

## 3.40 STRUCTURED DAY TREATMENT SERVICES

### 3.402 Extended Day Treatment (Child/Adolescent)

Description of Services: Day treatment provides a coordinated set of individualized therapeutic services to children/adolescents with psychiatric disorders who may be able to function only partially in a normal school, work, and/or home environment and need the additional structured activities of this level of care. Day Treatment is a supplementary, community-based level of mental health care. It is a comprehensive, multidisciplinary approach to treatment and skills resiliency training for children/adolescents who do not require or meet the criteria for a more restrictive and intensive treatment environment, but require more intensive and comprehensive services than can be provided at the outpatient level.

Consumers of day treatment typically, although not exclusively, experience significant stressors in their lives (e.g., foster placement, history of abuse, abandonment and neglect). Family histories commonly reveal substance abuse, severe mental illness, domestic violence, poverty, social isolation, and physically dangerous living environments.

This level of care is intended for children/adolescents who reside with their parent(s) or surrogate family. It provides stabilization and supportive transitional services to children/adolescents who: 1) are no longer acutely ill; 2) require supervision to avoid risk.

Children/adolescents admitted to day treatment will receive comprehensive behavioral health services which may include, but are not limited to, group and individual therapy, home based services/outreach, family therapy, psychiatric evaluation, medication therapy, and emergency and crisis intervention services, unless contraindicated. Frequency should occur based on individual needs. All services are provided under the supervision of a child trained psychiatrist.

#### Criteria

<p><b>Admission Criteria</b></p>	<p><i>All of the following criteria are necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual demonstrates symptomatology consistent with a DSM-IV-TR (Axes I-IV diagnosis which requires and can reasonably be expected to respond to therapeutic intervention in a structured milieu.</li> <li>2. Exacerbation or persistence of a psychiatric disorder results in symptoms of thought, mood, behavior, or perception that significantly impair functioning.</li> <li>3. The child/adolescent can reasonably be expected to benefit from mental health treatment at this level.</li> <li>4. The child/adolescent is capable of mastering more complex personal and interpersonal life skills (e.g., problem solving, assertiveness, and anger management)</li> </ol>
<p><b>Psychosocial, Occupational, and Cultural and Linguistic Factors</b></p>	<p><i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i></p>
<p><b>Exclusion Criteria</b></p>	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The child/adolescent is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required.</li> <li>2. The child/adolescent can be safely maintained and effectively treated at a less intensive level of care.</li> <li>3. The child/adolescent requires a level of structure and supervision beyond the scope of the program.</li> </ol>

	<ol style="list-style-type: none"> <li>4. The child/adolescent is considered at high risk for runaway.</li> <li>5. Medical conditions or impairments that would prevent beneficial utilization of services.</li> <li>6. 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.</li> </ol>
<p style="text-align: center;"><b>Continued Stay Criteria</b></p>	<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"> <li>1. The child/adolescent's condition continues to meet admission criteria at this level of care.</li> <li>2. The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.</li> <li>3. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, educational/occupational and interpersonal assessment with involvement unless contraindicated. Expected benefit from all relevant treatment modalities is documented.</li> <li>4. There is documented active discharge planning from the beginning of treatment.</li> <li>5. There is a documented active attempt at coordination of care with relevant providers when appropriate.</li> <li>6. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.</li> <li>7. 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. The child/adolescent is actively participating in treatment.</li> <li>8. Care is rendered in a clinically appropriate manner and focused on child/adolescent's behavioral and functional outcomes as described in the discharge plan.</li> <li>9. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.</li> <li>10. Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.</li> </ol>
<p style="text-align: center;"><b>Discharge Criteria</b></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"> <li>1. The child/adolescent's documented treatment plan goals and objectives have been substantially met and/or the individual no longer meets admission criteria, or meets criteria for a less or more intensive level of care.</li> <li>2. Behavioral symptoms secondary to the psychiatric diagnosis have decreased to a level where there is no immediate risk of out of community placement; and there is no indication that hospitalization, re-hospitalization, or readmission to other acute levels of care is imminent.</li> <li>3. The child/adolescent appears able to remain stable with a less intense level of services including routine outpatient care, physician-prescribed medications as needed, community-based support, and educational programming as needed.</li> <li>4. The child/adolescent exhibits severe disruptive or dangerous behaviors (e.g., suicide/homicide attempt, drug/alcohol addiction, and symptoms of psychosis) that</li> </ol>

	<p>require stabilization at a more intensive level of care.</p> <ol style="list-style-type: none"><li>5. The child/adolescent, 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 treatment at a more intensive level of care is inappropriate, or a court has denied a request to issue an order for involuntary treatment.</li><li>6. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/legal guardian has the capacity to make an informed decision and the child/adolescent does not meet criteria for a more intensive level of care.</li><li>7. The child/adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.</li></ol>
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