

Hartford Project Attacks Gridlock

The problem of gridlock in CT's overall healthcare system contributes to lengthy waits for people with mental health and/or substance use disorders who seek care in general hospital emergency departments. DMHAS has implemented a number of initiatives to fight this problem, including:

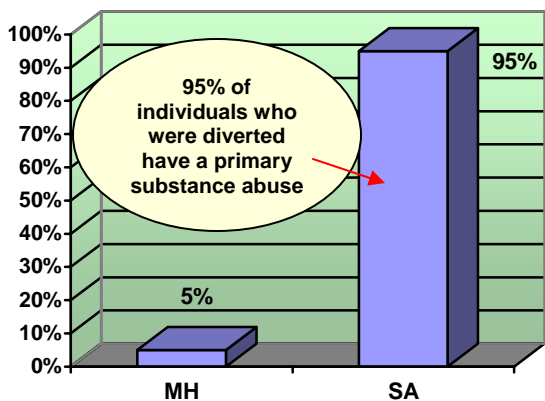
- ✚ **Acute Care Contracts** with 12 general hospitals for psychiatric care serving approximately 600 individuals
- ✚ **\$3.4 million Hospital Discharge Fund** provides intensive community supports that help people transition from state hospitals and remain in the community
- ✚ **16 new acute care beds** at Capitol Region Mental Health Center in Hartford
- ✚ **8 new acute care beds** at Connecticut Mental Health Center in New Haven
- ✚ **Two new 15-bed intensive residential units** in New Britain and New Haven
- ✚ **Hartford Alternative to Hospitalization Project** identifies individual needs and provides more effective treatment placements

Hartford Alternative to Hospitalization Project (ATH): Beginning in November 2005, DMHAS implemented the **ATH** at Saint Francis and Hartford Hospital emergency departments for persons receiving State Administered General Assistance. In ATH, individuals who express suicidal thoughts upon arriving at the emergency rooms are referred to substance abuse treatment (usually residential care) rather than to an inpatient mental health program if, after clearing from the effects of substance use, they no longer feel suicidal.

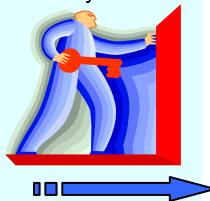


- ✘ Interventions were made with **over 300 people** seeking care at emergency departments.
- ✘ **60% diverted** to more appropriate, less costly levels of care.
- ✘ **80% were to substance use treatment** settings, including residential detox, rehab or outpatient levels of care. An additional **5% accessed community based sober houses.**
- ✘ **Only 15% declined** substance use services.
- ✘ **Case managers** have been assigned to help individuals make and sustain treatment connections.
- ✘ Emergency room **wait time dropped from an average of 11 hours to 2.5 hours** since the project start-up. (*Time of medical clearance at ED to final disposition to substance use services.*)

DSM Axis I Diagnoses of Individuals Diverted from Inpatient Mental Health



Individuals are diverted primarily to residential substance abuse settings (detox and rehab) or to a recovery house.



Diversions from Mental Health Inpatient Services

