

Service Name	ADULT DAY TREATMENT - MENTAL HEALTH
Setting	Outpatient hospital or community based.
Facility License	As required by Division of Public Health.
Basic Definition	Psychiatric day treatment is a service, in a continuum of care, designed to prevent hospitalization or to facilitate the movement of the acute psychiatric individual to a status in which the individual is capable of functioning within the community with less frequent contact with the psychiatric health care provider.
Service Expectations basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> • An initial diagnostic interview (IDI) shall be completed prior to admission and function as the initial treatment plan until a comprehensive treatment plan is developed. • Provide the family opportunities to participate in all aspects of the individual's treatment (assessment, treatment planning, therapy and discharge planning) if appropriate. This participation or lack of participation shall be documented in the individual record. • Provide a flexible meeting schedule to include evenings and weekends. • The program shall identify an on-call system of licensed practitioners available for crisis management when the individual is not in the program's scheduled hours and/or the program is not in session. • Provide the following mandatory services: • Psychological diagnostic services that contribute to the diagnosis and plan of care for the individual. • One billable session of psychotherapy services, per scheduled treatment day, that demonstrate the individual is receiving active treatment for their psychiatric condition. These services may include: individual psychotherapy, group psychotherapy, and family psychotherapy if appropriate. • Pharmaceutical services: If medications are dispensed by the program, pharmacy services will be provided under the supervision of a registered pharmacy consultant, or the program may contract for these services through an outside licensed/certified facility. All medications must be stored in a special locked storage space and administered by a physician, registered nurse, licensed practical nurse or a medication aid under the direction and monitoring of a registered nurse. • Dietary services will be provided and/or contracted with a registered dietitian when meals are provided by a day treatment program. • Nursing services: A registered nurse will evaluate and provide for the care and treatment of the individuals medical nursing needs when medically indicated. In a hospital based day treatment setting a nursing medical assessment will be completed within 24 hours of admission or the first business day. • Clinically appropriate assessments, as determined necessary, to assess the individual for substance use disorders, eating disorders, or other specialized treatment needs. • Transition and discharge planning will begin at admission, be based on transitioning the individual to a different level of care, and address the individuals ongoing treatment needs. • Provide at least two of the following optional services. The individual must have a need for the services, a supervising practitioner must order the services, and the services must be a part of the individual's treatment plan: • The following will be provided or supervised by a licensed or certified therapist: recreational therapy, speech therapy, occupational therapy, vocational skills therapy, and self-care services; • Social work provided by a bachelor level social worker (case management activities); • Social skills building; and/or • Life survival skills • Provide either half day (three hours a day, five days a week) or full day (six hours a day, five days a week).

	<ul style="list-style-type: none"> • Complete a treatment plan within 10 business days of admission. The treatment plan will be individualized and will include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; and the responsible professional. • The individual treatment plan is reviewed at least every 30 days and more often as necessary, updated as medically indicated and signed by the supervising practitioner and other treatment team members, including the individual being served. • Assessments and treatment should address mental health/substance use needs and emotional issues related to medical conditions. • Supervising practitioners (physician or PhD) will be onsite a sufficient amount of time to provide for the psychiatric/clinical care of the individuals. The supervising practitioner's involvement will be reflected in the individual record. The supervising practitioner will conduct a face-to-face session every 30 days, separate from the treatment plan review.
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay.
Staffing	<ul style="list-style-type: none"> • Physician • Nursing (APRN, RN with psychiatric experience preferred) • Licensed and provisionally licensed Psychologists; • Licensed Independent Mental Health Practitioners (LIMHP) • Licensed and Provisionally Licensed Mental Health Practitioners (LMHP/PLMHP) • Direct care staff shall have a bachelor's degree or higher in psychology, sociology, or related human service field, but two years of course work in the human services field and two years' experience/training with demonstrated skills and competencies in treatment of individuals with mental illness is acceptable. • All staff should be educated/trained in recovery principles, and trauma informed care.
Staffing Ratio	<ul style="list-style-type: none"> • Clinical director to direct care staff ratio as needed to meet all responsibilities • Therapist/individual: 1:12 • Direct care worker/individual: 1:6
Hours of Operation	May be available seven days a week with a minimum availability of five days a week including days, evenings and weekends.
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has met their treatment plan goals and objectives. • The precipitating condition and relapse potential is stabilized such that the individual's condition can be managed without professional external supports and interventions. • The individual has support systems to maintain stability in a less restrictive environment/level of care.
Admission guidelines	<ul style="list-style-type: none"> • The individual demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention. • There is an expectation that the individual has the capacity to make progress toward treatment goals to where services are no longer necessary. • Unable to functioning outside the treatment program due to a mental health disorder as evidenced by the following: <ul style="list-style-type: none"> ○ Psychiatric symptoms requiring medical stabilization. ○ Inability to function in one of the following areas: social, occupational, vocational, educational or an absence of social support resources. ○ Inability to perform activities of daily living (hygiene, self-care, meal preparation and nutrition), interpersonal and leisure skills. • The frequency, intensity and duration of contact provided in a day program is necessary as evidenced by: <ul style="list-style-type: none"> ○ Failure to improve/ stabilize with less intensive treatment. ○ The individual is at risk of adverse consequences if treatment is not provided.

	<ul style="list-style-type: none">○ The individual requires assistance to manage/monitor their medical, mental health and/or substance use needs.○ The individual cannot be safely maintained/effectively treated at a lower level of care.○ A higher level of care is not necessary.
Continued stay guidelines	<p>All of the following guidelines are necessary for continuing treatment at this level of care:</p> <ul style="list-style-type: none">● The individual's condition continues to meet admission guidelines for this level of care.● The individual does not require a more intensive level of care, and no less intensive level of care would be appropriate.● There is reasonable likelihood of benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.● The consumer is making progress toward goals and is actively participating in the interventions.