

Day Treatment Services

Day Treatment (Child/Adolescent)

Description of Services: Day treatment services include a coordinated set of individualized therapeutic services to children/adolescents with psychiatric disorders who are unable to function fully in a regular school and/or home environment and need the additional structure provided by this level of care. Day treatment may be used as an independent level of care or as an adjunct to another level of care.

Children/adolescents admitted to day treatment will receive comprehensive behavioral health services which may include but are not limited to, group and individual therapy, family therapy, psychiatric evaluation, medication services, and emergency and crisis intervention services. Frequency is based on individual needs.

Criteria

Admission Criteria

All of the following criteria are necessary for admission to this level of care:

1. The child/adolescent has a documented mental health diagnosis, and subsequent emotional, developmental, and cognitive needs, which can be reasonably expected to respond to community-based, therapeutic interventions.
2. Symptoms of thought, mood, behavior, and/or perception have significantly impaired the individual's daily functioning.
3. The child's/adolescent's parent or guardian is willing and capable of participating in day treatment programming at the level required of the particular program. This may include frequent (up to daily) communication between day treatment staff and family, participation in team meetings, and participation in family therapy/structured family programming of some kind.
4. Except in situations of acute need, less intensive treatment options have been attempted and deemed inadequate to meet the child's/adolescent's needs.
5. There is no immediate risk of out of home/community placement, and there is no indication that hospitalization is imminent as defined by the team.

<p>Psychosocial, Cultural, and Linguistic Factors</p>	<p>Psychosocial, cultural, and linguistic factors may influence an individual’s clinical state and need to be considered and addressed to allow for effective treatment in all levels of care.</p> <p>Specifically, for day treatment services, the following factors should be considered:</p> <ul style="list-style-type: none"> • Lack of effective social support. • Distance between home and provider; lack of transportation. • Linguistic factors including the individual having an opportunity to have a voice in his/her own treatment and the right to receive an assessment and services in his/her primary language.
<p>Exclusion Criteria</p>	<p>Any of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The child/adolescent is a serious and current risk to self or others, or sufficient impairment exists that a more intensive level of service or supervision is required. Note: input from the child/adolescent, family, and professional collaterals is important in determining current level of risk. 2. The child/adolescent can be safely maintained and effectively treated at a less intensive level of care. 3. The child/adolescent requires a level of structure and supervision beyond the scope of the program (ie high risk for elopement). The level of 1:1 support is beyond the scope of the program to provide over a sustained period. 4. School personnel have determined that having the child/adolescent miss significant amounts of school programming would be detrimental to his/her overall wellbeing.
<p>Continuing Stay Criteria</p>	<p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <p><u>Child/Family Considerations</u></p> <ol style="list-style-type: none"> 1. The child’s/adolescent’s condition continues to meet admission criteria at this level of care. 2. The child’s/adolescent’s treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 3. Unless contraindicated, family is actively involved in the treatment as required by the treatment plan.

	<p>4. The child/adolescent is actively participating in treatment, and progress is described in objective terms and evident.</p> <p><u>Provider Considerations</u></p> <p>5. Treatment planning is individualized and appropriate to the individual’s changing condition with realistic and specific goals and objectives stated.</p> <p>6. There is documented, active discharge planning from the beginning of treatment. Flexibility and a gradual, titrated plan of return to the community are preferred.</p> <p>7. There are documented, active attempts at coordination of care with other treatment providers, as relevant and appropriate.</p> <p>8. Consistent with sound clinical practice, services are structured to efficiently and effectively meet treatment goals.</p> <p>Note: If a particular provider is unable to successfully meet the treatment needs of the child/adolescent, efforts will be made to secure another provider in the same or similar level of care.</p>
<p>Discharge Criteria</p>	<p>Any of the following criteria is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The child’s/adolescent’s treatment plan goals 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. 2. There is no reasonable expectation of additional progress at this level of care. 3. The child/adolescent appears able to remain stable with less intensive services including routine outpatient care, psychopharmacology, community-based supports, and/or educational programming as needed. 4. The child/adolescent exhibits severe, disruptive, or dangerous behaviors that require stabilization at a more intensive level of care. 5. The behavior of the child/adolescent is so disruptive that it interferes with treatment of other children/adolescents in the program on a regular basis. 6. The child/adolescent or family have not or cannot effectively participate in treatment despite multiple, documented efforts to address/accommodate barriers to participation. Because of these issues, this level of care is unsafe and/or ineffective.

	7. 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 about this.
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