



Children's Behavioral Health and Acute Care Transitions
Joint Human Services Committee
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Adolescent Behavioral Health Crisis

- Across the nation, mental illness and the demand for clinical services are at all-time highs—especially among adolescents.
- Adolescent mental illness and gaps in access to services were increasing prior to the pandemic; the pandemic exacerbated this crisis in terms of prevalence and severity of mental illness and burdened health care and human service systems.
- For some individuals with complex support needs (i.e. co-occurring mental illness and intellectual developmental disabilities), getting stuck in hospitals or more restrictive settings is not a new phenomenon.
 - While we've made progress, we still need to build a more integrated service delivery system where children and families can get access to specialized, integrated services and providers have the tools they need to support recovery, person-centeredness, and family preservation.

2023 Investments and Reforms

- Partial Reimbursement to Hospitals for Qualifying Avoidable Patient Days (\$18M in FY 24-25)
- Acute Care Transition Advisory Council to assist in implementing a statewide vision and systemic approaches
- Policy reforms: HCBS critical incident reviews; Transition to Community Initiative grant to clarify eligibility and allowable uses
- Studies: expanding access to positive supports, respite, and specialist services & presumptive eligibility
- Psychiatric Residential Treatment Facility (PRTF) specialization grants
- Rate increases and inflationary updates for mental health and disability services

Background: Hospital Decompression vs Acute Care Transitions

Hospital Decompression

- COVID-related initiative
- Objective: make room in hospitals so people have access to acute care

Acute Care Transition Work

- Objective: support person, including kids, in accessing the right services at the right time to facilitate timely and safe discharge from an acute care setting
- Support returning to home or community-based setting whenever possible
- Access to the appropriate level of care
- Preventing readmission through more robust transition planning and coordination

Defining “Stuck”

- In an acute care setting (hospital bed or emergency room):
 - Without an acute care level of need,
 - Have met treatment objectives, and/or
 - No longer meet hospital level of care.

AND

- Has difficulty accessing community supports and services, such as:
 - Been denied by a high number of providers
 - Engages in serious aggression or self-harm
 - Has received a service termination from a residential provider
 - Provider ratio needed is no available

Who is getting stuck?

Children (under 20)	Adults
Engaged with child welfare	Criminal histories
Native American children over-represented	High medical needs
Autism	Multiple hospital stays
<ul style="list-style-type: none">• Individuals with acute aggression who injure parents or caregivers• Trauma present• Reputation with providers as being hard to serve – burned bridges• Under serviced – receiving only PCA – this applies a lot to the BIPOC community• Non-verbal• Dual MH and IDD diagnosis	

Why are people getting stuck?

The right setting at the right time with the right services for the right person does *not* exist.

- PRTF and children's crisis beds are limited
- Individualized or step-down levels of care to meet needs do not exist
- Provider workforce shortage: challenges meeting staffing ratio requirements to continue or start new programs.
- Impact of provider regulations and balancing access to services
- Variation in policies on restraints (physical and chemical) in hospitals and the community
- Behavioral health rates not aligned with costs to provide care

Current and Future Efforts

- DHS Hospital Technical Assistance and Communication Team (HTACT)
- Children's Mental Health Collaborative led by Children's Cabinet
- Acute Care Transition Council appointments
- Opportunity for Moving Home Minnesota to leverage federal resources to fund transformation and demonstration work in this area
- Restructuring resources within DHS to focus on acute care transitions, work simultaneously on individual situations and on systemic solutions, coordinated across policy areas in DHS, with counties/lead agencies, and hospitals
- 2024: DHS has been in consultation with the mental health, substance use disorder, and disability community to support ongoing reforms.

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