INTERMEDIATE INPATIENT

Intermediate Inpatient Unit

Program Description

The Intermediate Inpatient Unit (IIU) is a sub-acute inpatient psychiatric unit licensed by the Department of Health, as a secured youth (5 to 17 years) inpatient facility, and located in a community hospital. These units provide 24 hour behavioral health treatment and serve youth who require additional inpatient treatment following an acute stabilization episode of care on a Children's Crisis Intervention Services (CCIS) unit.

The youth has not yet reached his/her baseline level of functioning required to transition back into the community, and they require less intensive care than the acute inpatient psychiatric unit. The IIU provides treatment services that includes, but is not limited to, multidisciplinary evaluation, medication management, individual/family therapy, group therapy, educational programming, and daily living skills training. Youth can have voluntary or involuntary commitment status upon admission to IIU. Referrals could be made by the Children's Crisis Intervention Services (CCIS) and non-CCIS inpatient treatment programs. The anticipated length of stay is consistent with the youth's needs.

Criteria	
Admission Criteria	The youth must meet **all** of the criteria 1 through 5: 1. Youth ages 5-17 who present with clinical evidence of a DSM-5 diagnosis that is amenable to active psychiatric treatment and stabilization which is clinically indicated to avoid additional CCIS acute inpatient care. Youth must be between ages 5 to 17 for admission to the Trinitas Intermediate Unit and between the ages of 10 to 17 for admission to the Bridgeton/ Inspira Intermediate Unit. 2. Youth requires 24 hour/7 day per week treatment that includes access to the full spectrum of psychiatric staffing in a controlled environment that offers: medication monitoring and other therapeutic interventions such as daily living skills training, educational programming, quiet rooms, comfort rooms, and suicidal/homicidal observation precautions, with a focus on trauma responsive and reducing strategies. . 3. The youth's symptoms and/or behaviors have not resolved during the acute CCIS treatment period, and he/she requires continued treatment in an inpatient setting to reduce symptoms or resolve unmanageable behaviors, and monitor response to medications over a longer time period that can't be achieved in the community. 4. The youth poses a danger to self, others, or property, or is not able to maintain basic self-care abilities as a direct correlation of their DSM 5 Diagnosis.

	5. Despite improvement during the acute inpatient stay the youth continues to need medical monitoring and supervision to further improve symptoms before a step down to a community based setting is possible and treatment and supervision can be safely provided at an intensity which is lower than the Acute Care CCIS.
Exclusion Criteria	**Any** of the following criteria are sufficient for exclusion from this level of care: 1. The CSOC Assessment and other relevant clinical information indicate that the youth can be safely maintained and effectively treated in a less intensive level of care. 2. The symptoms are a result of a medical condition that warrants a medical/surgical treatment setting. 3. The youth's parent/caregiver/guardian does not voluntarily consent to treatment AND the youth does not meet the standard for involuntary commitment. 4. The primary problem is social, economic (e.g., housing, family conflict, etc.) or one of physical health without a concurrent major psychiatric episode that meets the criteria for this level of care. 5. The primary diagnosis is substance use and substance use- specialized treatment is clinically indicated. 6. The youth has a sole diagnosis of Autism or Intellectual/ Developmental Disability and there are no co-occurring DSM-5 Behavioral health diagnosis.
Continued Stay Criteria	**All** of the following criteria are necessary for continuing treatment at this level of care: 1. Validated DSM-5 diagnosis remains the principal diagnosis and the severity of the behavioral/emotional disturbance continues to meet the criteria for this level of care. 2. The CSOC Assessment, the emergence of additional problems that meet the admission criteria and/or other relevant information indicates that the youth continues to need the Intermediate Care Intensity of Service. 3. The individualized Care Plan is appropriate to the youth's changing condition with realistic and specific goals and objectives that include target dates for transition. 4. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. 5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms and treatment planning is updated as needed.

	6. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. 7. There is documented evidence of active, individualized transition planning that includes coordination of care with the CMO as well as behavioral and physical health care providers, as appropriate. 8. Transition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in, exacerbation of the psychiatric illness to the degree that would necessitate continued intermediate inpatient treatment.
Transition Criteria	***ALL* of the following criteria are necessary for discharge from this intensity of service:** 1. The youth's documented Care Plan goals and objectives for this Intensity of Service have been substantially met. 2. The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus. 3. Support systems that allow the youth to be safely maintained and supervised in a lower intensity treatment service have been secured and established. 4. A transition plan with follow-up appointments and an appropriate living arrangement is in place; and the first follow-up appointment will take place within 7 calendar days of discharge.