



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH

February 17, 1993

Effective Date: March 12, 1993

COMMISSIONER'S POLICY STATEMENT NO. 33

INDIVIDUALIZED TREATMENT

In accordance with Section 17a-542 of the Connecticut General Statutes as well as Federal and JCAHO standards for patient care, it is the policy of the Department of Mental Health that each patient treated in a Department of Mental Health facility shall have a specialized treatment plan suited to his or her disorder. Each treatment plan shall include a discharge plan for appropriate aftercare of the patient.

Treatment in an inpatient facility must be viewed as a foundation for continued treatment in the community to which the individual is being discharged. The treatment team and/or primary clinician responsible for the inpatient care should plan the aftercare services needed by the patient, in conjunction with a community based case manager who is responsible to ensure service linkage in the community. This collaborative planning process should commence at the point of the inpatient admission and should identify all of the services and service providers in the local community support system whose efforts will assist the individual in maintaining him/herself in the community in the least restrictive environment possible. Continuity of care is of primary importance.

A comprehensive understanding of community resources and programs is essential if continuity of care is to be developed for patients in the mental health system. Within the Department of Mental Health facilities, the psychiatric social work discipline is charged with the responsibility of developing a knowledge base of available community support services, and of the mechanisms for establishing appropriate and timely referrals to those support services necessary to enable the patient to remain in the community setting. Psychiatric social work will have the responsibility of assuring that appropriate discharge plans have been developed and that aftercare linkages with appropriate community agencies have taken place, as well as the responsibility for assuring the coordination of all discharge and aftercare planning at the Department of Mental Health facilities. Utilization of and collaboration with available case management services will be fully maintained in carrying out these responsibilities.

This policy does not imply any change in discharge and aftercare planning and implementation that is presently appropriately carried out by a variety of disciplines. The added social work responsibility is in the areas of technical knowledge base, consulting with community based case management providers, monitoring and teaching in order to assure quality care.

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Every attempt shall be made to verify discharge housing arrangements. Under no circumstances shall an emergency shelter be considered appropriate housing disposition, and patients shall not be directly discharged by the inpatient facility to an emergency shelter.

No patient shall be discharged from a Department of Mental Health facility without documented evidence that discharge and aftercare plans have been an integral part of the treatment plan. There should also be documentation indicating that the patient and the community based case manager have been actively involved in the discharge planning process.



Albert J. Solnit, M.D.
Commissioner

This directive replaces Commissioner's Policy Statement No. 33, dated January 26, 1987.