

WELCOME TO CHILD AND ADOLESCENT INPATIENT SERVICES (CAIS) at University Behavioral Health Care



Child and Adolescent Inpatient Services (CAIS) is a program within University Behavioral Health Care (UBHC), a component of Rutgers, the State University of New Jersey. As part of a comprehensive, university-based healthcare system, we are dedicated to providing excellent psychiatric care to children and adolescents in crisis, who require an intensive level of treatment. We will do everything we can to make your child's stay a brief, healing experience. The focus of inpatient treatment is to restore individuals back to their homes and communities, with safety and improved functioning, as quickly as possible.

We understand that this may be a difficult time for you and encourage your collaboration with our team effort to help your child. We will work together to make your child's stay a positive, growing experience.

We appreciate and thank you for your participation and cooperation during this difficult time. We hope that this booklet will answer some of your questions and add to your understanding of our program. Please feel welcome to speak with staff anytime you have any other questions or concerns.

Rutgers University Behavioral Health Care
Child and Adolescent Inpatient Services
671 Hoes Lane West
Piscataway, NJ 08855
732-235-4392



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UBHC MISSION STATEMENT

University Behavioral Health Care is dedicated to excellence in the provision of behavioral health services while upholding the values and traditions of the community mental health movement. We are committed to being a leader in providing and promoting effective, efficient, compassionate, and accessible care.

SCREENING FOR ADMISSION

Prior to admission to the Child & Adolescent Inpatient Services (CAIS), youth must be evaluated in order to determine what level of treatment is most appropriate to meet their needs. This evaluation may take place at an off-site screening center or hospital in your community or through Acute Psychiatric Services (APS) at this facility. For guidance in getting your child screened, you may contact:

UBHC Access Center
1-800-969-5300

Acute Psychiatric Services (APS)
732-235-5700

Your Local Hospital Emergency Room or Designated Screening Center



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ADMISSION INFORMATION

Upon admission patients are assigned to a multidisciplinary treatment team which includes an attending psychiatrist, a clinician, nurses, creative arts therapists, clinical educators, activity assistants, and mental health specialists.

This multidisciplinary team will work with you and your child individually and as a family to assess the current situation, stabilize whatever crisis precipitated this admission and insure movement to a less restrictive level of care as soon as possible. The team, with your written consent, will also consult with appropriate school personnel, mental or behavioral health providers and other parties concerning your child's academic and psychological functioning in order to provide specific treatment recommendations.

We provide a comprehensive evaluation in the form of a psychiatric, diagnostic and psychosocial evaluation, and can perform psychological, educational, and substance abuse evaluations as well as medical testing when indicated, such as an EKG and lab work. In addition, in collaboration with your child and family, we will develop a comprehensive treatment plan and after care discharge plans.

If your child is a classified student as determined by the school Child Study Team, please provide us with the initial assessments/evaluation resulting in classification and the most recent IEP as soon as possible. The initial assessments may include the learning, intelligence, psychosocial, psychological and psychiatric evaluations. Please obtain these reports from your local school and provide them to your child's clinician as soon as possible upon admission so that the treatment team can incorporate the reports into the assessment and treatment plan for your child. The school may offer to send the reports to us; however, the reports may not arrive in time for the treatment team to formulate a plan. You are entitled by New Jersey State Law to receive all the reports mentioned above. If you should have difficulty obtaining these reports, please inform your child's assigned clinician. Your efforts are greatly appreciated, and your child's treatment will benefit.

MEDICAL NEEDS

Every patient is given a physical examination upon admission which may include basic lab work, unless this was done in a hospital prior to admission. Parents are advised of any concerns regarding patients' physical health resulting from the lab data. Vital signs are monitored regularly for all patients. If your child becomes physically ill or is injured while hospitalized, he/she will be assessed by a nurse practitioner or M.D. and appropriate treatment will be administered. In case of a serious emergency requiring immediate medical attention first aid is available through the UBHC Emergency Medical Team. Families will be notified in case of any serious medical emergency, illness or injury.

FAMILY PARTICIPATION

Family members are expected to meet with the child's doctor and clinician as soon as possible following admission. Times of acute crisis demand an intensive response and active participation by the family is crucial to our evaluation and treatment process. As the experts in your child's development, past, and current functioning, your involvement is essential to our evaluation. Access to reports and information from other treatment providers, facilities, individuals and any previous evaluations at the earliest opportunity enable us to make the most informed treatment recommendations and interventions and avoid duplicating services.



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TREATMENT MODALITIES

Patients are provided with multidisciplinary treatment including:

- Family Therapy
- Individual Therapy
- Group Therapy
- Psychiatry
- Medication Education
- Behavioral Treatment
- Creative Arts (Music, Art) Therapy
- Recreational Therapy
- Education
- Milieu Therapy

The treatment team meets regularly to review each patient's progress in order to provide a comprehensive, integrated treatment approach.

FEEDBACK SYSTEM

Both of our Adolescent (ages 12-17) and Latency (ages 5-11) unit programs utilize a feedback system which supports youth to focus on their goals, progress and maintain awareness of their emotions, participation and behavior in groups or activities each day. Youth who maintain safety and are engaged in treatment may be able to go off the unit for some activities. For the younger children (under 12), daily feedback sheets are also utilized in which patients' behavior is monitored, and feedback is given in the form of green, yellow, or red checks every 15 minutes. These are regularly reviewed by treatment providers and information can be made available to family members as well.

SAMPLE TYPICAL WEEKDAY SCHEDULE

7:30 a.m.	Wake-up	
8:00 a.m.	Breakfast	
8:45 a.m.	Goal setting group	
10:00 a.m.	School program	11:00 a.m. Group
	therapy	
12:00 p.m.	Lunch	
1:00 p.m.	Creative arts	
	therapy/recreation therapy	2:00
p.m.	3:00 p.m.	Quiet
	reflection time	
4:00 p.m.	Milieu therapy	
5:00 p.m.	Dinner	
6:00 p.m.	Creative arts therapy/recreation therapy	
7:00 p.m.	Visiting/recreation	
8:00 p.m.	Milieu therapy (stress management, relaxation)	
9:00 p.m.	Snacks/prepare for bed	
10:00 p.m.	Lights out	



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Goal Setting is run by a Mental Health Specialist or Nurse. Patients are encouraged to establish daily personal and treatment goals based upon their individual needs and to monitor their progress in reaching goals.

Milieu Therapy includes various groups run by nurses, activity assistants, mental health specialists, or other specialized counselors. These groups may include:

- Medication education
- Substance-abuse awareness
- Communication and socialization skills
- Life skills, such as problem solving.
- Anger management
- Self-esteem building

Group Therapy is run by master's level clinicians who also provide individual and family therapy. Youth are helped to enhance their awareness of the problems that led to admission, to gain insight and understanding of the underlying causes and to problem solve solutions. They are encouraged to develop coping skills and to improve communication and family relationships. The group process is interactive and supportive with youth learning to support one another. This is an especially effective form of treatment for adolescents, due to the developmental importance of peer relationships.

Creative Arts Therapy is run by art, music and recreational/activity therapists. Various non-verbal, multi-media approaches are utilized as alternative means of expressing emotions and gaining insight and self-awareness. Verbal processing also enhances non-verbal expression.

EDUCATION

Classes are held for 1-2 hours a day, Monday through Friday, during the regular school year. Patients receive credit for attendance and for schoolwork accomplished from their sending schools. With appropriate permission, clinical educators coordinate with school districts to facilitate patients' smooth return. You may request and provide to us your child's work from his or her school or our clinical educator will work with your child to determine what schoolwork is appropriate.

DISCHARGE PLANNING

An after-care plan is developed in consultation with families prior to patients' discharge from the CAIS. All patients are expected to engage in follow-up therapy after hospitalization. Treatment recommendations may include additional inpatient treatment or partial hospitalization, intensive outpatient services, referral for outpatient therapy or comprehensive community services or recommendation for a Child Study Team evaluation. County Case Management Programs are often accessed to assist in developing after-care plans and to facilitate the child's transition back to the community. See below for more information about these services.

The clinician assigned to your child during this admission will work with you to secure appropriate mental/behavioral health services in the community after discharge. This may include communication with your insurance company, previous providers, community agencies, case management providers, family support organizations and other services available through the Division of Children's System of Care (DCSOC).



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At the time of discharge, you will receive instruction sheet with a follow-up treatment appointment and a list of crisis contracts, as well as a letter to provide for your child's return to school and any needed prescriptions.

THE CHILDREN'S SYSTEM OF CARE

The NJ State Department of Children and Families provides families with a single point of contact for entry into the statewide Division of Children's System of Care (DCSOC). This system tracks and coordinates care for children who are screened into its services. To provide this simplified access, the department contracts with Perform Care, a private company that serves as the administrator of the service system.

Your child's clinician will talk with you about services available through this system and in the community, which may include Care Management Organizations, Unified Case Management Services, Family Support Organizations and Mobile Response and Stabilization Services. Generally, participation in case management services will provide your child and family with a professional worker who will provide therapeutic support and guidance, assist you in locating and obtaining supportive services and coordinate and advocate with all participating agencies on behalf of your child and family.

If you consent to a referral, you will be asked to sign a release of information to allow your child's clinician to complete and submit a Needs Assessment (referral), to verbally communicate with DCSOC and Perform Care and if needed, to provide the evaluations completed while your child is hospitalized on the inpatient unit. Please feel welcome to ask your child's clinician any questions you may have about these services.

LETTERS FROM THE COURT

You will be receiving two letters in the mail in reference to your child's hospitalization. The contents of these letters, one from your County Adjuster and the other from the Courts of the State of New Jersey, often cause some confusion.

The Courts of the State of New Jersey will inform you of a scheduled hearing that is mandated by law to assure that your child understands his/her legal rights about hospitalization. A lawyer provided by the State will meet with your child to discuss the hearing and to review his/her rights. The hearing will occur at our facility, is brief and is designed to protect your child's civil rights. Your attendance at this hearing is not required and rarely necessary unless the issue of your child's stay is in dispute.

The other letter that you will receive is from the County Adjuster asking you to arrange an interview in order to discuss the fee for hospitalization. You will be asked to bring in various financial documents to assist in setting a fee that is fair, taking into account your income, expenses, and insurance coverage. If you have any questions or concerns about either of these letters, please call the telephone number that is documented on the letter or ask your child's clinician.

COMPLAINTS

In the event that while you are hospitalized you have any issue related to the treatment you receive or a member of our staff, please feel welcome to bring your concerns directly to that individual. If you are not comfortable doing so or are not satisfied with the result, please ask to speak to a supervisor, either the Assistant Nurse Manager on duty, the Nurse Manager, Director or the Unit Chief. We want to work closely with you in order to resolve any issue you may be experiencing. If you are unable to achieve satisfaction through these avenues or prefer not to, you may choose to contact the Patient Advocate in order to discuss your complaint or other issues at any time.

Safe Patient Handling for Families in Behavioral Health Settings

Why is this important?

At UBHC, we care about both **emotional safety** and **physical safety**. Safe patient handling means helping your loved one move safely and feel supported during hard times.

Physical Safety

- Staff use special tools like **lifts** or **transfer chairs** to help patients move.
 - This keeps **patients and staff safe from injuries**.
-

Emotional Safety

- Staff make sure the space feels **calm and safe** when someone is upset.
 - They use **kind words and calming techniques** instead of force.
 - Staff are trained to understand **trauma** and how it affects people.
 - After a hard moment, staff talk with patients to give **emotional support**.
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How Families Can Help

- Stay informed about what is happening.
- Ask questions if you are unsure.
- Work with the care team to keep your loved one safe.



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NOTES



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IMPORTANT PROGRAM POLICIES

Safety: Patient safety, which is crucial for therapeutic setting, is our number one priority and commitment. All patients are closely supervised at all times. Patients may, at times, require a more intensive level of supervision. Levels of supervision and individual needs are assessed on a daily basis. Patients are expected to do their part in maintaining a safe environment for all. Any thoughts of harming oneself or another should be immediately reported to staff. Disruptive behaviors will be addressed on an individual basis with patient, his/her family, and the treatment team.

Confidentiality: Patients, families and staff are expected to maintain the confidentiality of program participants. Personal information disclosed in groups and on the unit should remain with the group and should not be discussed outside of the group with other peers. Names of other people receiving services should not be mentioned outside of the program and should not be shared on social networking websites (such as Facebook or Twitter), other electronic media or web sites. Topics discussed in group therapy should remain within the group only. Patients' records are secure and may not be released without written authorization from families.

Clothing: UBHC encourages all staff, patients, and their families to support the following dress code. Clothing should be casual, comfortable, well fitting and appropriate, such as jeans, sweatpants, sweaters and t-shirts. Very short shorts, skirts or tight pants, spandex, tops with spaghetti straps, bare midriffs, off the shoulder styles, mesh tops, hoods, heavy boots and sharply pointed shoes are not allowed. T-shirts or other garments depicting alcohol, drug, sexual, occult, violence/death or other inappropriate themes are prohibited. It is recommended that youth have at least one pair of soft shoes (sneakers) and a jacket appropriate for the season. Storage space in patient's rooms is limited, so it is not necessary to provide more than 3-4 days worth of clothing. Laundry facilities are available for patients to use.

Smoking: The UBHC-Child and Adolescent Inpatient Unit is a smoke free program. Nicorette gum or the nicotine patch can be prescribed to help patients who use tobacco to cope with the non-smoking policy.

Meals: The food service department provides three meals a day and snacks. Special diet may be ordered to address medical or dietary needs. A nutritionist also evaluates special dietary needs. Sharing of food with other patients is not permitted. Starting 8/1/2025 No outside food or drinks allowed.

Jewelry: All jewelry must be removed from patients admitted patient to CAIS. As long as the patient is on unit they will not be allowed to wear piercings or any other type of body jewelry. We recommend that parents take all jewelry home for safe keeping. If this is not possible, jewelry will be stored by staff until discharge.

Personal Items: Please be informed that UBHC/Child and Adolescent Inpatient Unit is not responsible for patients' personal items such as CD players, radios, musical instruments, jewelry, dental retainers, handheld video games, etc. **Ipods, cell phones, recording devices, A/C adapters, stuffed animals and blankets** are **not** allowed. Please send your valuables home with a loved one.

Gifts: While we understand the desire to bring gifts to your child during this time, we are unable to accommodate flowers or balloons on the unit due to safety factors.

INFORMATION ABOUT SPECIAL INTERVENTION TECHNIQUES USED IN CHILD AND ADOLESCENT INPATIENT SERVICES

At UBHC, we are committed to providing a safe therapeutic environment and to treating all patients with respect and dignity. To assure safety, all patients are placed under constant staff supervision. If a child's treatment team determines that she or he is at high risk for hurting her/himself or others, the team may increase the child's level of supervision and may restrict him/her to a special area on the unit. If, for example, your child is assaultive to another person but then regains control, she or he may require temporary restriction with regard to participating in certain activities, increased supervision or individual programming. To ensure the safety of ALL patients, children who remain out of control and at risk of harming themselves or others will be treated with one or more of the following techniques:

Verbal and other first level interventions: Staff will always attempt to calm the child by talking with him/her and attempting to deescalate the situation verbally. Other interventions may include offering medication, time away from the group, remaining on the unit with increased supervision, or a chance to talk with a staff member with whom the child has developed a good relationship. If these interventions are not effective, staff may use second-level interventions such as Holding, Seclusion or Restraint as a last resort.

In all crisis situations described below, a child is supervised **continuously** and is released as soon as possible, once he or she is calm enough to be maintained safely by other means. Children may then rejoin the community and return to groups or other scheduled activities.

Personal Restraint involves a specially trained staff member physically holding a child to minimize the risk of the child harming him/ herself or others.

Seclusion involves escorting a child to and briefly maintaining a child in a separate area or room which may have a lockable door.

Mechanical Restraint involves having a child lie on a bed or stretcher and applying non-locking cuffs to the child's wrists and ankles which are secured to the bed/stretcher. This intervention is a last resort when all other interventions have been tried and a child continues to present a serious danger to him/ herself or others.

Our aim is to reduce as much as possible the use of such second-level interventions. We use them only in emergency situations to prevent your child from harming him/herself and/or others at the hospital.

You will be contacted and informed every time such procedures are used with your child.



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VISITING HOURS POLICY

1. Patients may have immediate family members visit unless a physician writes an order to the contrary.
2. Visitors on the Adolescent Inpatient Unit must be 18 years of age and older and Proper identification (EX: driver's licenses, passports, or other government-issued ID cards that contain a photograph)
3. No visitors are allowed on the unit after regular visiting hours without making arrangements prior through your child's therapist, for which the physician writes an order.
4. The number of visitors for any one patient should be limited to 2. These are immediate family members only.
5. Visitors may not visit in patients' rooms. All visitors must visit in the appropriate areas designated by staff.

FAMILY VISITING HOURS

Monday - Friday	6:00 pm – 7:00 pm
Saturday, Sunday and Holidays	1:00 pm - 2:00 pm

TELEPHONE HOURS

Main Staff Phone: 732-235-4392 (24 hours a day)

Child Unit Patient Phone	732-235-3450 (24 hours a day)
Adolescent Unit Patient Phone	732-235-4480

Patients may make or receive calls on the patient phone at the following times:

Monday through Friday

7:30 am - 8:30 am
12:00 pm - 1:00 pm
5:00 pm - 6:00 pm
7:00 pm - 8:00 pm

Weekends and Holidays

7:30 am - 9:00 pm *(except during group times)*

Children's Unit (under 12)

8:00 am - 8:30 pm

Parents can call to speak with staff or leave messages for the psychiatrist or clinician at any time by calling 732-235-4392.



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IMPORTANT NUMBERS – PISCATAWAY CAMPUS

Main Staff Phone: 732-235-4392 (24 hours a day) Children's Staff Phone: 732-235-3450 (24 hours a day)	
Name	Area of Responsibility
Robert Randolph, MD Unit Chief and Attending Psychiatrist Acute Child and Adolescent Services 732-235-4076	Physicians, Advanced Practice Nurses, Child Psychiatric Fellows and Residents within the Child and Adolescent Inpatient Services and Partial Hospital, Children's Crisis Intervention Services
Michelle Miller Vice President Acute Inpatient Services 732-235-5093	Emergency Services and Community School Programs.
Marvella Cephas Assistant Director of Nursing Acute Inpatient Services 732-235-4261	Nurse Managers, Physicians, APN, MHC supervisor,
Makeda Burr, RN Nursing Manager Child Inpatient Unit 732-235-5039	Assistant Nurse Managers, Nurses, LPNs, Specialists and Activity Assistants on Adolescent Inpatient Services
Attending Psychiatrists/APN Dr. Yasmine Deol -732-235-4189 Sandy Williams, APN -732-235-8053 Sandhya Praveen, APN-732-235-7812 Unit Clinicians (Therapists) Jamaal Ryan, LCSW – 732-235-2127 Beth Bromberg, MA, LPC – 732-235-3423 Fernel David Lopez, LSW – 732-235-4188 Rahat Azim MSW, LSW– 732-235-4585	
Greg Fitzpatrick, MSW, LCSW Screening Coordinator and Program Manager, Acute Psychiatric Services/EISS – 855-515-5700	Screeners and Clinicians with Acute Psychiatric Services All staff in Acute Psychiatric Services and Early Intervention Support Services (EISS)
Keith Stowell, MD, CMO Chief Medical Officer 732-235-3490	Physicians, Advanced Practice Nurse & Residents
Patient Advocate 732-235-3921	Responding to and resolving patient complaints
UBHC Patient Accounts - 732-235-4464	
UBHC Main Number – 732-235-5500	



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DIRECTIONS

Rutgers University Behavioral Health Care
671 Hoes Lane West, Piscataway, NJ 08855
732-235-5500

From Route 18:

Take Route 18 North through New Brunswick and across the Raritan River to Piscataway. As you cross over the John Lynch Bridge, stay in the right lane and take the exit for River Road/Piscataway/Highland Park. Turn right at the end of the ramp toward Piscataway onto River Road. Pass through two lights (the second light is at Landing Lane). See Johnson Park, pass the Rutgers Stadium and at the third light (3/4 miles from Landing Lane), make right onto Hoes Lane West. Follow directions below from Hoes Lane West.

From Route 287 Southbound:

From the Exit 9 – Bound Brook/Highland Park exit, turn right at the end of the exit onto River Rd. At the third traffic light (about 3 miles) turn left onto Hoes Lane West. Follow directions below from Hoes Lane West.

From Route 287 Northbound:

From Exit 9 – Bound Brook/Highland Park, turn left at the end of the exit onto River Road. At the fourth traffic light (about 3 miles) turn left onto Hoes Lane West. Follow directions below from Hoes Lane West.

From Hoes Lane West:

Once on Hoes Lane West, pass a residential area and Rutgers Golf Course. Proceed about a mile to a signs for UBHC. Pass the first sign on the right and go to street sign for 671 Hoes Lane, University Behavioral Health Care.

Parking and Mass Transit

Visitors can park in parking Lot B on the left in the numbered parking spots in the front row. Utilize the pay station meter at the entrance of the parking lot, as directed, according to your spot number. Cross street and proceed to third door on left to the main entrance of UBHC. Ask the receptionist at the front desk to direct you to the Child and Adolescent Inpatient Unit if needed.

University Behavioral Health Care is approximately 3.5 miles from New Brunswick by taxi.

