Adult Mental Health

Day Treatment Review

Calendar Year 2008

Minnesota Department of **Human Services**

EXECUTIVE SUMMARY

Day Treatment is a structured program of rehabilitation and group psychotherapy with, optionally, other intensive therapeutic services. The treatment is provided by a multidisciplinary team and its purpose is stabilization of a person's mental health status and improving independent living and socialization skills. It is delivered using a short-term, intensive, recovery-based model.

The Adult Mental Health Division of Minnesota's Department of Human Services reviewed its Day Treatment programs by conducting eight peer reviews and two on-site non-peer reviews in addition to questionnaires and redacted client files completed by the remaining sixteen Day Treatment providers. Telephone calls and email were used for further information from providers completing questionnaires.

With few exceptions the review found Minnesota's Day Treatment programs are following the DHS model. Staff providing the services are qualified, client's receiving Day Treatment are the intended target population, content of the programs was consistent with the model, frequency and intensity of services were appropriate, the length of enrollment in Day Treatment was within parameters established by the Department of Human Services, and the provider organizations believe in client recovery.

The average length of time for program completion was four weeks and fewer than 20 percent of the clients received an episode of care with more than 90 hours of treatment. All of the providers use 3 hours as the norm for a day of treatment.

Since completion of the review, programs containing some exceptions to the Department's model have been provided technical assistance and agreed to make the necessary adjustments so their programs, too, align with the model.

PROVIDERS INCLUDED IN THE REVIEW

Of the thirty (30) certified Day Treatment providers, four specialty providers are not included in this management report -- three include Day Treatment in their sexual offender programs and the fourth, while certified, has not billed Medical Assistance (MA) for Day Treatment due to the clientele served and content of their program. The Department is reviewing each of these programs separately.

ADMINISTRATION OF DAY TREATMENT PROGRAMS

Admission Criteria

All providers in the review except one rely upon a functional assessment to determine admission to their program. The provider not reliant upon the functional assessment is providing Day Treatment as part of its Dialectical Behavior Therapy program.

Each client file had Day Treatment indicated in the client's treatment plan.

Coordination of Care

While all of the providers feel they coordinate care provision with other services, none

demonstrated doing so with other agencies. That is, coordination was limited to services the organization providing Day Treatment had available or there was nothing more than an agency name given to clients regarding other services in the community.

Discharge and Transfer Planning

Nearly all of the Day Treatment providers feel discharge/transfer planning should begin closely following intake, but discharge plans do not appear to be actually formalized before close to the time of discharge.

Two of the programs have generic discharge criteria for all clients in their Day treatment programs.

In addition, there was a lack of transfer planning to other, less intense services.

Staff Qualifications

Supervision of Day Treatment programs must be by a Mental Health Professional and special requirements exist when Mental Health Practitioners provide the group therapy component. All of the programs met both requirements.

Outcomes Orientation

The Department of Human Services recently introduced the requirement to submit client-level, *Program Outcomes Status Reports* for Day Treatment services. All of the Day Treatment providers submit the reports quarterly.

DELIVERY OF DAY TREATMENT

Day Treatment is a short-term (usually consisting of 6 to 10 weeks), intensive (3 to 5 three-hour sessions per week) service. Allowed, though, are programs starting out very intensive, then tapering down to a couple days per week, and ending with one day the final week.

Short-term

Of the twenty-six providers in this review, 21 adhere to a short-term model for Day Treatment. Five providers had Day Treatment programs intended to last longer than the 6 to 10 week model the Department of Human Services recommends. It should be noted, however, two of the five longer-term programs provide Dialectical Behavior Therapy (DBT)[1].

Of the non-DBT providers regularly enrolling clients for more than 6 to 10 weeks, one promotes their program as a 6-month treatment and two providers plan for clients to receive 6 to 18 months of Day Treatment[2].

Intensity

The two providers of DBT-focused treatment follow the DBT guidelines of one group session per week. One non-DBT provider also scheduled only one day per week of Day Treatment.

Four non-DBT providers offer a five-day schedule each week.

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[1] The Department is currently developing alternative billing codes for DBT and it is expected these two programs will discontinue Day Treatment services when the codes become available.

[2] Discussion with these providers after the Day Treatment review led to revisions of their programs.

PROGRAM CONTENT

The goal of Day Treatment is to reduce the effects of mental illness and provide services enabling the client to live in the community. To most effectively attain this goal, a combination of rehabilitation and psychotherapy is considered necessary for this target population.

Rehabilitative Services

All of the providers included rehabilitative services within their programs. The most common modality of delivery included a combination of sessions dedicated to rehabilitation in conjunction with incorporating some rehabilitation within the group therapy sessions.

Group Psychotherapy

All of the providers included group psychotherapy. Also, when blending rehabilitation and therapy into combined sessions, it was done without compromising either.

Optional, Other Therapeutic Services

When reviewing other services related to improving the client's health, occupational therapy was the most common (available in 3 of the programs). It is especially important to note none of the Day Treatment programs included services provided as therapeutic but, in reality, too soft and generalized to be within community standards as being therapeutic.

EMBRACING CLIENT RECOVERY

Clients with a mental illness can and do recover! Recovery from a mental illness does not always imply the illness is eradicated and never needs to be addressed in the future. Instead, recovery from a mental illness is likened to recovery from a heart attack, having diabetes, or being prone to hypertension. That is, certain symptoms and conditions may need to be monitored and addressed in the future, but the individual can enjoy a normal lifestyle by managing their illness and only occasionally experiencing an episode requiring special attention.

The review overwhelmingly found Day Treatment providers and staffs believe in recovery. The programs clearly demonstrated a recovery focus.

ASSESSMENTS

Diagnostic Assessments

All of the Day Treatment providers have staff within their organization qualified to perform diagnostic assessments and 22 of the 26 programs conduct diagnostic assessments internally for <u>all</u> Day Treatment clients. Whether internally or externally performed, all of the diagnostic assessments reviewed for this study demonstrated client need for this level of service.

Functional Assessments

Fourteen (14) of the programs were using functional assessment check-lists without adequate narrative explaining functional impairments and the influence mental illness had upon the impairments. Of the twelve programs including narrative explaining why the degree of impairment in each domain of functioning was so scored, the narratives appeared weak and, hence, it was difficult to conclude the degree of impairment by simply reviewing the functional

assessment.

Interpretive / Integrated Summaries

At present, Day Treatment providers are not including a summary integrating the diagnostic and functional assessments in client files.

Level of Care Assessments

Day Treatment providers are not performing distinct level of care assessments. Instead, they are using the degree of functional impairment to determine a client's appropriate level of care. This is consistent with mental health services delivery in other programs, as well – i.e., using a combined scale to review client functioning, determine payment eligibility, and establish level of care. However, it is the Department's intention to separate these into distinct determinations so inclusion of this in the review was necessary.

TREATMENT PLANNING AND PROGRESS NOTES

Individual Treatment Plans

A majority of the treatment plans reviewed had objectives distantly related to the treatment goals they were associated with.

The review of treatment plans also revealed most did not include the client's vision of recovery – a principle the Department embraces as parcel to *Illness Management and Recovery*.

Progress Notes

Nearly all (19 programs) had individual, session-level progress notes for their clients. The Department does not support having only group-level progress notes.

In general, the progress notes reviewed focused on significant observations, not the intervention used by staff. Oftentimes they did not include the treatment plan objective being addressed by the treatment, the nature of the intervention, client's response to the intervention, and a plan for subsequent interventions.

Only seven providers still use a basic check-list for daily notes and then enter a weekly summary.

RECOMMENDATIONS

Attention should be given to assure individual, session-level progress notes are included in each client's file.

Because Day Treatment is a short-term program for clients with an immediate need for intense services (both rehabilitative and therapeutic), plans for the client's transfer to a less intense level of services and coordination of the transfer are important and need to be given more attention. It is the responsibility of each program's clinical supervisor and/or treatment director to assure this occurs.

On June 8th, 2009 the AMH Core Training offered at 28 ITV locations across the State will include presentations on functional assessments. All Day Treatment staff responsible for performing functional assessments should participate. There will also be future one day training sessions on

completing functional assessments offered throughout the next year. For more information on training opportunities and to register for the ITV training, please go to the following web site:

http://www.dhs.state.mn.us/main/id_003501

The June 8th AMH Core Training will also include presentations on level of care appropriate to a client's needs. Day Treatment staff responsible for or contributing to intake or discharge and transfer planning should take advantage of this opportunity to learn more about aligning services appropriate to the client's needs.

The Adult Mental Health Division of the Department of Human Services is developing an on-line course for documenting clinical records. This course is being designed not only for clinical supervisors but, also, for the mental health professionals, mental health practitioners, and mental health workers directly providing services to clients. Completion of this course, when it becomes available, is highly recommended.

CONCLUSION

In general, the review found Minnesota's Day Treatment programs are following the DHS model. Staff qualifications, clients receiving the services, frequency and intensity of the day treatment model, length of enrollment in the program, and a recovery-based perspective were all apparent.

The programs in this review with exceptions to the short-term, intensive DHS model for Day Treatment have, subsequent the review, been given technical assistance and each agreed to make the necessary adjustments so their program follows the model.

The Department of Human Services thanks and applauds the cooperation of its Day Treatment providers in completing this review. The openness and honest sharing given by the program directors and staff demonstrates their commitment to the client's best interests and recovery.