



ALEXANDER  
YOUTH NETWORK

# DAY TREATMENT OVERVIEW

Empowering Students Towards Success



# PROGRAM EXPECTATIONS

## Program Overview

**Population:** Youth ages 5-17.

**Goals:** Provide individualized services to build on strengths and address identified functional problems within the home and school settings, using a culturally sensitive, child/family-centered approach.

**Model:** Neurosequential Model of Therapeutics (NMT), focusing on the impact of childhood experiences on brain development. This model assists children in forming new pathways of healthy development by engaging families and natural supports for success in all environments.

# TREATMENT & THERAPEUTIC INTERVENTIONS

## Approach

Experiential and multi-sensory, focusing on the development of socialization skills through activities designed to stimulate healthy brain development in a non-punitive, strength-focused environment.

### ACTIVITIES VARY BY LOCATION AND PROGRAM



Drumming



Yoga/Meditation



Gardening



Swimming



Creative Expression



Outdoor Experience



Individual Therapy



Daily Rituals



Pet Therapy

## Treatment Plan

The Person-Centered Plan (PCP) includes the Crisis Plan and is developed by the Child and Family Team (CFT), which includes family members, mentors, school personnel, and community members. The CFT meets and updates the PCP **monthly** to monitor progress and adjust strategies.

# ADDITIONAL SERVICES

## Individual Counseling

Provided by a Licensed Therapist, at least twice per month, utilizing various clinical interventions based on client needs.

## Family Counseling

At least once monthly as indicated, focusing on active family participation in therapy to enhance long-term success.

## Group Therapy

Facilitated by Licensed Therapists in addition to group activities within the therapeutic milieu.

## Assessment and Transition Planning

Ongoing assessments by Licensed Therapists to adapt treatment to evolving needs, with reassessments during significant transitions.

## Case Management Services

Includes comprehensive needs assessment, PCP development, service coordination, and outcome monitoring. Responsibilities also involve linking families to necessary services and supports and collaborating with medical and treatment providers.

## Psycho-education

Educates children, families, and caregivers about diagnoses, conditions, and treatments to develop coping skills and problem-solving strategies, aiming to reduce symptoms and improve functioning.

## Crisis Response

Coordinates with the Managed Care Organization (MCO) and CFT for 24/7 crisis response coverage, clearly indicated in the PCP.

## Transportation

Coordinated with local school systems or Medicaid providers, with staff assistance for transportation needs not covered by other means.

## Meals

Daily provision of breakfast, lunch, and snacks, either by the program or through arrangements with local school systems or community organizations.

**Ask your Program Manager how this services are specifically provided in your program.**

# PROGRAM INFORMATION

## Daily Program Structure

**Availability:** 7 a.m. - 2 p.m., aligned with school hours, creating a therapeutic milieu that encourages family participation and daily feedback.

**Components:** Combines academic instruction by local school teachers with therapeutic activities/groups facilitated by trained Day Treatment staff.

## Service Type

**Duration:** Year-round, minimum of three hours per day, operating primarily at licensed sites with community outings as needed.

## Educational Services

**Coordination:** With Local Education Agency (LEA) for children unable to benefit from traditional school settings, ensuring therapeutic support during educational services.

## Program Objectives

**Improvements:** Enhanced social, emotional, and behavioral functioning.

**Integration:** Successful reintegration into appropriate educational or vocational settings.

**Reduction:** Decreased mental health symptoms and behaviors requiring juvenile justice involvement.

**Enhancement:** Improved communication and problem-solving skills.

**Self-Management:** Increased ability to identify and manage triggers and symptoms, reducing crisis episodes.

**Recovery Engagement:** Active participation in the recovery process.

**Residential Stability:** Maintenance in a family or community-based setting.

**Support Utilization:** Increased use of natural and social supports.

# DAILY STRUCTURE

<b>7:00 - 7:30</b>	Arrival/Greeting/Self-Regulation/Co-Regulation
<b>7:30 - 8:00</b>	Breakfast/Social Skills Practice (In Cafeteria)
<b>8:00 - 8:10</b>	Check in
<b>8:10 - 8:20</b>	Go Noodle exercise program
<b>8:20 - 9:00</b>	Centers Play by group
<b>9:00 - 9:20</b>	Big Muscle (Stretch Yoga/Exercise group/Dance it out)
<b>9:20 - 9:45</b>	Journaling/Writing
<b>9:45 - 10:15</b>	NMT Group
<b>10:15 - 10:30</b>	Transition Prep/Coping skills practice at assigned areas
<b>10:30 - 11:00</b>	Lunch
<b>11:00 - 11:10</b>	Go Noodle
<b>11:10 - 11:30</b>	Read Aloud
<b>11:30 - 11:45</b>	Read to yourself
<b>11:45 - 12:15</b>	Centers Play
<b>12:15 - 12:45</b>	Math/Reading Activity
<b>12:45 - 1:10</b>	Small Group Activity
<b>1:10 - 1:25</b>	Check Out/Self-Regulation
<b>1:25 - 1:30</b>	Transition to Buses

## Staff

**Team Approach:** Led by a Program Manager (Qualified Professional) with licensed or associate-level professionals for therapeutic services.

**Staff Ratio:** 1 Qualified Professional per 6 children, with additional support as required.

**Training:** Includes Handle with Care (HWC), Crisis Response, Person-Centered Thinking, System of Care (SOC) Child and Family Team training, and AYN's NMT Model of Care training.

**Supervision:** Regular supervision and Model of Care Observations, with feedback provided to ensure effective implementation of the care model.

## Documentation

**Progress Notes:** Daily documentation in EchoVantage, including interventions and reasons for absence.

**Case Notes:** For case management communications.

**Clinician Notes:** For documenting clinical interventions.

## Case Management and Transition Planning

**Monthly Meetings:** With the Child and Family Team to review and update the PCP, focusing on improving client functioning and transitioning to less intensive services.

**Discharge Planning:** Begins at admission, coordinated with local supports and community providers, with regular reviews and adjustments based on client progress.

## Clinical Outcomes

**ACORN:** ACORN measurement-informed care tool provided to the client and/or caregiver for feedback each month. The results are reviewed at each CFT meeting and recorded within the PCP.

**CGAS:** CGAS by the licensed therapist at admission and discharge

## Referrals

**Sources:** Referrals accepted from schools, agencies, physicians, mental health providers, social workers, juvenile justice workers, and families.



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