (973) 373-5100

Fax: (973) 373-0510

Eligibility: Ages 10 and over

Type of services: - Mental Health Services
- Substance Abuse Services

Services provided: Individual mental health counseling; group therapy; adult and child psych. day treatment; outpatient substance abuse treatment; alcoholism treatment program.

Newark Beth Israel Community Mental Health Center

<http://www.barnabashealth.org/hospitals/psychiatric/facilities/newark/inc>

166 Lyons Avenue

Newark, NJ 07112

Tel: (973) 926-7026/7028

Fax: (973) 282-0513

Eligibility: All

Type of services: - Mental Health Services
- Substance Abuse Services

Services provided: Outpatient mental health counseling for families; adult and child psychia inpatient and day treatment programs; outpatient substance abuse treatment detox programs; school-based counseling programs; Psychiatric Crisis Hotl. (926-7416); Mobile Psychiatric Crisis Unit (926-7416/7444).

Newark Beth Israel Fire Starters Program and Child and Adolescent Services

<http://www.barnabashealth.org/hospitals/psychiatric/facilities/newark/chi>

201 Lyons Avenue

Newark, NJ 07112

Tel: (973) 926-8487

Fax: (973) 282-0513

Eligibility: All

Type of services: - Mental Health Services

Services provided: Individual and group counseling for children who start fires and counseling their families.

Newark Beth Israel Winona M. Lipman Child Advocacy Center

201 Lyons Avenue

Newark, NJ 07112

Tel: (973) 926-3111

Fax: (973) 926-0842

Eligibility: All

Type of services: - Child Abuse Services
- Mental Health Services

Services provided: Multi-disciplinary team investigations and evaluations of child abuse victims and child crime witnesses. Provides prosecutors specially trained to work with children to prepare criminal prosecutions involving child victims or witnesses.

Project Live, Inc.

<http://www.projectlive.org/>

408 Bloomfield Avenue

Newark, NJ 07107

Tel: (973) 481-1211

Fax: (973) 481-0195

Eligibility: Ages 18 and over with serious mental illness.

Type of services: - Mental Health Services
- Shelters and Housing Services

Services provided: Individual mental health counseling; supervised housing for the psychiatrically disabled; support groups; job preparation; vocational training; advocacy; case management; housing/rental assistance.

Psychological Consulting Services

174 Van Buren Street, Suite 3

Newark, NJ 07105

Tel: (973) 491-0773

Fax: (973) 491-6773

Eligibility: Adults and children

Type of services: - Mental Health Services

Services provided: Outpatient mental health counseling for children, couples and adults; family therapy; crisis intervention. (Services for Portuguese speaking population)

The Bridge, Inc.

<http://www.thebridgenj.org/>

54 Mount Vernon Avenue

Irvington, NJ 07111

Tel: (973) 372-2624, (973) 228-3000 (main and hotline)

Fax: (973) 228-2742

Eligibility: Ages 8 and over

Type of services: - Mental Health Services
- Parenting Support Services
- Substance Abuse Services

Services provided: Individual mental health counseling for couples and families; child therapy; group therapy; crisis intervention; outpatient substance abuse treatment; parent support programs; adolescent intensive outpatient substance abuse treatment.

abuse program; alcoholism/drug treatment program; school-based counseling youth services; domestic violence counseling; batterer counseling; Family Intervention program provides 24-hr. Hotline for families in crisis involving children. Family Preservation Program-DCP&P involved families receive intensive home visitation and support services. (Other locations: 589 Grove St., Irvington - 371-3771; 14 Park Ave., Caldwell - 228-3000)

Unified Vailsburg Services Organization

<http://www.uvso.org/>

40-42 Richelieu Terrace

Newark, NJ 07106

Tel: (973) 374-2000

Fax: (973) 374-6042

Eligibility: All

Type of services: - Child Care Services
- Health Care Services
- Mental Health Services
- Parenting Support Services
- Recreational Programs
- Social Services

Services provided: Multi-service agency provides individual and family mental health counseling; crisis intervention; case management; parent support group; home health care; housing/rental assistance; food pantry; Meals On Wheels program; senior center services; child care and pre-school; school based counseling; advocacy; after school program; summer camp; recreational activities; summer youth employment mentoring/leadership development; community education and organizing. (Other location: 462 Sandford Ave. (973) 371-3450).

United Community Corporation

<http://www.uccnewark.org/>

31 Fulton Street

Newark, NJ 07102

Tel: (973) 642-0181

Fax: (973) 621-5453

Eligibility: All

Type of services: - Educational and Vocational Services
- Mental Health Services
- Shelters and Housing Services
- Social Services
- Substance Abuse Services

Services provided: Multi-service agency provides GED classes; after school programs; individual and family mental health counseling; crisis intervention; alcohol detox; outpatient substance abuse treatment; housing/rental assistance; food pantry/meals; senior center program; home energy program; emergency financial/material assistance; senior services; job preparation; vocational training; computer skills; youth employment services/delinquency prevention; peer counseling; community education; after school program. (Short-term shelter for homeless single adults: 31 Fulton St. (973) 621-7777)

United Labor Agency of Essex-West Hudson, Inc.

30 Clinton Street

Newark, NJ 07102

Tel: (973) 623-7878

Fax: (973) 623-6536

Eligibility: Adults; EAP referrals; Low income

Type of services: - Mental Health Services

Services provided: Short-term mental health counseling and assessment.

Volunteers of America

<http://www.voa.org/>

158 Washington Street

Newark, NJ 07102

Tel: (973) 642-0300/0424 Ext. 201

Fax: (973) 642-1287

Eligibility: Depends on service needed

Type of services: - Mental Health Services
- Shelters and Housing Services

Services provided: Group homes for neglected or troubled youths referred by DCP&P, mentally chemical abusers, and adult male parolees.

Wise Women's Center at Essex County College

<http://www.essex.edu/continuinged/wise/>

303 University Avenue

Newark, NJ 07102

Tel: (973) 877-3395

Fax: (973) 877-3555

Eligibility: Adults

Type of services: - Domestic Violence Services
- Educational and Vocational Services
- Mental Health Services
- Parenting Support Services

Services provided: Computer training; job preparation; career guidance; vocational assessment skills/personal development; parenting skills group; domestic violence services; individual mental health counseling; crisis intervention.

Youth Consultation Services

<http://www.ycs.org/>

254 Broadway

Newark, NJ 07107

Tel: (973) 482-8411

Fax: (973) 482-4530

Eligibility: All

Type of services: - Child Abuse Services
- Educational and Vocational Services
- Mental Health Services
- Parenting Support Services
- Recreational Programs
- Shelters and Housing Services

Services provided: Outpatient mental health counseling for individuals, couples and families; therapy; crisis intervention; group homes for emotionally troubled children, adolescents and young adults; adolescent day treatment program for children 13-17 with history of serious mental illness; services for autistic children; foster care and adoption services; special education schools; after school programs; mentoring/leadership development; life skills/personal development; parenting support programs; youth services/delinquency prevention; therapy; nursery; summer camp; recreational activities; primary health care.

Youth Consultation Services-Institute for Training in Infant and School Mental Health

<http://www.ycs.org/index.php/mnuserVICES/mnuinfantInstitute>

60 Evergreen St.

East Orange, NJ 07018

Tel: (973) 483-2532

Fax: (973) 483-7593

Eligibility: Families with children birth to 6 yrs.

Type of services: - Mental Health Services
- Parenting Support Services

Services provided: Child therapy/play therapy; parent child dyadic therapy; training for mental health professional in early childhood development.

Youth Development Clinic

<http://www.ydcnj.org/>

20 Columbia Street

Newark, NJ 07102

Tel: (973) 623-3203

Fax: (973) 623-3203

Eligibility: Students in listed schools; DCP&P referred clients

Type of services: - Child Abuse Services
- Mental Health Services

Services provided: School-based mental health counseling for students in specified Newark schools (Our Lady of Good Council; St. Rocco's school; Peshine St. school; Miller School); outpatient clinic services only for DCP&P referred families.