

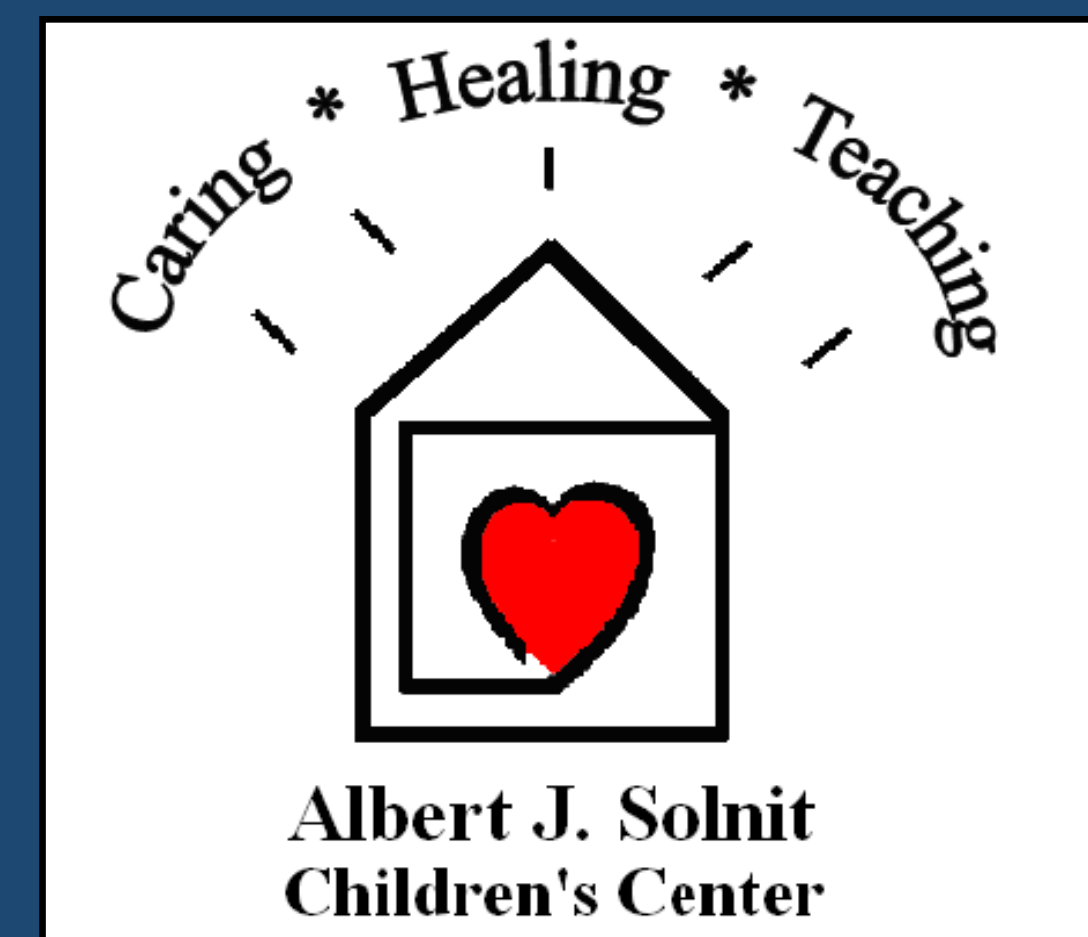


Revisiting semi-residential model of care in inpatient settings: a treatment for refractory mental health problems in children and adolescents.

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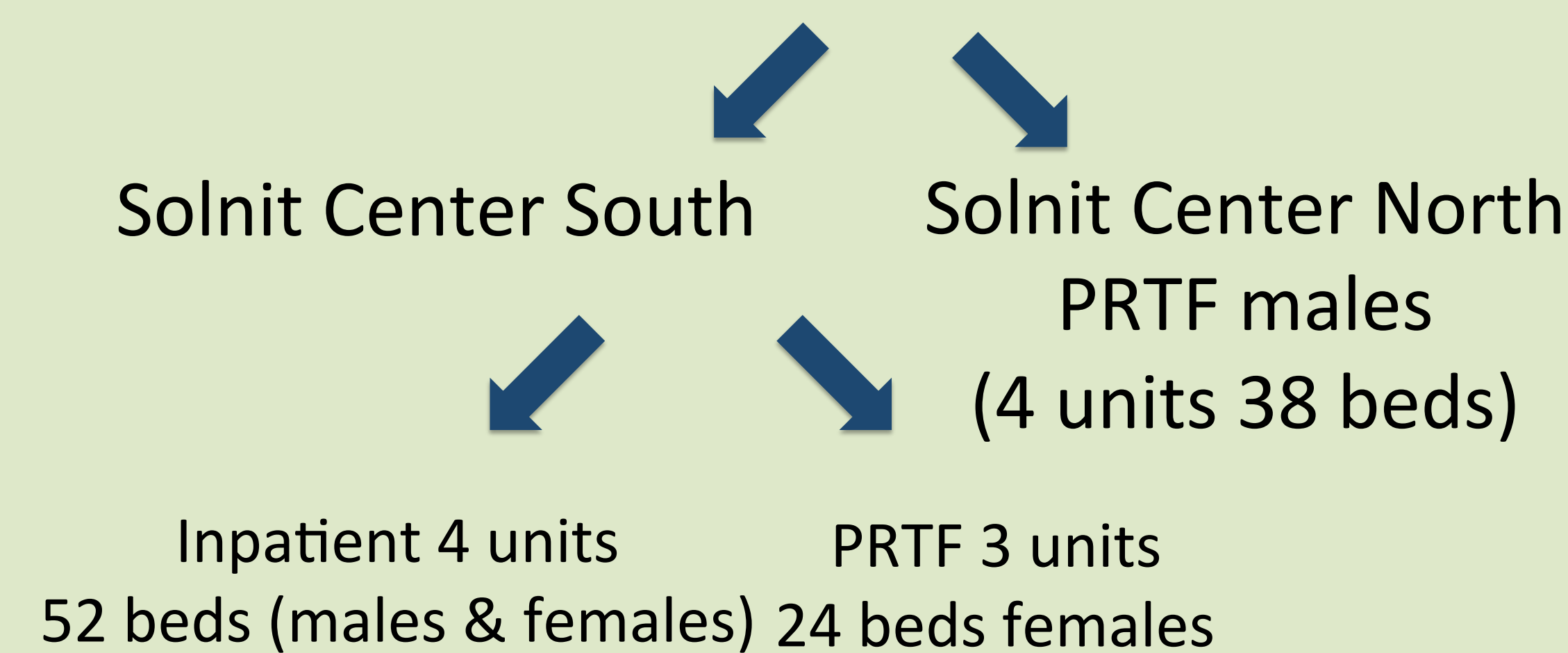
Background and History

Since the 1960's there has been a decrease in number of child and adolescent inpatient beds in psychiatric hospitals, along with the decrease in the length of hospitalization associated with an increase in readmission rates. There has been a shortage of mental health professionals and an increase in the number of ER visits for psychiatric services. (Geller & Biebel, 2006)

Connecticut Department of Children and Families has a statutory mandate to serve as the children's mental health agency in Connecticut. Solnit Center Started as Riverview Hospital for children in 1973 along with two adolescent hospitals. The three hospitals combined in 1993 to form the Riverview Hospital for Children and Youth. In 2011, Riverview Hospital was restructured along with Connecticut Children's Place to Albert J Solnit Children's Center named in honor of the renowned Child and Adolescent Psychiatrist Albert J Solnit.

Solnit Center is the lone standing state children's psychiatric hospital for children and adolescents under the auspices of Connecticut Department of Children and Families. Herein, we present the structure and unique treatment approach at Solnit Center South.

Solnit center (Structure)



Solnit Center – Philosophy

Mission statement - Caring, Healing and Teaching - Partnering with children, families and communities to build hope and create opportunities.

Goals are to provide child-centered, gender-responsive, family-focused, culturally-sensitive and trauma informed treatments. Training in child psychiatry, forensic psychiatry, psychology, social work, rehab therapy and occupational therapy. Continued professional development of staff.

Treatment approach and process

Referral process

Referrals from children's psychiatric hospitals, Emergency Departments, Residential Treatment Facilities.
30 day consultative evaluations for from courts
Referrals for Restoration of competency to stand trial

Admission threshold:
Multiple inpatient admissions and/or a co-occurring developmental disorder and/or at-risk behaviors that require more intensive management.

Admission

Post-admission evaluation
Two-week evaluation phase includes psychiatric evaluation, psychological testing, speech pathology, OT and rehab therapy evaluation

Evaluation conference

Reports from multidisciplinary evaluations presented & treatment and disposition plan developed in a conference attended by family, community partners, DCF and other involved parties

Medical Treatments
Pharmacological management of symptoms, genomic testing and management of pediatric medical problems by an in-house Pediatrician.

Psychosocial Treatments
Individual therapy, Family therapy, Milieu therapy, rehab therapy (music therapy, art therapy, equine therapy), OT and specialized treatments such as DBT, ARC delivered in a structured 24 hour day.

Disposition and Transition

in concert with community and outpatient providers

Step-down residential programs/Specialized treatment centers for further treatments

Home

with services from state and community agencies

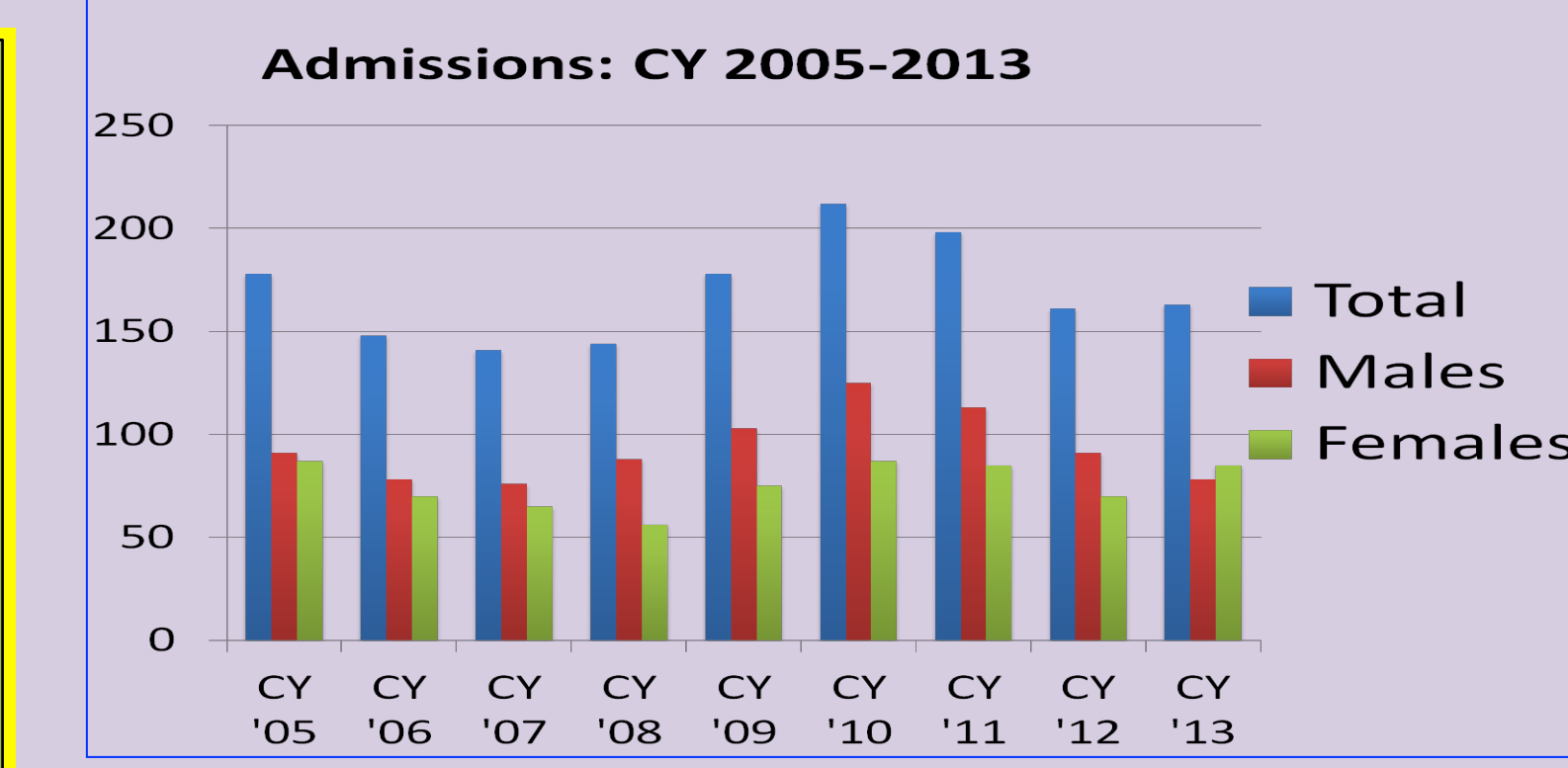
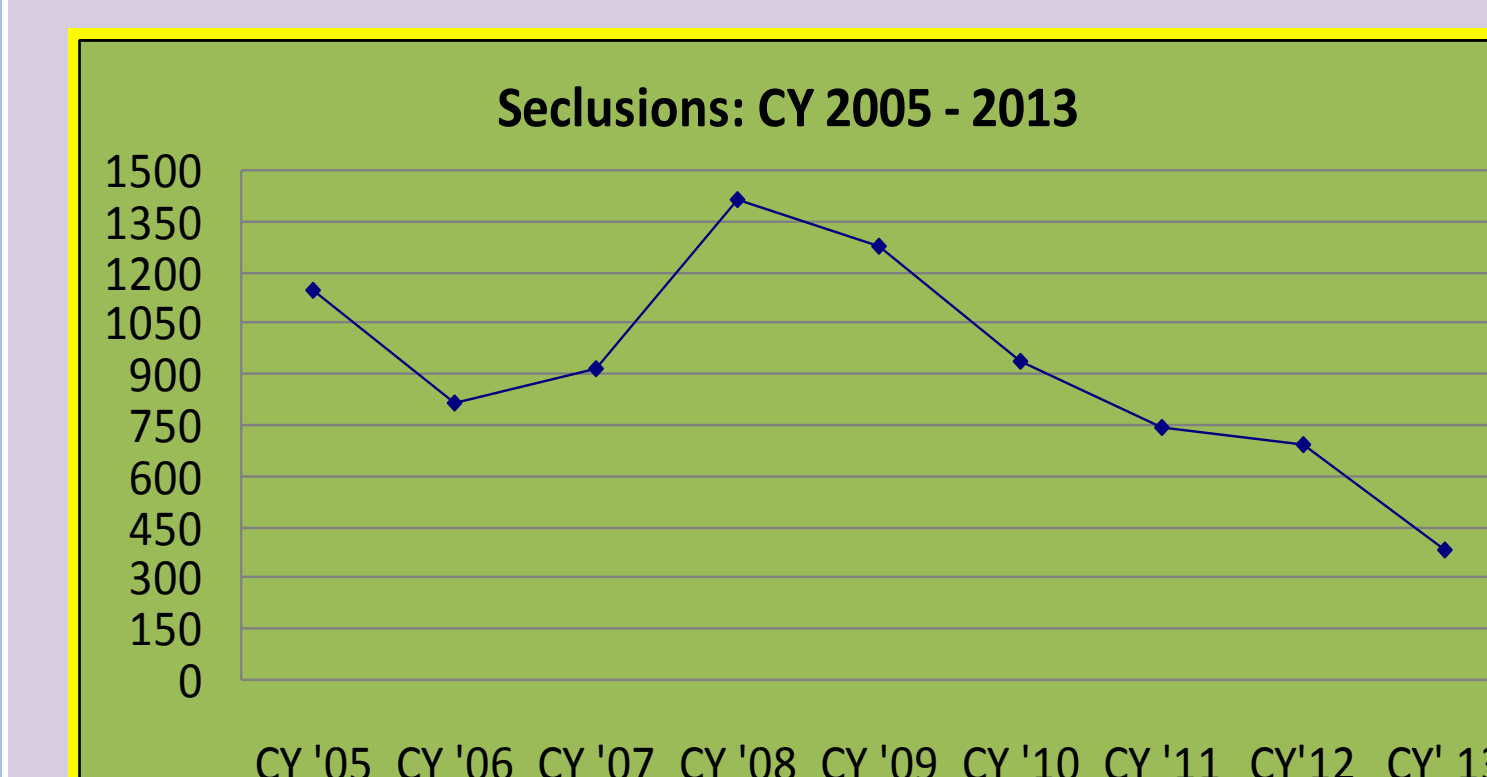
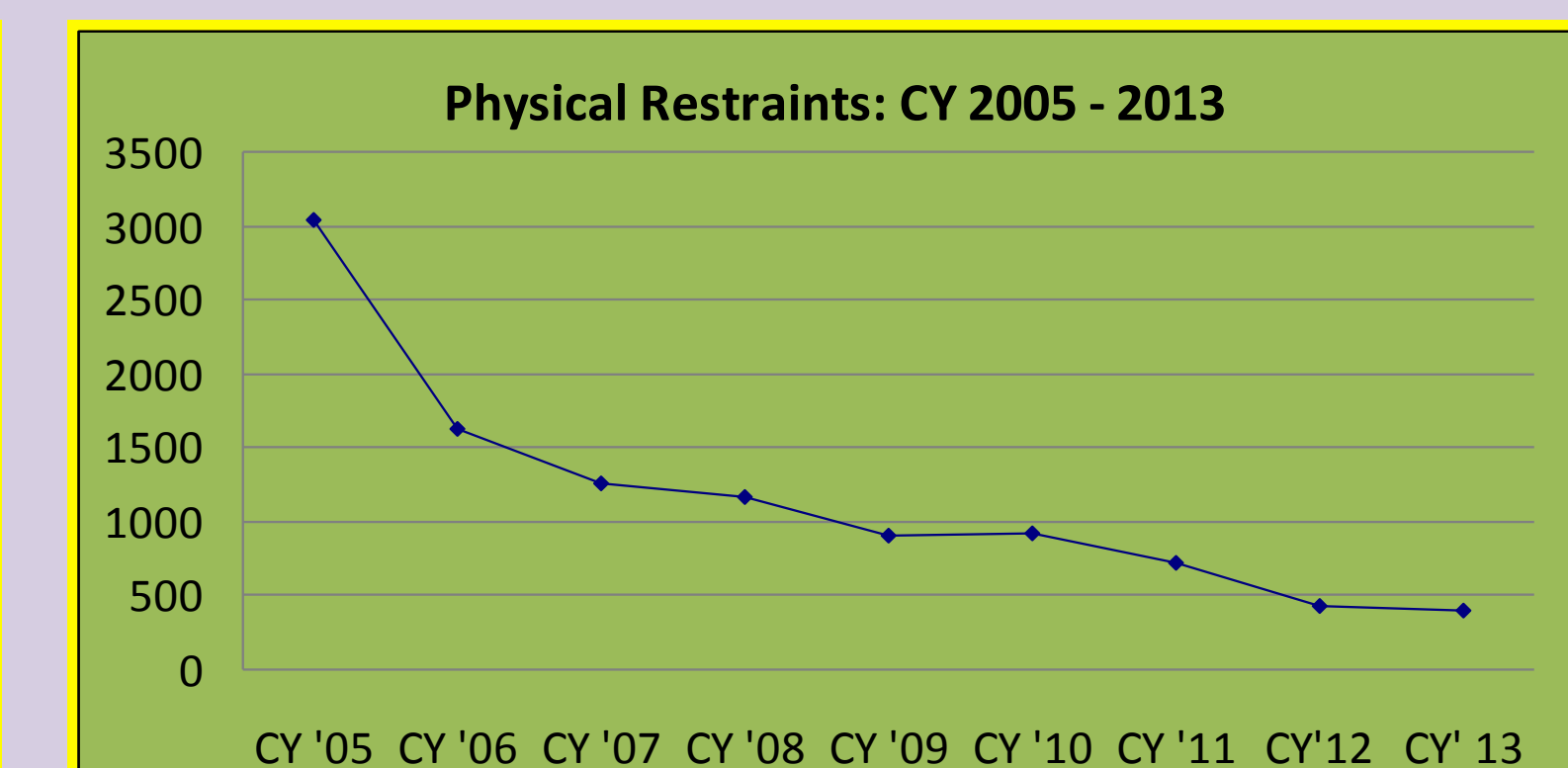
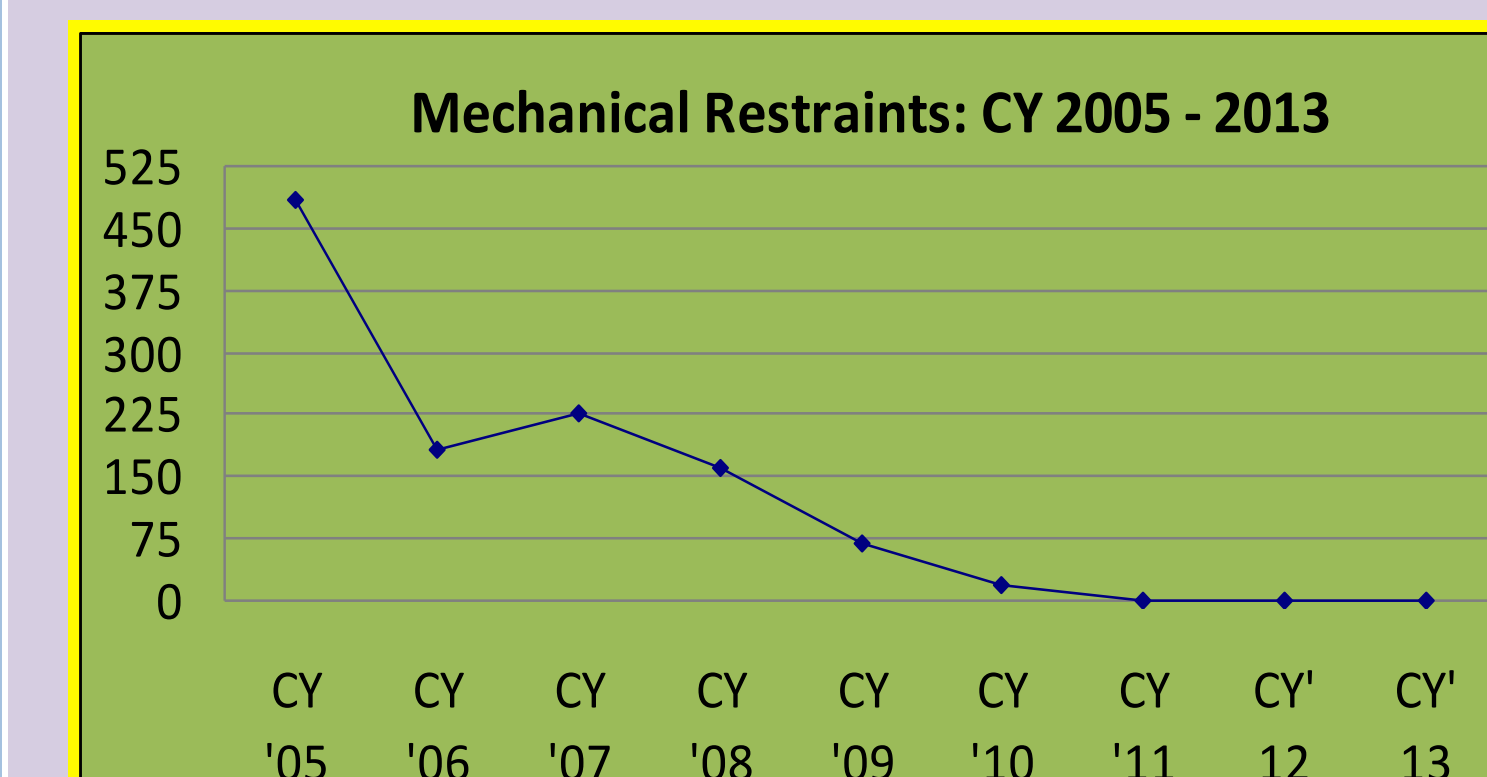
Court with recommendation after 30 day court ordered and restoration based consultative evaluations

Discussion

Solnit Center combines a diagnostic, acute treatment and stabilization model of an inpatient hospital setting as well as a semi-residential approach for treatment focusing on the "other 23 hours" model of residential care.

We believe detailed comprehensive evaluation, long term inpatient treatments and stabilization and slowed structured transition to outpatient settings with the continued active engagement of family and outpatient/community providers may lead to improved mental health outcomes.

Some of the initiatives included to reduce restraints from 2005 - current.



Future

Research to evaluate the effectiveness of current practices at Solnit Center on mental health outcomes and re-hospitalization rates. Conduct clinical research in child and adolescent mental health disorders and outcomes.

Trauma focused CBT training to enhance trauma focused approach. Utilize personalized treatment delivered concurrently in individual, group and milieu formats to specific disorders.

Acknowledgements

We would like to acknowledge the staff of Solnit Center for their commitment to improving the mental health of children and adolescents.