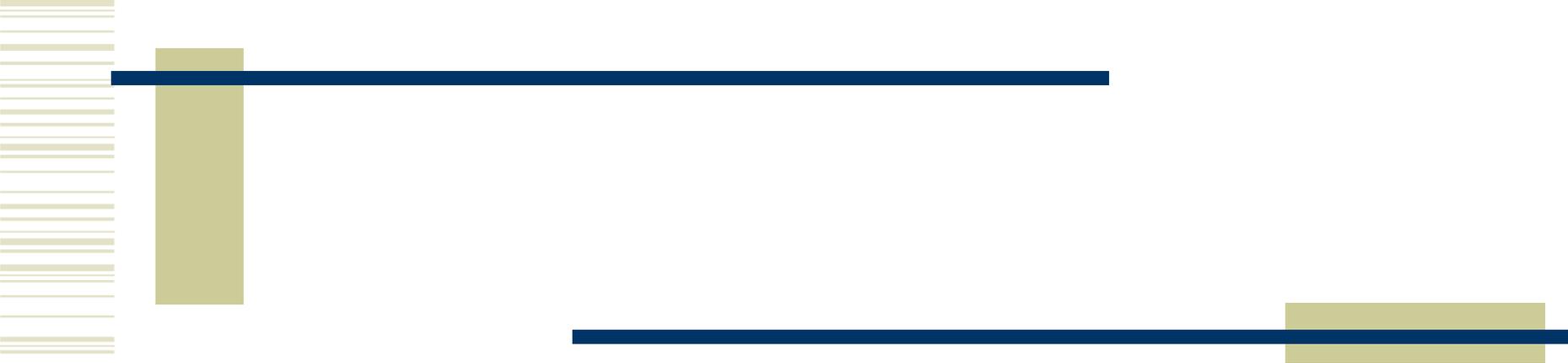


# ACBHCS Children's Services

- ◆ Overview of the new day treatment Regulations as *interpreted* by ACBHCS.
- ◆ Actual DMH Regulations are the *most* accurate reference for program development.
  - ◆ Organizations are responsible for *their* interpretation and implementation of the regulations.



# What is Day Rehabilitation & Day Treatment Intensive?



# Day Rehabilitation

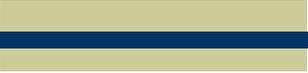
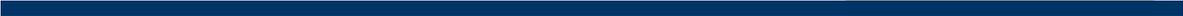


A structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries.

Ref:California Code of Regulation, Title 9, Section 1810.212



# Day Treatment Intensive



A structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting.

Ref:California Code of Regulation, Title 9, Section  
1810.213

# Basics

- Both Programs must be Structured & Continuous
- $\frac{1}{2}$  Day Programs must encompass at least 3 hours with 2 hours of core services
- Full Day Programs must include at least 4 hours with 3 hours of core services
- Mental Health Services may include assessment, plan development, therapy, rehabilitation and collateral

# What is meant by "Structured"?

**Evidenced by an Organized Daily schedule with well-defined service components with specific activities with clearly identified staff that may include, but not limited to:**

- ✓ **Assessment**
- ✓ **Plan Development**
- ✓ **Therapy**
- ✓ **Rehabilitation**
- ✓ **Collateral**
- **Process Groups**
- **Skill Building Groups**
- **Adjunctive Therapies (art, recreation, dance, music)**
- **Psychotherapy**

# What is meant by “Therapeutic Milieu”

- ◆ Provides a foundation for the provision of Day Treatment Intensive or Day Rehabilitation; Differentiates it from other services (*has a start and end*)
- ◆ Teaches, models & reinforces constructive interaction
- ◆ Provides strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress
- ◆ Empowers clients to take risks and leadership role in a supportive environment
- ◆ Supports behavior management interventions that focus on teaching self-management skills: Fosters independence not dependence.



# What is “Continuous”



- ◆ **No interruption** during program hours.
- ◆ Lunch/Recess/other Activities
  - School Based
  - NPS/PS
  - Residential

# Required Community/Milieu Meeting

- ◆ Once Daily (minimum)
- ◆ Must actively involve staff and clients
- ◆ For Day Treatment Intensive, must include a staff person whose scope of practice includes psychotherapy (LPHA)\*
- ◆ For Rehab must include a Qualified Mental Health Professional (QMHP)\*



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# Who is an Licensed Practitioner of the Healing Arts? (LPHA)

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- ◆ Licensed Psychiatrist MD
- ◆ Licensed Psychiatric RN
- ◆ Licensed *or Waivered* Psychologist, LCSW, MFT

# Who is a Qualified Mental Health Professional? (QMHP)

- ◆ Licensed MD, RN
- ◆ Licensed or Waivered Psychologist, LCSW, MFT, *and also,*
- ◆ Licensed Psychiatric Technician
- ◆ Licensed Vocational Nurse
- ◆ Mental Health Rehabilitation Specialist certified by the County Mental Health Plan

# Content of Community/Milieu Meeting

## May include, but not limited to:

- ◆ Schedule for the day
- ◆ Current events and old business
- ◆ Individual Issues for supportive discussion
- ◆ Conflict resolution w/in the milieu
- ◆ Planning for the day or week or special event
- ◆ Debriefing or wrap-up

*This activity is not included in total core service hours*

# What are “Core Services?”

## Day Rehabilitation

- Process Groups (Group required; may substitute psychotherapy).
- Skill Building Groups
- Adjunctive Therapies (art, recreation, dance, music) as a therapeutic expression

## Day Treatment Intensive

- Process Groups
- Skill Building Groups
- Adjunctive Therapies (art, recreation, dance, music)
- Psychotherapy (Group required; may substitute individual and/or family therapy).

# What is a “Process Group”

- ◆ *Skill Development*: Facilitated by staff in a peer group environment. Includes Problem-solving strategies, supportive guided feedback, effective communication skill building through effective group process.
- ◆ *Psychotherapy* can substitute or be in addition to “Process Group” in Day Rehab

# What is a “Skill Building Group”

- ◆ Similar to Process Group, except focus is more active. Includes activities to identify barriers/obstacles related to ones psychiatric/psychological experiences
- ◆ Includes Symptom/Behavior identification and active management techniques
- ◆ Incorporates activities (such as role play) with group participation and feedback for increasing adaptive behaviors.

# What are “Adjunctive Therapies”

- ◆ Non-traditional therapy that utilizes self-expression such as: art, recreation, dance, music, etc.
- ◆ Not to be confused with “recess” or “pick-up ball”
- ◆ Must be Structured and directed towards Client Plan goal: with emphasis on a theme such as cooperative interaction, turn taking, sharing, positive redirecting or symptom management, etc...

# What is a “Psychotherapy”

## Psychosocial therapeutic method to:

- ◆ Intervention Level: Individual, Group & Family
- ◆ Assist client(s) to achieve a better psychosocial adaptation and insight
- ◆ Modify internal & external conditions that affect behavior, emotions, and thinking in respect to intra-personal and inter-personal processes
- ◆ Conducted by an **LPHA**



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# Other Program Requirements

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- ◆ **Contact with Significant Support Persons**
- ◆ **Crisis Response**
- ◆ **Program Schedule Availability**
- ◆ **Client Attendance**
- ◆ **Staffing Ratios Requirements**
- ◆ **Documentation Requirements**
- ◆ **Authorization Requirements**

# Required Significant Support Person Contact

## Applies to both Programs and must include:

- ◆ At least one contact (face to face or by email, phone, etc) per month
- ◆ With a family member, caregiver, legally responsible adult or significant support person identified by adult clients
- ◆ Should focus on role of support person in assisting reintegrating client to the community

# Crisis Response Requirement

## Applies to both Programs and must include:

- ◆ Established protocol for a mental health crisis response
- ◆ Protocol to include availability of trained & qualified staff
- ◆ May included referrals for crisis intervention or stabilization or other specialty Mental Health services to address crisis response
- ◆ Staff must have capacity & training to handle crisis until client is linked to outside crisis services

# Schedule Availability

- ◆ Detailed written weekly schedule available to clients & family/caregiver's if appropriate
- ◆ Schedule must include "when" and "where" the service component will be provided and by "whom"
- ◆ Schedule must specify staff, their qualifications, their scope of responsibilities
- ◆ Changes in schedule (including staff, program, time) due to illness, availability or other circumstances must be recorded on this weekly schedule as well. Schedule must be available for review upon request.

# Mandated Attendance

- ◆ Hours of program must be continuous
- ◆ Client must be present at least 50% of time
- ◆ A minimum of >2 hours of attendance for full day and 1.5 hours/day for ½ Day Programs



# Staffing Requirements

Ratios consistent with Title 9, CCR, Sections 1840.350 and 1840.352

## Day Treatment Intensive

- ◆ One (1) staff scope of practice includes psychotherapy (LPHA)
- ◆ Must be **present and available** to the group
- ◆ 1:8 ratios See Handouts for Staffing Definitions and Ratios

## Day Rehabilitation

- ◆ Day Rehab staff (MHRS) must be **present and available** to the group
- ◆ 1:10 ratios

# Documentation Requirements

## Day Treatment Intensive

- Daily notes on activities and a weekly clinical summary
- Daily & Weekly Summary signed/co-signed by an LPHA

## Day Rehabilitation

- ◆ Weekly summary
- ◆ MHRS co-signed by a LPHA

# Authorization Cycles

## Day Treatment Intensive

- ◆ Initial and every three months

## Day Rehabilitation

- ◆ Initial and every six-months



# **In Conclusion...**

- ◆ **New Regulations went into effect July 1, 2003 for ACBHCS providers**



# DAY TREATMENT PROGRAM CHANGES

Adapted from  
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