



PUBLIC SECTOR SERVICES

Critical Time Intervention

How to Minimize Re-admissions and Improve Community Re-integration After Psychiatric Inpatient Discharge



Behavioral Health

The Challenge

Psychiatric hospitals across the United States face a “re-admissions crisis,” with some state-operated hospitals experiencing re-admission rates over 50 percent within 180 days of discharge.¹ These re-admissions represent poor social outcomes for patients, increase State inpatient costs and add to the pressure on already-strained hospital systems.

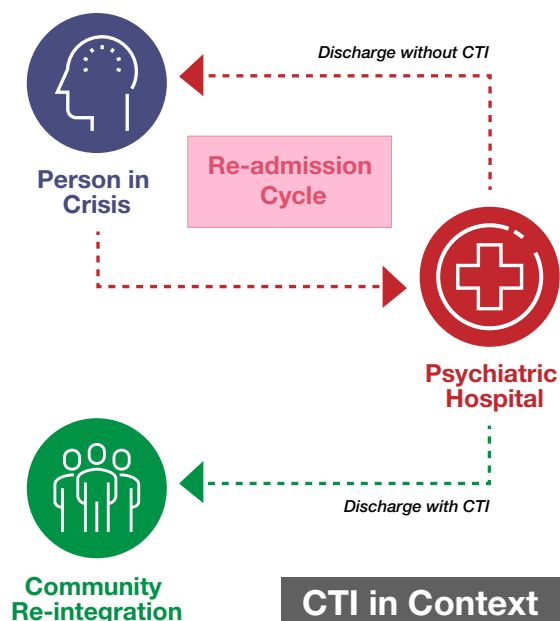
The causes of these re-admissions are many and varied, but often share a common thread: little to no intensive support of patients as they leave the hospital and reintegrate into their communities. Critical Time Intervention (CTI) directly addresses this driver of re-admissions.

Critical Time Intervention

CTI is a time-limited transition model backed by decades of rigorous research.² Under CTI, a discharged patient receives:

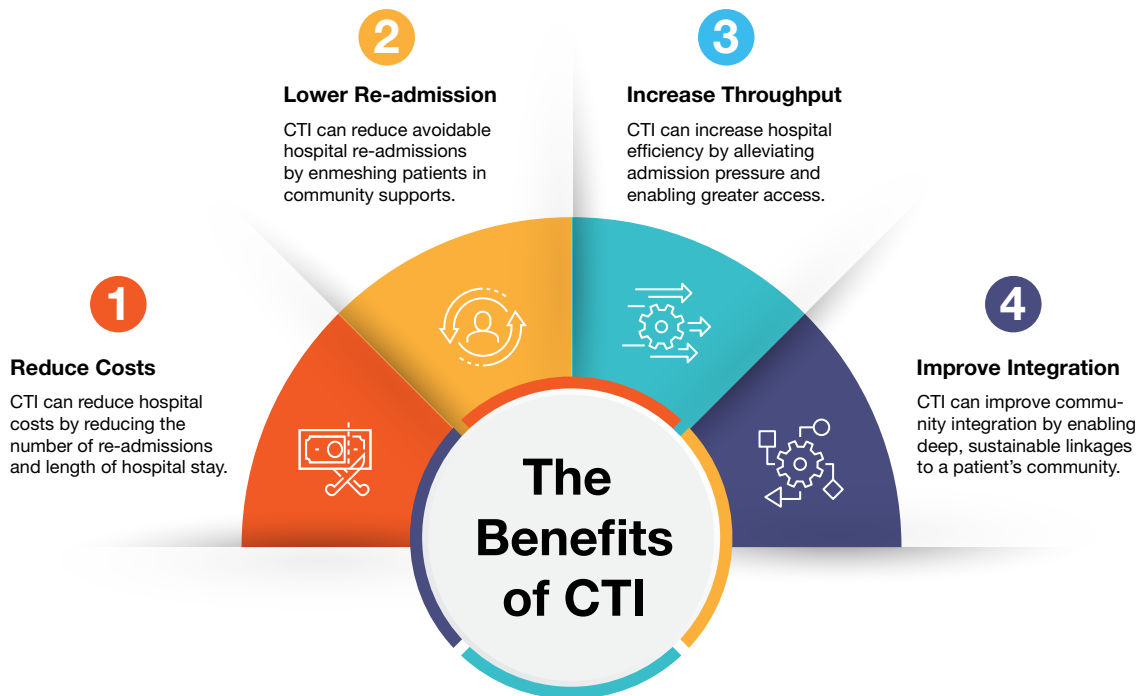
- **Intensive, community-based** support that helps them through vulnerable periods of transition;
- **Guidance on “linking”** to the services they need in their community;
- Assistance in developing the **independence they need to live sustainably** in the community.

CTI services are delivered by a dedicated CTI team, in a phased approach over nine months, with decreasing intensity as the model approaches its conclusion.



¹. SAMHSA URS Data, 2020

². CACTI compiled research, <https://www.criticaltime.org/publications/>



How A&M Can Help

- Track record of helping States **assess psychiatric inpatient challenges** and **develop solutions**
- Experience **conceptualizing, identifying funding** for and **implementing** successful CTI programs
- Proprietary CTI **performance metrics, program development models** and **ROI projection**
- Unparalleled Health and Human Services transformation experience across the United States
- World-class **project management expertise**
- Deep understanding of **stakeholder engagement** and **consensus building**

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