A. Policy Statement

Persons appropriate for admission to State operated psychiatric hospitals have been determined to need intensive, 24 hour, specialized psychiatric intervention that cannot be provided outside the psychiatric hospital. Each State-operated psychiatric inpatient facility is responsible for offering a comprehensive inpatient treatment program to meet the clinical and other relevant needs of the individuals it serves. Treatment must be guided by the underlying belief that recovery from mental illness is possible.

Furthermore, treatment provided by State-operated inpatient hospitals must be "active treatment." An essential requirement for inpatient psychiatric care, "active treatment" is a clinical process involving ongoing assessment, diagnosis, intervention, evaluation of care and treatment, and planning for discharge and aftercare, under the direction of a psychiatrist and clinical team.

It is also important that treatment be tailored to meet individual needs, taking into consideration individual learning styles. Each person must be involved as much as possible in the development and revision of his/her own treatment plan and schedule of therapeutic programming. It is critical that the services offered to individuals not only be based on their assessments and diagnoses, but that they are also consistent with the goals identified in the treatment plans, which should reflect not only the problems and vulnerabilities, but also the strengths of each person admitted for care.

It is expected that each individual served by a State operated adult or forensic psychiatric inpatient facility who is 18 years of age or older will participate in an appropriate number of hours of treatment and activity each week, as identified through the individual treatment planning process. State operated children's facilities are also responsible for ensuring that their patients are engaged in active treatment. "Active treatment" for children is employed while attending to the educational, family, developmental and therapeutic needs of each child. Recovery from mental illness for children and adolescents is characterized as "resiliency" or the ability to bounce back from significant developmental, medical or life challenges. State operated children's facilities focus upon the engagement of parents, family and/or guardians in the active treatment of the individual.

This policy directive shall apply to all State operated psychiatric hospitals except secure treatment facilities for sex offenders established pursuant to Article 10 of the Mental Hygiene Law[1].

[1] Policies specific to the Article 10 Sex Offender Management and Treatment Program are compiled in a separate policy manual available from the OMH Division of Forensic Services.

B. Relevant Statutes and Standards

Mental Hygiene Law, Section 33.03
14 NYCRR Parts 27 and 527
The Joint Commission Accreditation Manual for Hospitals
42 CFR § 482.61

C. Definitions. For purposes of this policy directive:

1) *Active treatment* means a clinical process involving ongoing assessment, diagnosis, intervention, evaluation of care and treatment, and planning for discharge and aftercare, under the direction of the attending psychiatrist and clinical team.

2) *Child* means:

(a) a patient of a State operated Children's Psychiatric Center;

(b) a patient of a Children and Youth Unit of a State operated Psychiatric Center; or

(c) a patient of a State operated Psychiatric Center who is less than 17 years of age.

3) *Inpatient Treatment Program* means the full array of therapeutic programming offered by a facility to meet the needs of individuals as identified in the assessment and collaborative treatment planning process, described in their comprehensive treatment plans, and provided by all clinical professional and paraprofessional staff. The goals of therapeutic programming include treatment, recovery, and wellness.

4) *Treatment* means interventions or activities that focus on symptom management (i.e. reducing, compensating for or learning to manage symptoms) and/or rehabilitation (i.e. developing or improving skills to function more independently and with greater competence in one's current and future environments).

5) *Recovery* means a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential.

6) *Wellness* means a primary focus on managing a current medical condition that is potentially relevant to the understanding or management of an individual's mental illness and which may appear on Axis III of an individual's diagnosis. It also includes activities that would promote physical well being in order to prevent a medical condition from developing or exacerbating, e.g., weight management, nutrition education, exercise, and smoking cessation/reduction activities.

D. Principles

1) Multidisciplinary Approach

All clinical professional and paraprofessional staff are responsible for contributing to the planning, organization, delivery and ongoing review of the facility's inpatient treatment program, consistent with their scope of practice and competency.

2) Individual Participation in Therapeutic Programming

a) Persons served in Adult and Forensic facilities (age 18 or older)

The expectation of the Office of Mental Health is that all individuals in care should participate in a range of services that comprise therapeutic programming each day.

i) The treatment plan should reflect participation in a minimum of 20 hours per week of treatment services. These hours can consist of individual sessions, individual teaching, and/or group sessions. To encourage participation, groups should not be chosen unilaterally for a patient; but should include his or her input when selected. Depending on an individual's needs and current status of illness, the number of hours of weekly participation may be reduced, provided however, that efforts should be made to collaborate with the patient to develop a schedule that maximizes his or her involvement in purposeful activities designed to promote recovery and facilitate discharge from the hospital.

ii) The development and periodic review of an individual's comprehensive treatment plan by the treatment team shall include the participation of the person, and such participation shall be documented in the individual's clinical record. The feasibility of a person's ability to participate in 20 hours of weekly programming shall be assessed when the treatment plan is developed or reviewed. If it is determined that an individual is not able to participate in inpatient treatment programming for at least 20 hours each week, the anticipated level of participation shall be specified and documented in his or her clinical record.

iii) For any individual 18 to 21 years of age who is determined to be in need of an individual education plan and who participates in programs consistent with standards of the State Education Department, such participation may be considered part of the 20-hour goal.

iv) All individuals in care must be given a copy of their programming schedule, which reflects the therapeutic programming described in the treatment plan. The programming schedule should be kept current. Staff shall take a proactive role in reminding and encouraging individual participation in programming as scheduled.

b) Children served in State Operated Facilities

The expectation of the Office is that treatment provided to each child served in a State operated children's facility, or other child as defined in this policy directive, shall be designed to reduce symptoms associated with mental illness that impede a child's ability to live a productive life based upon the child's assessment, evaluation and plan of care. It is the hospital's responsibility to provide those treatment modalities with sufficient frequency and intensity, balanced appropriately with educational programming, to assure that the child achieves his/her optimal level of functioning.

i) Treatment plans for children should be based upon relevant data that informs caregivers of their clinical characteristics and service needs.

ii) Active treatment for children must be individualized and based on goals specified in the treatment plan, and shall include, as necessary, symptom reduction, social and emotional development, and skill building needed to lead a productive life.

ii) As applicable and appropriate, active treatment should include medical management which assists in symptom reduction, individual and group therapy that focuses on social and emotional improvements, education and vocational programming that builds or enhances skill sets, recreation, rehabilitation, therapeutic community meetings, and PEM empowerment conferences.

3) Type and Scheduling of Programs

a) Each facility is responsible for the development of programs which are consistent with the values of hope and recovery. Such programs must be culturally relevant, age-appropriate and consistent with the current and intended functioning, life styles and social roles of the participants. As appropriate, programs shall address individuals' communication needs, including but not limited to arrangements for non-English speaking individuals and individuals with hearing impairments.

b) When possible, programs shall be integrated with community resources. Therapeutic programming must reflect a multi-disciplinary approach and shall be offered at a variety of times, including days. Such programming shall not be limited to daytime hours or weekdays but shall also be available on evenings, weekends and holidays.

4) Location of Programs

The services which comprise the facility's inpatient treatment programs shall be provided in a variety of easily accessible locations. Such programs shall include a continuum of on-unit, on-campus and community activities, with the preference being off-unit program participation whenever possible.

5) Facility Policies and Procedures

Each facility is responsible for the development, implementation and ongoing review of written policies and procedures related to inpatient programs which, at a minimum, address the following:

a) Organization and Scheduling of Programs

A process shall be established for ensuring the development of the following:

i) a written protocol for each program category offered, which defines its purpose, goals, objectives, entrance and exit criteria, and which identifies the appropriate qualifications and/or discipline(s), based on scope of practice, to provide the service;

ii) a mechanism for maintaining program schedules for individuals in care, as well as a mechanism for keeping staff and individuals apprised of such schedules; and

iii) procedures for documenting individual exceptions to the 20-hour standard.

b) Staffing Requirements

Policies and procedures shall be developed to address the following:

i) the identification of staff responsible for assuring the maintenance of and compliance with weekly program schedules;

ii) the coordination of all clinical professional and paraprofessional staff in the development, implementation and ongoing review of inpatient treatment programs, including participation in the delivery of such programs, based on scope of practice and competency; and

iii) the development of staffing plans, including contingency plans, to ensure the availability of sufficient staff to maintain program consistency and integrity. Such plans shall include a procedure that ensures groups take place according to schedule despite staff absences or other conflicts.

c) Staff Education and Training

Staff education and training opportunities related to the implementation of this policy directive shall be available to all staff and shall include strategies to enhance the cultural sensitivity of staff. Training should include curriculum development, as well as relevant skills including group facilitation and classroom management. Training shall be enhanced through staff supervision and other appropriate vehicles, including feedback from a systematized group mentoring and review process.

d) Quality Improvement Activities

Mechanisms established to monitor and evaluate the inpatient treatment program shall include, but are not limited to:

i) monitoring the implementation of the program:

ii) monitoring the program through the systematic and routine collection of data on each unit relevant to service delivery;

iii) evaluating the program through the assessment of the consistency of actual patient participation with the types and amounts of program participation described in the comprehensive treatment plan;

iv) monitoring staff competency in the provision of groups through a yearly review/mentoring process; and

v) developing a process to improve the quality of programs which is based on monitoring and evaluation activities, including pretest and posttests where appropriate.