

SCOPE OF SERVICES

A PREVENTION SERVICE

Crisis intervention is a solution-focused brief model that seeks to intervene with individuals in acute psychiatric distress before the escalation of symptoms necessitates a long-term hospitalization.

A DIVERSION SERVICE

The IIOBS offers an alternative to regular inpatient hospitalization. Average length of stay is under 3 days and diversion is achieved in 60-70% of all cases served. This high diversion rate is met through the rapid mobilization of all crisis intervention resources and involvement of community supports/collateral contacts.

CONTINUITY OF CARE

The IIOBS employs a crisis intervention model that relies on intensive care management to establish links with outpatient providers to facilitate treatment planning, and to access treatment options within and outside of the Arbour system.

IIOBS CASE EXAMPLES

1. Patient referred by her psychiatrist due to increase in suicidal ideation, feelings of hopelessness and depression over three months. Patient did not make actual suicide attempt. Patient feels socially isolated, has difficulty concentrating, poor appetite and disrupted sleep and has history of suicide attempts by overdose. Patient was able to be treated within 72-hour period as staff worked to reconnect patient to support system, establish an appropriate medication regimen, and link patient with community providers.
2. Patient referred due to highly agitated mental status with vague suicidal ideation. No history of hospitalization, but treated outpatient for PTSD. Patient presented as manic with disorganized thought process. Psychopharmacology evaluation conducted and medication initiated with immediate effect. With a focus on assessment of dangerousness in conjunction with information gathered through collateral contacts, a differential diagnosis was made and a partial hospitalization program was arranged.
3. Patient referred from Emergency Room where he presented as addicted to opiates and having suicidal thoughts. Patient had history of bipolar illness that had not been treated for four years, the approximate time of opiate abuse. Detoxification initiated due to objective signs of withdrawal. Within three days, symptoms were decreased but patient still at risk for relapse. Patient referred to dual diagnosis partial hospitalization program, monitored and medicated on outpatient basis for residual withdrawal, and connected with sober living arrangements.



INTENSIVE INPATIENT OBSERVATION SERVICE (IIOBS)

A SHORT-TERM CRISIS INTERVENTION
AND DIVERSION PROGRAM



ARBOUR
HOSPITAL

A Division Of Arbour Health System

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THE INTENSIVE INPATIENT OBSERVATION SERVICE (IIOBS) AT ARBOUR HOSPITAL

The Intensive Inpatient Observation Service (IIOBS) at Arbour Hospital is comprehensive crisis intervention and diversion service for patients with psychiatric and dual diagnosis disorders (co-occurring psychiatric and substance disorders). IIOBS is a more intensive level of care than observation or inpatient hospitalization, as mental health professionals work as a team to provide patient care 7 days a week.

This program offers individuals and their families intensive care management for those who are in the midst of an acute psychiatric episode. Services include comprehensive assessment, individual and family intervention, medication and case management. Patients may stay in the IIOBS program up to 72 hours. The program has been in operation for approximately ten years. Statistics show that 60-70% of those admitted are diverted to a lower level of care within 72 hours.

PHILOSOPHY OF CARE

The IIOBS staff's goal is to maintain the patient in the least restrictive setting possible for the shortest amount of time required to stabilize the patient and plan for an appropriate disposition. Short lengths of stay help minimize patients' dislocation from their communities and allow prompt connection with existing support systems.

The IIOBS also seeks to reduce psychiatric distress by providing immediate crisis intervention counseling and medication management.

Staff include Master's level crisis clinicians, registered nurses and psychiatrists. The program is available twenty-four hours a day, seven days a week.

IIOBS SERVICE COMPONENTS

- Telephone triage
- Comprehensive psychosocial assessment
- Individual treatment planning
- Psychopharmacological evaluation, adjustment, monitoring, and management
- Intensive multidisciplinary case management
- 24-hour clinical observation
- Individual, couples, and family therapy
- Collaboration with primary care physician and outpatient providers, including case managers and care coordination systems
- Aftercare planning
- Referrals and appointment scheduling
- Crisis detoxification

ADMISSION CRITERIA

- Patient must be medically stable
- Patient must be ambulatory and able to perform ADLs independently
- Patient must meet medical necessity criteria for inpatient psychiatric or dual diagnosis services, including:
 1. Indication of actual or potential danger to self as evidenced by serious suicidal intent
 2. Indication of actual or potential danger to others
 3. Loss of impulse control leading to life-threatening behavior
 4. Substance intoxication with suicidal/homicidal ideation

The IIOBS is able to accommodate:

- Patients who require detoxification from alcohol and drug use in addition to having a psychiatric problem
- Individuals who require the security of a locked setting, including those who are on a Section 12 commitment.

HOW TO ACCESS SERVICES

For information and intake, call (800) 652-5222. Ask for admission to the Intensive Inpatient Observation Service. Staff will provide assistance regarding those insurance companies who contract for IIOBS services and the age of patients accepted for IIOBS per the specific contract. Contracted managed care organizations include, but are not limited to, Massachusetts Behavioral Health Partnership, Neighborhood Health Plan, BMC HealthNet, United Behavioral Health, Harvard Pilgrim, Blue Cross Blue Shield MA, and Magellan Behavioral Health. To contact the IIOBS program director, call (617) 390-1321.



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Job#: ARB70303
Size: 11x8.5
Publication: Trifold
Client: Arbour

De: MDK
Ae: SD
Date: 03.27.07
Rnd~Ver: r01•vA

Colors

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