# Inpatient Services

## ABOUT

**The Autism Inpatient Unit is designed to care for individuals who display severe and treatment-resistant behavioral disorders (e.g., aggression, self-injury), or who have experienced a decline in their usual level of psychiatric functioning. As the highest level of care, inpatient treatment is most appropriate for children and adolescents who have exhausted available care in the community and are in acute behavioral crisis.**

## AT A GLANCE

### SERVES AGES 7-21 YEARS
We are the only inpatient provider in the region that accepts patients through the age of 21 years old.

### 20 BEDS
Waitlists vary and can be affected by the need of 1:1 supervision, and insurance timelines.

### ANTICIPATED LENGTH OF STAY 28-32 DAYS
An inpatient stay is longer than typical child psychiatric inpatient stay to improve and maintain a child's safety and stability.

### 89% OF PATIENTS
remain home 180 days after discharge

## How We Treat

Our multidisciplinary team of experts develops an individualized behavior intervention plan to address specific behavioral, medical, and emotional needs. We utilize recognized principles of Applied Behavioral Analysis (ABA), and medication evaluation and management to reach goals. We collaborate with you, caregivers, and any outpatient providers to coordinate care and to improve the child's safety and stability upon discharge. We also provide referrals for follow-up services with specialized medical care when needed (e.g., Endocrinology, Gynecology).

### Comprehensive Behavior Intervention:
A child's treatment plan includes routine services in psychiatry, group-based interventions with recreation, speech and language and occupational therapy, 24-hour nursing care, and behavior intervention with a BCBA and support staff.

### Family and Caregiver Engagement:
Parents/caregivers are required to participate in twice-weekly in-person intensive training sessions to practice behavior management in the safety of our unit. These training sessions support the maintenance of behavior improvements made while in our care in the home setting.

### Medication Management and Evaluation:
Our psychiatrist/APRN will complete psychiatric evaluations and provide medication management. A nurse and psychiatrist/APRN will review a child's medication list upon admission. The provider will discuss the recommended changes within one week after the child has been observed.

### Ancillary Services and Supports:
- Occupational therapy to support behavioral goals, e.g., safety during activities of daily living (ADLs).
- Speech and language pathologists provide communication screening, including augmentative and alternative communication services (AAC).
- Therapeutic recreation to support increased leisure interests.
- Nutrition
- Physical therapy consult as needed

## MAKE A REFERRAL

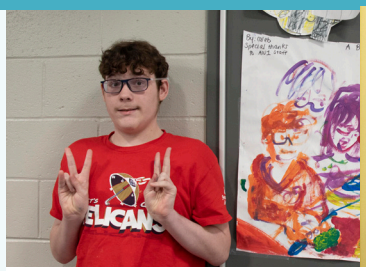
**P:** 860-827-4841 | **F:** 860-832-6273

hfsc Hospital for Special Care

hfsc Hospital for Special Care | We rebuild lives.

## OUR FACILITY

Our inpatient and partial hospital facility is designed specifically for children and adolescents with ASD. The facility has its own dedicated entrance and welcoming center, and an outdoor recreation area, all in a welcoming, therapeutic milieu.



## Admission Criteria

The inpatient unit is designed for an acute short-term length of stay determined by medical necessity, the child's individual needs, and discharge planning factors. To be considered for admission the child must fit the following criteria:

- Between the ages of 7 – 21 years (younger patients will be considered on an individual basis)
- Individuals over 18 must be conserved
- Have a documented primary diagnosis of Autism Spectrum Disorder (ASD)
- For CT residents, have documentation of ASD diagnosis by a psychologist or other clinical provider outside the school setting, which includes one of the following diagnostic tests: ADOS-2, CARS-2, or GARS-2
- Display self-injury, aggression, problem sexual behavior, or other severe behavior problems that impair functioning

The inpatient program has capacity to accept admissions of children and adolescents with medical comorbidities including neurological disorders, wounds, hearing or visual impairment.

## Exclusion Criteria

We do not have the capacity to accept patients:

- Who use orthopedic or ambulation medical devices: crutches, wheelchairs, walker, or cane.
- With a substance abuse as the primary concern.
- Children who use jejunostomy tube (J-tube), and nasogastric tube (NG tube).

## Discharge Criteria

Discharge planning begins upon admission. The patient will be discharged back to the home environment once the frequency or severity of the behaviors at admission have improved. Our team will collaborate with our outpatient clinic team and community providers to support the continuation of the necessary behavioral and educational programs for the child and their caregiver.

rev. Jan 2024

**MAKE A REFERRAL**

**P:** 860-827-4841 | **F:** 860-832-6273

# Partial Hospital Program

## ABOUT

**The Partial Hospital Program provides a step-down/step-up solution for children with Autism Spectrum Disorder (ASD) and their families. This unique program is a short-term, intensive day program for individuals with ASD who are not able to safely participate in treatment or school programs and may be at risk for, or stepping down from, an inpatient hospitalization. As a family-based program, our team works closely with caregivers to build confidence in responding to challenging behaviors.**

## AT A GLANCE

**15 SPOTS**
The waitlist is dependent on patient acuity, cohorting of patients, age, developmental level.

**4-6 WEEKS**
typical length of treatment

**PROGRAM HOURS:**
daily 8:30 am – 12:00 pm
or 1:00 pm - 4:30 pm

**OVER 65% OF CHILDREN**
significantly improve irritability and hyperactivity in the group setting.

This **FIRST-OF-ITS-KIND**, Partial Hospital Program provides a step-down/step-up solution for children with severe behavioral needs and their families.

## How We Treat

Our multidisciplinary team works with families to design and implement a behavior intervention plan to improve adaptive skills, peer relationships, emotional regulation, and problem-solving or coping skills, using the principles of Applied Behavioral Analysis (ABA). Our staff coordinates with other professional services as needed for individualized treatment and follow-up.

### Group-Based Behavior Intervention:

An optimized small-group therapeutic environment led by social workers, occupational therapists, and speech and language pathologists address self-care, social communication, leisure skills, emotion regulation, and other skills.

### Psychiatric Care:

Our psychiatrist/APRN will complete psychiatric evaluations and provide medication management for the child while in the program. Patients return to their outside provider upon discharge.

### Family and Caregiver Engagement:

Parent/caregiver involvement is essential to reduce family stress, reach goals, and maintain the child's improvements after discharge. Caregivers are required to attend weekly parent training sessions, where staff provide structured activities and environments where both caregiver and child can succeed.

**MAKE A REFERRAL**

**P:** 860-612-6312 **F:** 860-612-6384

hfsc Hospital for Special Care

hfsc Hospital for Special Care | We rebuild lives.

## OUR FACILITY

Our inpatient and partial hospital facility is designed specifically for children and adolescents with ASD. The facility has its own dedicated entrance and welcoming center, and an outdoor recreation area, all in a welcoming, therapeutic milieu.

## Admission Criteria

To be considered for admission your child must fit the following criteria:

- Between the ages of 4-21 years old.
- Have a documented primary diagnosis of ASD.
- Requires daily monitoring (Monday through Friday), support, and intervention to stabilize safe behaviors and reduce challenging behaviors.
- Display challenging behaviors including aggression, self-injury, property destruction, or school refusal that significantly impair day-to-day functioning at home and/or at school.
- The family and/or caregivers must have the ability to participate in the outlined program, including weekly parent trainings, and transportation to and from the program for its duration.

## Discharge Criteria

Discharge planning begins upon admission. The patient will be discharged back to a less restrictive environment, outpatient services, home or school, once there has been a decrease in maladaptive behavior such that the child is able to safely participate. Our team will collaborate with community providers to support the continued success for the patient and their family.

rev. Jan 2024

**MAKE A REFERRAL**

**P:** 860-612-6312 **F:** 860-612-6384

# Outpatient Services

## ABOUT

**Our outpatient service is a specialized interdisciplinary program for children and adolescents experiencing symptoms of Autism Spectrum Disorder (ASD). We provide a full range of psychological and academic evaluations, and treatment for children and adolescents. Our goal is to identify the appropriate diagnosis and collaborate with you, outside providers, and parents/caregivers to make the necessary adjustments in daily activities.**

## AT A GLANCE

Our services are named a Patient-Centered Specialty Practice (PCSP) for ASD by the National Committee for Quality Assurance.

**89% OF PATIENTS**
are able to avoid or shorten Emergency Room visits.

**70% OF PATIENTS**
remain home with outpatient management.

Our multidisciplinary staff are **SPECIFICALLY TRAINED AND CERTIFIED** in supporting children with moderate to severe behaviors and their families.

## How We Treat

Our multidisciplinary approach helps meet the ongoing needs of the child and their family. We provide routine services for functional skill building based on the patient's needs. We use evidence-based practice programs including The Research Units in Behavioral Intervention (RUBI) Parent Training for Disruptive Behavior, and The PEERS Curriculum for School-Based Professionals: Social Skills Training for Adolescents with Autism Spectrum Disorder.

### Assessment and Diagnostic Services:

We explore the appropriate diagnoses, which include the ASD specific measure and IQ testing, needed to obtain services.

### Medication Management and Psychotherapy:

Psychiatric care and medication management is provided in close collaboration with our team and other providers for patients who may experience multiple psychiatric illnesses or behavioral problems.

### Physical, Occupational and Speech Therapy:

Physical, occupational and speech and language therapy is offered for patients who may experience difficulties completing daily activities, and have communication, and/or swallowing and feeding needs.

### Family and Caregiver Engagement:

Our psychologists and social workers provide education for children and their families. Family participation supports the maintenance of behavior improvements made while in our care in the home setting. Parents/caregivers are encouraged to provide feedback with their providers on the services provided to make improvements.

**MAKE A REFERRAL**

**P:** 860-612-6386 | **F:** 860-612-6384

hfsc Hospital for Special Care

## Availability and Waitlists

Our admissions process is designed to help children and their caregivers promptly and safely. Each stage of the process is designed to meet the needs of the referral agency, caregivers, and prospective patients. Our availability is dependent on the level of services needed and range from a one month to a one year wait. Our therapy and rehabilitation services typically experience shorter waitlists and medication management services experience longer waitlists. We prioritize children with the most urgent need, and our waitlists are, on average, shorter than other providers.

## Admission Criteria

To be considered for admission your child must fit the following criteria:

- Be under the age of 22 years old. There is no minimum age requirement.
- For diagnostic services a question of ASD is required.
- For medication management and social work services an ASD diagnosis is required.

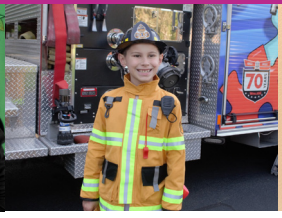
Patients do not require an ASD diagnosis for our speech and language, occupational or physical therapy services.

## Discharge Criteria

The outpatient treatment plan is designed to meet the child's evolving developmental needs. Services may be provided over an extended period of time, or may be episodic and focused on a specific need. Discharge will be considered when a child meets the treatment goals, or plateaus in progress towards those goals. We facilitate record sharing as needed.

rev. Jan 2024

# Billing & Financing


We accept Connecticut HUSKY Health (CT Medicaid) and most major health insurance plans. Prior to admission, a staff member will work with the patient's family to verify health insurance benefits and information. The patient and family can then consider the financial impact of the anticipated admission to Hospital for Special Care.

hfsc Hospital for Special Care

# Our Providers

**Sabooh Mubbashar, MD**
Medical Director,
Autism Inpatient Unit

**Hassan M. Minhas, MD**
Chief of Autism Services

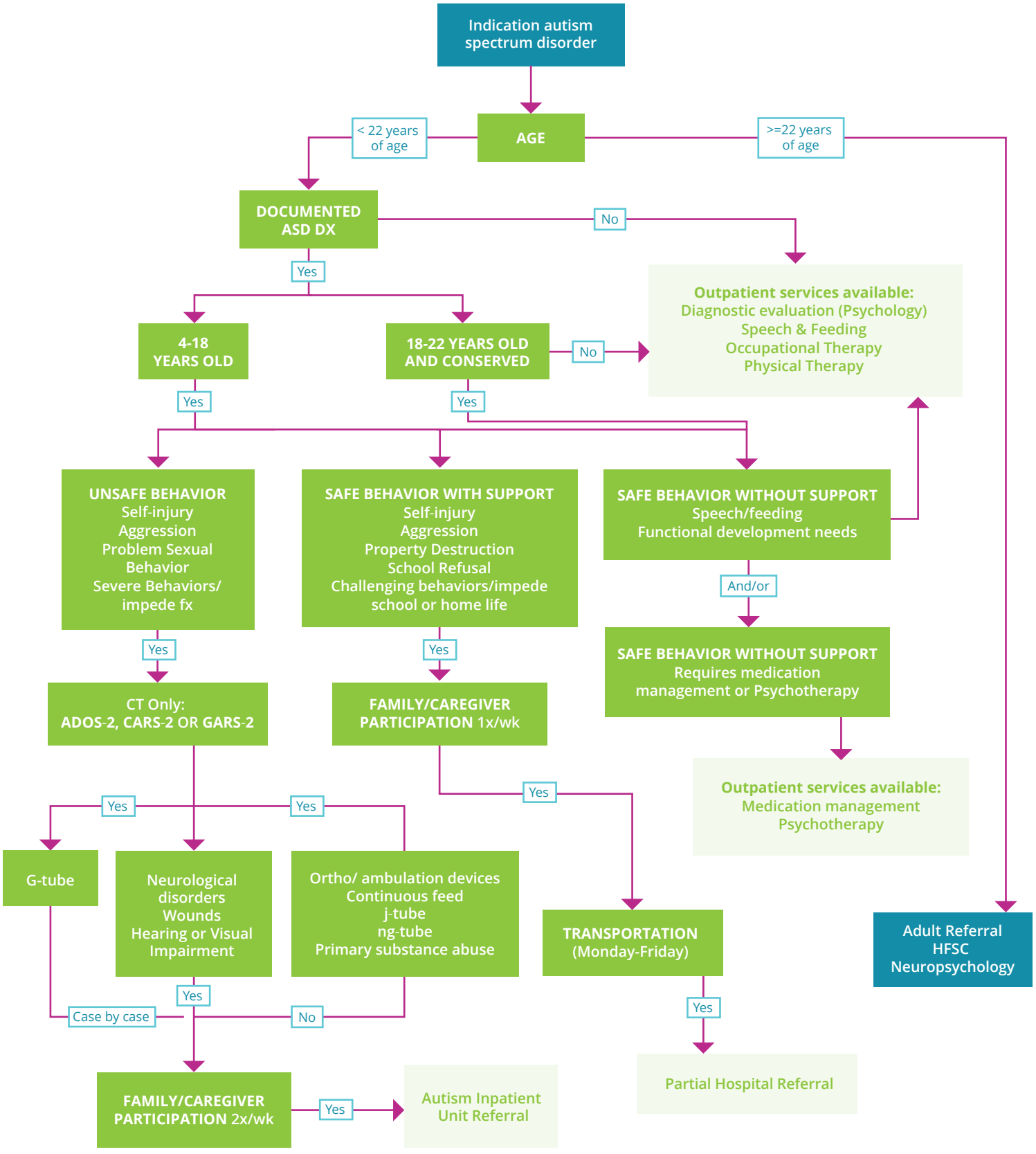
**Lauren Herlihy, PhD**
Director of Autism
Psychology

**Naomi Turner, MSN, PMHNP-BC**
APRN

**Sarah Hardy, PhD**
Psychologist

**Gabriela Pszczolkowski, MSN, PMHNP-BC**
APRN

**Heidi King**
MSN, PMHNP-BC, APRN


Indication autism spectrum disorder
AGE
< 22 years of age
>=22 years of age
DOCUMENTED ASD DX
No
Yes
Outpatient services available:
Diagnostic evaluation (Psychology)
Speech & Feeding
Occupational Therapy
Physical Therapy
4-18 YEARS OLD
18-22 YEARS OLD AND CONSERVED
No
Yes
Yes
UNSAFE BEHAVIOR
Self-injury
Aggression
Problem Sexual Behavior
Severe Behaviors/ impede fx
SAFE BEHAVIOR WITH SUPPORT
Self-injury
Aggression
Property Destruction
School Refusal
Challenging behaviors/impede school or home life
SAFE BEHAVIOR WITHOUT SUPPORT
Speech/feeding
Functional development needs
And/or
SAFE BEHAVIOR WITHOUT SUPPORT
Requires medication management or Psychotherapy
Outpatient services available:
Medication management
Psychotherapy
Yes
Yes
Yes
CT Only:
ADOS-2, CARS-2 OR GARS-2
FAMILY/CAREGIVER PARTICIPATION 1x/wk
Yes
G-tube
Neurological disorders
Wounds
Hearing or Visual Impairment
Ortho/ ambulation devices
Continuous feed
j-tube
ng-tube
Primary substance abuse
TRANSPORTATION (Monday-Friday)
Adult Referral
HFSC
Neuropsychology
Yes
Case by case
No
Yes
Partial Hospital Referral
FAMILY/CAREGIVER PARTICIPATION 2x/wk
Yes
Autism Inpatient Unit Referral

rev. Jan 2024