

2.40 STRUCTURED DAY TREATMENT SERVICES

2.401 Partial Hospitalization Program (Adult)

Partial hospitalization is a nonresidential treatment program that may or may not be hospital-based. The program provides clinical diagnostic and treatment services on a level of intensity equal to an inpatient program, but on less than a 24-hour basis. These services include therapeutic milieu, nursing, psychiatric evaluation and medication management, group and individual/family therapy, psychological testing, vocational counseling, rehabilitation recovery counseling, substance abuse evaluation and counseling, and behavioral plans. The environment at this level of treatment is highly structured, and there should be a staff-to-patient ratio sufficient to ensure necessary therapeutic services, professional monitoring, control and protection. Psychiatric partial hospital treatment may be appropriate when a patient does not require the more restrictive and intensive environment of a 24-hour inpatient setting, but does need up to eight hours of clinical services. Partial hospitalization is used as a time-limited response to stabilize acute symptoms. As such, it can be used both as a transitional level of care (i.e., step-down from inpatient) as well as a stand-alone level of care to stabilize a deteriorating condition and avert hospitalization. Treatment efforts need to focus on the individual's response during treatment program hours, as well as the continuity and transfer of treatment gains during the individual's non-program hours in the home/community. Psychiatric partial hospital treatment is separate and distinct from psychiatric social rehabilitation programs or day treatment programs, which also focus on maximizing an individual's level of functioning (e.g., self-sufficiency, communication skills, social support network), but are usually less psychiatrically-based, located in a community setting, and focus more on the development or enhancement of an individual's coping skills necessary for daily social and occupational functioning. Family involvement from the beginning of treatment is important unless contraindicated. Frequency should occur based on individual needs.

Criteria

Admission Criteria

All of the following criteria are necessary for admission:

1. The individual demonstrates symptomatology consistent with a DSM-IV-TR (AXES I-V) diagnosis that requires and can reasonably be expected to respond to therapeutic intervention. Evaluation needs to include an assessment of substance abuse issues.
2. There is evidence of patient's capacity and support for reliable attendance at the partial hospital program.
3. There is an adequate social support system available to provide the stability necessary for maintenance in the program OR the individual demonstrates willingness to assume responsibility for his/her own safety outside program hours.
4. There may be a risk to self, others, or property (e.g., inability to undertake self-care; mood, thought or behavioral disorder interfering significantly with activities of daily living; suicidal ideation or non-intentional threats or gestures; risk-taking or other self-endangering behavior) which is not so serious as to require 24-hour medical/nursing supervision, but does require structure and supervision for a significant portion of the day and family/community support when away from the partial hospital program.
5. The patient's condition requires a comprehensive, multi-disciplinary, multi-modal course of treatment, including routine medical observation/supervision to effect

	<p>significant regulation of medication and/or routine nursing observation and behavioral intervention to maximize functioning and minimize risks to self, others and property.</p> <p>6. The treatment plan needs to clearly state what benefits the individual can reasonably expect to receive in program; the goals of treatment cannot be based solely on need for structure and lack of supports.</p>
Psychosocial, Occupational, and Cultural and Linguistic Factors	<i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i>
Exclusion Criteria	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual is an active or potential danger to self or others or sufficient impairment exists that a more intense level of service is required. 2. The individual does not voluntarily consent to admission or treatment or does not meet criteria for involuntary admission to this level of care. 3. The individual has medical conditions or impairments that would prevent beneficial utilization of services. 4. The individual exhibits a serious and persistent mental illness consistent throughout time and is not in an acute exacerbation of the mental illness; 5. The individual requires a level of structure and supervision beyond the scope of the program (e.g., considered a high risk for non-compliant behavior and/or elopement). 6. The individual can be safely maintained and effectively treated at a less intensive level of care 7. The primary problem is social, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration. 8. The focus of treatment is not primarily for peer socialization and group support.
Continued Stay Criteria	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual's condition continues to meet admission criteria at this level of care; 2. The multi-disciplinary discharge planning process starts from the assessment and tentative plan upon admission, and includes the patient and family/significant other as appropriate 3. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 4. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment

	<p>planning should include active family or other support systems, social, occupational and interpersonal assessment with involvement unless contraindicated. Family sessions as appropriate need to occur in a timely manner. Expected benefits from all relevant modalities, including family and group treatment, are documented.</p> <ol style="list-style-type: none"> 5. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. 6. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident. 7. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan. 8. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 9. Patient is actively participating in treatment. 10. Co-ordination with relevant outpatient providers should be implemented.
<p>Discharge Criteria</p>	<p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual's documented treatment plan, goals and objectives have been substantially met or a safe, continuing care program can be arranged and deployed at a lower level of care 2. The individual no longer meets admission criteria, or meets criteria for a less or more intensive level of care. 3. The individual, family, guardian and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. Non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment. 4. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care. 5. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured. 6. The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care despite treatment planning changes 7. There is a discharge plan with follow-up appointments in place prior to discharge.