



# Day Treatment Services

## DEFINITION

Day Treatment Services are daytime programs that provide integrated, comprehensive treatment; educational, pre-vocational or vocational, and activity services to individuals; and therapeutic services to their families.

**Interpretation:** *Day Treatment Services provide structured, daily activities for persons with physical or mental disabilities, emotional disorders, behavioral disorders, and/or substance use conditions. Day Treatment Services are designed to prevent movement to a more intensive level of care or as transitional or maintenance services for those who have stepped down from more intensive levels of care.*

**Note:** *An organization that provides day treatment for persons with substance use conditions will also complete standards for Services for Mental Health and/or Substance Use Disorders (MHSU).*

**Note:** *Please see [DTX Reference List](#) for a list of resources that informed the development of these standards.*

## Table of Evidence

### Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
  - a. the program's service philosophy and approach to delivering services;
  - b. eligibility criteria;
  - c. any unique or special services provided to specific populations; and
  - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
  - a. racial and ethnic characteristics;
  - b. gender/gender identity;
  - c. age;
  - d. major religious groups; and

## Purpose

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

- e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
  - a. the type of activity/group;
  - b. whether the activity/group is short-term or ongoing;
  - c. how often the activity/group is offered;
  - d. the average number of participants per session of the activity/group, in the last month; and
  - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

### **On-Site Evidence**

No On-Site Evidence

### **On-Site Activities**

No On-Site Activities

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 1: Targeted Service Delivery

The program clearly states how interventions are responsive to various ages, types of disorders, and ranges of educational, occupational, vocational, and social adjustment goals.

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or

#### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

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### **Table of Evidence**

#### **Self-Study Evidence**

- Include service philosophy in the Narrative

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

#### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 2: Screening and Intake

The organization's screening and intake practices ensure that individuals receive prompt and responsive access to appropriate services.

#### Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or

#### **Purpose**

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- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Screening and intake procedures

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### DTX 2.01

Individuals are screened and informed about:

- a. how well the individual's request matches the organization's services; and
- b. what services will be available and when.

**NA** *Another organization is responsible for screening, as defined in a contract.*

### DTX 2.02

The organization provides or recommends the most appropriate and least restrictive or intrusive service alternative for the person.

### DTX 2.03

Individuals who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

### **Purpose**

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## Day Treatment Services

**NA** *The organization accepts all clients.*

### **(FP) DTX 2.04**

Prompt, responsive intake practices:

- a. ensure equitable treatment;
- b. give priority to urgent needs and emergency situations;
- c. support timely initiation of services; and
- d. provide for placement on a waiting list, if applicable.

### **DTX 2.05**

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

### **Purpose**

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## Day Treatment Services

### DTX 3: Assessment

Individuals participate in an individualized, strengths-based, comprehensive, and culturally responsive assessment.

**Interpretation:** *Assessments should be child, adult, or family-focused, as appropriate to the needs and wishes of the service recipient, the service population, or program type.*

**Interpretation:** *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;

### **Purpose**

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- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Assessment procedures
- Assessment tool and/or criteria

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### DTX 3.01

Personnel who conduct assessments are qualified by training, skill, and experience and can recognize individuals and families with special needs.

### **Purpose**

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### **DTX 3.02**

The information gathered for assessments is comprehensive, directed at concerns identified in the initial screening, and limited to material pertinent for meeting service requests and objectives.

### **DTX 3.03**

Individuals participate in an assessment of their social, emotional, physical, educational, vocational, and psychological needs, strengths, and goals, including appropriate family goals, and a diagnosis is established according to a standardized diagnostic tool.

**Related:** TS 2.08

**Interpretation:** *Standardized diagnostic tools may include the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, the International Statistical Classification of Diseases and Related Health Problems (ICD), or another comparable standardized diagnostic tool.*

**Interpretation:** *Assessments are completed within timeframes established by the organization and are updated periodically.*

### **DTX 3.04**

Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed upon goals.

**Interpretation:** *Culturally responsive assessments can include attention to geographic location, language of choice, and the person's religious, racial, ethnic, and cultural background. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, and developmental level.*

### **Purpose**

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## Day Treatment Services

### DTX 4: Service Planning and Monitoring

Each person participates in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

#### Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or

#### **Purpose**

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- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Service planning and monitoring procedures

#### **On-Site Evidence**

- Documentation of case review

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### DTX 4.01

A service plan is developed in a timely manner with the full participation of the individual and expedited service-planning is available when crisis or urgent need is identified.

**Interpretation:** *Service planning is conducted so that the individual retains as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices receive help with making or learning to make decisions. When the service recipient is a minor, or an adult under the care of a guardian, the organization should follow applicable state laws or regulations requiring involvement or consent of service recipients' legal guardians.*

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



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### **DTX 4.02**

A family-centered service plan is developed with the participation of the individual's family or significant others as agreed to by:

- a. a legal guardian, when the service recipient is a minor; or
- b. the person, when an adult not under the care of a guardian.

### **DTX 4.03**

The service plan is based on the assessment, and includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom; and
- c. the individual's signature.

### **DTX 4.04**

During service planning the organization explains:

- a. available options;
- b. how the organization can support the achievement of desired outcomes; and
- c. the benefits, alternatives, and consequences of planned services.

### **DTX 4.05**

The service plan addresses:

- a. psychological and emotional needs;
- b. educational and vocational goals;
- c. social and cultural interests;
- d. substance use treatment needs; and
- e. physical health needs.

### **DTX 4.06**

The service plan addresses, as appropriate and with the consent of the individual:

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Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



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- a. the family's unmet service and support needs;
- b. possibilities for maintaining and strengthening family relationships; and
- c. the need for support from the individual's informal social network.

### **DTX 4.07**

Service planning identifies internal and external service providers, and includes specific referrals to be made during treatment and aftercare.

### **DTX 4.08**

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly to assess:

- a. service plan implementation;
- b. progress toward achieving service goals and desired outcomes; and
- c. the continuing appropriateness of the agreed upon service goals.

**Interpretation:** *Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard. Timeframes for review should be adjusted depending upon issues and needs of persons receiving services and frequency and intensity of services provided.*

### **DTX 4.09**

The worker and individual or legal guardian regularly review progress toward achievement of agreed upon service goals and sign revisions to service goals and plans.

### **DTX 4.10**

Extended family members and significant others, as appropriate and with the consent of the individual, may be invited to participate in case conferences and advised of ongoing progress.

**Interpretation:** *The organization facilitates the participation of family and significant others by, for example, helping arrange transportation, or including them in scheduling decisions.*

### **Purpose**

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## Day Treatment Services

### DTX 5: Service Philosophy, Modalities, and Interventions

The service philosophy:

- a. sets forth a logical approach for how program activities and interventions will meet the needs of service recipients;
- b. guides the development and implementation of program activities and services based on the best available evidence of effectiveness; and
- c. outlines the service modalities and interventions that personnel may employ.

**Interpretation:** *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant

#### **Purpose**

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## Day Treatment Services

strengthening; or

- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Include service philosophy in the Narrative
- Policies for prohibited interventions
- Procedures for the use of non-traditional or unconventional practices
- Table of contents of training curricula

#### **On-Site Evidence**

- Documentation of training

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served

#### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.





## Day Treatment Services

### **DTX 5.01**

The program is guided by a philosophy that provides a logical basis for the services and support to be delivered to individuals based on program goals and the best available evidence of service effectiveness.

### **(FP) DTX 5.02**

If the organization permits the use of service modalities and interventions it defines as non-traditional or unconventional, it:

- a. explains any benefits, risks, side effects, and alternatives to the service recipient or a legal guardian;
- b. obtains the written, informed consent of the individual or his/her legal guardian;
- c. ensures that personnel receive sufficient training, and/or certification when it is available; and
- d. monitors the use and effectiveness of such interventions.

**Related:** RPM 2.02

**Interpretation:** *Examples of non-traditional and unconventional service modalities or interventions include, but are not limited to: hypnosis, acupuncture, and modalities or interventions that involve physical contact, such as massage therapy.*

**NA** *The organization does not permit non-traditional or unconventional modalities or interventions.*

### **(FP) DTX 5.03**

Organization policy prohibits:

- a. corporal punishment;
- b. the use of aversive stimuli;
- c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
- d. the use of demeaning, shaming, or degrading language or activities;
- e. forced physical exercise to eliminate behaviors;
- f. unwarranted use of invasive procedures or activities as a disciplinary action;
- g. punitive work assignments;
- h. punishment by peers; and
- i. group punishment or discipline for individual behavior.

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



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**Related:** BSM 2.02

**(FP) DTX 5.04**

An intervention is discontinued immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

**Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 6: Interdisciplinary Program

Participants regularly attend an interdisciplinary program of treatment, education, and activity that fosters active participation and incorporates available social supports.

**Interpretation:** *The availability of social supports to individuals varies, and incorporation of supports should be to the greatest extent possible.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

#### **Purpose**

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used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of services

#### **On-Site Evidence**

- Provide procedures for obtaining clearance for persons served to participate in the described activities

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **DTX 6.01**

The day treatment program:

- a. aids in the transition from in-patient to out-patient care;
- b. addresses needs not met by less intensive programming;
- c. offers an alternative to more restrictive care; and
- d. works with individuals and other providers to ensure continuity of care.

### **DTX 6.02**

Participants are engaged in therapeutic activities designed to develop and maintain a normalizing routine, enhance personal and interpersonal skills and behaviors, and address identified problem areas.

### **DTX 6.03**

### **Purpose**

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Services are appropriate to the program model and the service population and the program includes:

- a. individual and group treatment;
- b. family therapy;
- c. educational programming;
- d. psychoeducational groups;
- e. medication evaluation and monitoring;
- f. expressive therapies;
- g. recreational activities;
- h. pre-vocational training;
- i. independent living skills training; and
- j. other planned, structured activities.

**Interpretation:** *While programs should include all service areas identified in elements a through i, the structure and content of these services will vary depending on the program model, the needs of the service population, and the needs of each individual.*

**Note:** *Refer to DTX 6.07 for further requirements around planning day treatment activities and refer to DTX 8 for further requirements around education services.*

### **DTX 6.04**

Participants are helped to develop and expand their informal support networks, including connections with friends, extended family, and community members.

**Research Note:** *Early research indicates that the availability of social support has a positive association with clinical outcomes.*

### **DTX 6.05**

Therapeutic programming provides scheduled sessions for a minimum of:

- a. nine hours per week in intensive outpatient programs; or
- b. sixteen to twenty hours per week in partial hospitalization programs.

**Interpretation:** *Outpatient day treatment programs may operate for fewer than nine hours per week when the frequency and intensity of services is appropriate to individual needs and a rationale is provided in individual service plans.*

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### **DTX 6.06**

The organization helps individuals establish and strengthen links to needed support services, including:

- a. supported housing;
- b. supported employment;
- c. medical care;
- d. substance use treatment;
- e. public benefits;
- f. child care;
- g. educational services;
- h. respite care; and
- i. peer support.

### **DTX 6.07**

When planning day treatment activities the organization takes into account group characteristics and the individual's:

- a. age and developmental level;
- b. emotional stability;
- c. personality;
- d. skills; and
- e. gender.

### **DTX 6.08**

A program that serves a mix of individuals who live in residential care and in the community ensures that:

- a. residents and non-residents receive a comprehensive program that is tailored to individual needs;
- b. mechanisms for communication between day and residential programs are in place; and
- c. responsibilities of residential and day programs are clearly delineated.

**NA** *The organization does not serve a mixed population of residents and non-residents.*

### **(FP) DTX 6.09**

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

Individuals and involved family members participate in the development of a crisis plan and an advanced mental health directive consistent with applicable law or regulation, when appropriate.

**Interpretation:** *Advanced mental health directives, also known as advanced psychiatric directives, enable a person with a mental illness to make decisions about the mental health care they want to receive when they may be incapacitated. Advanced mental health directives go into effect if the person is unable to make decisions for him/herself and are revocable. Advanced directives frequently address such issues as: preferences for hospitals, medications, and specific interventions; and designating a person to make decisions about their care on their behalf.*

### **(FP) DTX 6.10**

The organization evaluates service recipients for their ability to participate in athletic activities and obtains as necessary:

- a. written, signed permission slips from service recipients' legal guardians;
- b. a medical records release;
- c. a signed document from a qualified medical professional stating that the service recipient is physically capable of participating; or
- d. an adult waiver and release of liability.

**NA** *The organization does not offer athletic activities to service recipients.*

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 7: Services for Families

The individual, family, and organization work together to achieve an optimal level of family participation.

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

#### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.





## Day Treatment Services

### Table of Evidence

#### **Self-Study Evidence**

- Procedures for involving the family of the primary person served

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals or families served
- Review case records

### DTX 7.01

The organization encourages active family participation in the treatment process, including participation in family counseling, unless such involvement is contraindicated.

**Interpretation:** *Family members of adults are encouraged to participate in services as appropriate for the individual.*

### DTX 7.02

The organization engages family members by demonstrating:

- a. sensitivity to the willingness of the family to be engaged;
- b. a non-threatening manner;
- c. respect for the person's autonomy and confidentiality;
- d. flexibility; and
- e. persistence.

### DTX 7.03

When involvement of family members or significant others is difficult to achieve, in accord with the wishes of the individual, the organization:

- a. attempts to reestablish contacts and positive interactions between family members through activity and educational programs;
- b. provides individual and group counseling to family members or

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

- significant others who accept services; and
- c. aids individuals in identifying ways to build and enhance a social support system.

### **DTX 7.04**

The families or significant others of participants are offered services including:

- a. family psycho-education;
- b. emotional support and therapy;
- c. linkage to community and support services;
- d. care coordination, as needed; and
- e. self-help referrals.

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 8: Education Services

The organization provides or arranges for residents to receive education services and supports to help them achieve their educational and/or vocational goals.

**Interpretation:** *Organizations that do not provide services on-site are expected to coordinate with schools or other community-based education providers to meet the educational needs of all individuals. When organizations do not directly provide or arrange education services, case records should indicate that the treatment team ensures education plans are integrated into treatment plans and documents advocacy for areas of unmet educational need. Education services will vary depending on the population served.*

**Interpretation:** *Organizations should have a way to keep abreast of changing educational systems and the impact any changes have on their service population and the achievement of their educational goals.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Procedures for
  - a. developing and/or integrating education plans
  - b. coordinating education services with community-based providers
  - c. ensuring family collaboration

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Residents and their families
- Review case records

### DTX 8.01

A comprehensive, coordinated education plan is developed for individuals with educational goals, or vocational goals that include an educational component, and is integrated into their service plan.

**Interpretation:** *If the organization does not participate in the development of the education plan it is responsible for integrating each individual's*

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

education plan into their service plan.

### **DTX 8.02**

Individuals pursuing educational goals are enrolled in an appropriate education program on site or in the community.

### **DTX 8.03**

For children or youth with diverse learning needs, the education plan and program incorporates effective instructional practices, quality curriculum design, and appropriate educational tools and supports.

**Interpretation:** *Children with diverse learning needs can include children who: require support due to a learning disability, are learning English as an additional language, and are intellectually gifted. Each individual education plan should include the individualized supports students need to successfully achieve their educational goals.*

**NA** *The organization does not provide day treatment services to school-age children or youth.*

**NA** *The organization does not directly provide the education program or develop education plans for children or youth with diverse learning needs.*

### **DTX 8.04**

Program personnel, in partnership with individuals and their parents or legal guardians if applicable, regularly communicate and coordinate with educational providers.

**Interpretation:** *Family members should be involved in communications with educational providers to the greatest extent possible. The organization should support parents and/or legal guardians in advocating for the educational needs of their children or the individuals in their care.*

### **DTX 8.05**

The organization provides or arranges, as needed:

- a. tutoring;
- b. preparation for a high school equivalency diploma;

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

- c. college preparation;
- d. parent/teacher meetings;
- e. vocational or continuing education opportunities; and/or
- f. advocacy and support.

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 9: Care and Supervision

The organization provides sufficient care and supervision to ensure participant safety and service quality.

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

#### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



# Day Treatment Services

## Table of Evidence

### **Self-Study Evidence**

- A description of services
- Client/staff ratios and coverage schedules

### **On-Site Evidence**

No On-Site Evidence

### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **DTX 9.01**

Personnel provide appropriate care and supervision for the developmental and clinical needs of the participants at all times.

**Interpretation:** *Personnel-to-participant ratios should increase during emergencies or to meet the special needs of individuals during busier or more stressful periods. After-hours and holiday coverage should be available for crisis situations.*

### **(FP) DTX 9.02**

In organizations serving children or youth, special education teachers and teaching or therapeutic aides provide a classroom ratio of one adult for every four participants.

**NA** *The organization does not serve children or youth.*

**NA** *The organization does not directly provide education services to school-age children or youth.*

### **DTX 9.03**

A day treatment program that serves individuals from special risk populations modifies service design and staffing patterns to meet their

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.





## Day Treatment Services

particular needs.

**Interpretation:** *Examples of special risk populations include persons with special medical needs, sexual predators, or persons considered at risk of running away.*

**NA** *The organization does not serve individuals from special risk populations.*

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 10: Case Closing

Case closing is a planned, orderly process.

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

#### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Case closing procedures

#### **On-Site Evidence**

- Procedures that address continuation of services for persons whose third party benefits have ended
- Review contract with public authority, as applicable

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **DTX 10.01**

Planning for case closing:

- a. is clearly defined and includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves the service recipient, family members or a legal guardian, and others, as appropriate.

### **DTX 10.02**

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

### **DTX 10.03**

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

When a person's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made and, if termination or withdrawal of service is probable due to non-payment, the organization works with the person or family to identify other service options.

**Interpretation:** *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits have ended and who are in critical situations.*

**NA** *The organization does not receive third-party benefits or payments for service.*

### **DTX 10.04**

If an individual is asked to leave the program, the organization makes every effort to link the person with appropriate services.

### **DTX 10.05**

The organization that has a contract with a public authority informs the public body of formal case closing evaluation findings and assessment of unmet needs, in writing, as appropriate to the contract and with the permission of the person or legal guardian.

**NA** *The organization does not have a relevant contract with a public authority.*

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 11: Aftercare and Follow-Up

The organization and the service recipient work together to develop an aftercare plan, and follow-up occurs when possible and appropriate.

**Interpretation:** *While the decision to develop an aftercare plan is based on the wishes of the service recipient, unless aftercare is mandated, the organization is expected to be strongly proactive with respect to aftercare planning.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or

#### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

not being used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Aftercare/follow-up procedures

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Clinical or program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **DTX 11.01**

An aftercare plan is developed sufficiently in advance of case closing to ensure an orderly transition.

### **DTX 11.02**

An aftercare plan identifies services needed or desired by the person and specifies steps for obtaining these services.

### **DTX 11.03**

The organization takes the initiative to explore suitable resources and contact service providers when appropriate and with the permission of the person, family, or legal guardian.

### **DTX 11.04**

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of the service recipient.

**Interpretation:** *Reasons why follow-up may not be appropriate, include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the service recipient such as in cases of domestic violence.*

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

### DTX 12: Personnel

An interdisciplinary team of clinical, educational, vocational, and activity personnel provide an intensive therapeutic program of medical, psychiatric, psychological, educational, recreational, nutritional, and social services.

#### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
    - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
    - Most staff who do not meet educational requirements are seeking to obtain them.
  - With some exceptions staff have received required training, including applicable specialized training.
    - Training curricula are not fully developed or lack depth.
    - A few personnel have not yet received required training.
    - Training documentation is consistently maintained and kept up-to-date with some exceptions.
  - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
    - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
  - With a few exceptions caseload sizes are consistently maintained as required by the standards.
  - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
    - Procedures need strengthening.
    - With few exceptions procedures are understood by staff and are being used.
  - With a few exceptions specialized staff are retained as required and possess the required qualifications.

#### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.





## Day Treatment Services

- Specialized services are obtained as required by the standards.
- 3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. A Service quality or program functioning may be compromised; e.g.,
  - One of the Fundamental Practice Standards received a rating of 3 or 4.
  - A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
    - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
    - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
  - A significant number of staff have not received required training, including applicable specialized training.
    - Training documentation is poorly maintained.
  - A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
  - There are numerous instances where caseload sizes exceed the standards' requirements.
  - Workloads are excessive and the integrity of the service may be compromised.A
    - Procedures need significant strengthening; or
    - Procedures are not well-understood or used appropriately; or
  - Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
  - Specialized services are infrequently obtained as required by the standards.

- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Purpose

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.

### Table of Evidence



## Day Treatment Services

### Self-Study Evidence

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
  - a. name;
  - b. title;
  - c. degree held and/or other credentials;
  - d. FTE or volunteer;
  - e. length of service at the organization;
  - f. time in current position
- Table of contents of training curricula
- Procedures and criteria used for assigning and evaluating workloads

### On-Site Evidence

- Documentation of training
- Training curricula
- Job descriptions
- Documentation of workload assessment

### On-Site Activities

- Interview:
  - a. Supervisors
  - b. Personnel
- Review personnel files

### DTX 12.01

Clinical personnel include mental health or human service professionals qualified by an advanced degree, clinical training, and professional experience; and/or according to the requirements of their respective disciplines and any applicable legal requirements for practice.

### DTX 12.02

A psychologist with appropriate credentials and experience is available to provide testing and psychological services, as necessary.

### (FP) DTX 12.03

A psychiatrist or other qualified health practitioner participates in the

### Purpose

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.



## Day Treatment Services

development and implementation of the overall treatment program, including regular case reviews, and provides medication management and other services as needed.

**NA** *The organization provides non-psychiatric day treatment services.*

### **(FP) DTX 12.04**

A licensed physician is available on-call during hours of operation, or the organization has formal arrangements for health services with a local primary health care facility.

**Interpretation:** *The primary health care facility may be a hospital.*

**NA** *All individuals have private physicians.*

### **DTX 12.05**

Direct service providers have:

- a. educational and experiential backgrounds that enable them to participate in the overall treatment program and to meet the emotional and developmental needs of service recipients; and
- b. personal characteristics and temperament suitable for working with persons with special needs.

### **DTX 12.06**

Direct service personnel workloads support the achievement of client outcomes, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the worker, including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume, accounting for assessed level of needs of new and current clients and referrals.

### **Purpose**

Individuals with cognitive, psychiatric, behavioral, and/or substance use conditions and serious emotional disturbances who receive Day Treatment Services improve psychosocial, educational, vocational, and cognitive functioning, and learn to manage their symptoms.