



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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GOVERNOR

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Intermediate Duration Acute Psychiatric Care

Definition: Intermediate duration acute psychiatric care is an extended period of evaluation, intensive treatment, and rehabilitation which is provided to an individual with a documented DSM IV Axis I or Axis II diagnosis. The client must still exhibit acute psychiatric symptoms that require ongoing inpatient treatment. The client will be treated by a multidisciplinary team that will focus on clinical stabilization, medication evaluation/management, psychiatric rehabilitation, and skill development, during an average length of stay of 30-45 days. These clients will then return to the community setting.

Sites: There are two sites in Connecticut: In Westport at St Vincent's West Campus previously known as Hallbrook and Natchaug Hospital in the Mansfield/Storrs area.

The St. Vincent's West Campus Site was established after the closure of the State's Cedarcrest Hospital and the Natchaug site was established after the closure of Norwich State Hospital. This service was designed to help community hospitals with known clients who maintain acute status and are known to become stable after a longer length of stay by giving them an alternative other than a state inpatient bed.

Client Identification:

- Clients who are persistently mentally ill but meet acute care inpatient criteria
- Client will usually be an inpatient at a community hospital who is determined to need a longer length of stay for treatment and stabilization
- May be a client with a history of recent frequent brief inpatient hospitalizations who, despite aggressive intervention, has demonstrated no appreciable sustained improvement in functioning
- May be a patient with frequent Emergency Department visits who may requires continued medication adjustment in a structured environment
- Client may have a past history of recovering within an additional 45 day length of stay
- Client needs to have a stable living environment in which to return, or the Local Mental Health Authority (LMHA) is willing to transition the patient through respite or other step down services.
- Client can benefit from additional therapies identified by a functional assessment
- Client has LMHA involvement. The LMHA is expected to stay involved during the client's intermediate stay to facilitate a discharge/return to the community.
- The client must be willing to sign in to the Intermediate Care bed voluntarily or, if he/she refuses, must be probated to ensure the Intermediate Bed hospital's ability to maintain the client for a 45 day time frame.

Process for Access to the Beds

1. The Community Hospital or LMHA determines the client may benefit from a longer length of stay to stabilize the symptoms
2. The Community Hospital contacts DMHAS to discuss the client. DMHAS will request the following information: history of the client's past hospitalizations, current clinical

status, clinical progress made at current site, the involvement of the Local Mental Health Authority, and intended living arrangements upon discharge from an Intermediate Care bed.

3. DMHAS may accept or deny based on history, current status, lack of viable housing, and may also discuss other potential solutions.
4. Upon acceptance, DMHAS will notify St Vincent's Admissions Department and the Behavioral Health Partnership (BHP) indicating that the patient has been approved by DMHAS for an Intermediate Care bed.
5. If the client is on Medicaid, the referring hospital should then contact the Behavioral Health Partnership for review prior to transfer to an Intermediate Care bed.
6. If the client is closer to the Eastern Region, DMHAS may suggest a referral to Natchaug Hospital's ICC Program and give them the information on how to refer.
7. The referring hospital sends a clinical packet which would include recent assessments, medications, progress notes, and any pertinent evaluations to the Admissions Office of the Westport Campus of St. Vincent's Hospital to whom the patient is being referred.
8. St. Vincent's provides a decision within twenty-four hours of receipt of all requested documentation.
9. Referring hospital arranges transportation to St. Vincent's Westport Campus
10. Both DMHAS and Westport make contact with the LMHA to inform them of the admission and the need to stay involved.

Contact People

DMHAS: *Lee Swearingen, MSN* 860-418-6936

DMHAS Staff will notify the LMHA to insure that they are involved and will continue to stay involved.

St. Vincent's Admission Unit: 203-221-8888

Attention: *Michele Bullock*

Natchaug Hospital 860-456-1311

Attention: *Dr. David Wheeler*, an admission to Natchaug may be paid through a grant through Southeastern Mental Health Authority and a discussion will also have to take place with the staff there.

Reasons for refusal:

- No discharge destination
- Recent history of violence
- Legal status: Refusal to sign in voluntarily/no probate
- History of long term hospitalizations, which indicates the need for a state bed.
- Unknown history of disease progression; unknown to any LMHA.