INFORMATION . . . *foundation for good policy*

The Department of Mental Health and Addiction Services

A Healthcare Service Agency

John G. Rowland
Governor

May 11, 2004

Thomas A. Kirk, Jr., Ph.D.
Commissioner (860-418-6700)

No More Revolving Door

In January 2003, the DMHAS F.S. Dubois Center and the Stamford Office of the private Mental Health Association of Connecticut (MHAC) initiated a joint project intended to provide community-based supervised housing and support services for five people who, to date, had experienced prolonged and/or recurrent psychiatric hospitalizations. The project was made possible by funding from the DMHAS Discretionary Discharge Initiative. In the year prior to admission, the five people selected for the project had spent an average of 43% of their time in acute psychiatric hospitals. These five individuals had either "burned every bridge in town" or presented with very complicated clinical pictures. As a result, they were either in the midst of extended inpatient stays or involved in "revolving door" admissions.

The five people now reside in two apartments within the same building and hold their own leases. MHAC staff is available, on-site, 24 hours per day. All five receive intensive case management from the Assertive Community Treatment (ACT) team and psychiatric services through the F.S. Dubois Center. Three participate in Integrated Dual Disorder Treatment (IDDT) to address their co-occurring psychiatric and substance use disorders. All are eligible for Bridge Rental Subsidies.

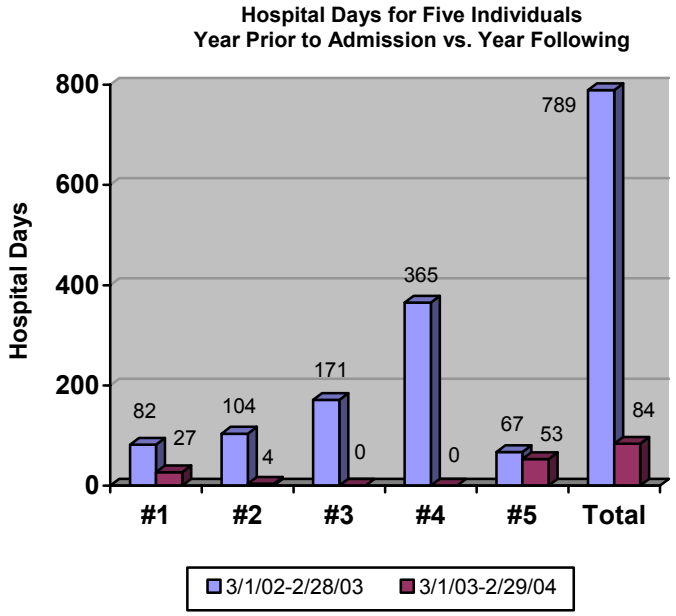
The program is somewhat unique in the Stamford area in that it utilizes a "wet house" model, i.e. limits are set around alcohol and other drug related behavior (e.g. no use on premises, continued efforts to recover), but program participants do not lose their housing when they relapse. We understand relapse as part of the recovery journey. The program also includes intensive contact with families and weekly collaboration meetings of the ACT teams and residential providers.

Results!

The program clearly and dramatically reduced inpatient psychiatric hospitalizations. When you compare the year prior to entry into the program to the year after they started the program, the five individuals reduced their total hospital days from 789 to 84, a reduction of nearly 90%. Two who had spent a combined 536 days in the hospital the year before, remained out of the hospital for the entire year.

Beyond just staying out of the hospital, these individuals are experiencing an improved quality of life in the community.

- "It's the first time I've been sober without being in the hospital or jail."
- "In the hospital, I used to just stay in my room; but since I've been in this program, I go to Laurel House during the week and go out on activities on the weekends too."
- "I am thinking about the future, my own apartment, car, and a full-time job."
- "This is the first place I have ever called home and I want to stay here."



So why is this program working so well?

It is not so much that the approach is employing new treatment approaches or technologies. Instead, it represents the creative coordination and focusing of existing community-based resources. For example, Bridge Rental Subsidies made the program fiscally viable for residential providers and the consumers. IDDT training was used to help maintain a person-centered approach based on the person's stage of change and their co-occurring disorder. Finally, the program showed a willingness to 1) take chances on individuals who had historically presented significant problems in other settings; and 2) persevere in the face of difficulties. As a result, a sense of trust evolved between the individuals and staff that has helped assure the program's success.

For more information contact Wilfredo Torres at 203-388-1550 or e-mail at Wilfredo.Torres@po.state.ct.us

To view previous issues visit http://www.dmhas.state.ct.us/infobriefs/index.htm