

Coming Together to Meet a Community Need: Addressing Discharge Barriers from the ED and Inpatient Setting

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Introduction of Presenters



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How Did we Get Here?

- Identification of the problem: youth who remained in an ED or inpatient setting longer than medically indicated due to significant discharge barriers: parent/guardian refusal to pick up, specialized treatment still being identified, and/or long wait lists for appropriate treatment service.
- Development of the Community Transitions for Youth Collaborative
- Key stakeholders came together to brainstorm how we could work together to address this need. Stakeholder group included Cardinal Innovations, Atrium Health, Mecklenburg and Cabarrus County DSS's, and SPARC
- The Pilot for Enhanced Crisis Response was developed

Development of the Enhanced Crisis Response (ECR) Program

- The team came together to develop an innovative service that could support 3 target populations:

1. Youth who present to the ED or Child/Adolescent Facility Based Crisis facility that are determined to not require admission to Inpatient and whose parent or guardian has stated are unable to return home;

OR

2. Youth admitted to an inpatient unit where there are barriers to discharge such as lack of parent or guardian engagement in discharge planning, need for further specialty care that is not yet identified, etc.;

OR

3. Youth in a non-therapeutic home such as a DSS foster home, DSS shelter, or kinship placement that are at risk for admission to an emergency room or inpatient based on escalation of behavioral symptoms or known trauma.

Elements of Crisis Response

- This service operates under the philosophy that children thrive when they can safely remain in or be reunified with the home of their own family and/or a safe permanent alternative.
- The service utilizes fully licensed practitioners who provide an immediate comprehensive clinical assessment (when necessary), along with corresponding 24-7 service delivery.
- For youth in the ED or in a non-therapeutic home at risk of admission to the ED, the practitioner will respond within two hours of the referral and for other referrals, response will be on the same day or by end of the following day.
- This service is intended to be short term, with services lasting on average 60-90 days. During this time, clinician(s) will work with the child/family to diffuse the imminent crisis and link the family to appropriate community-based services that allow the child to thrive and meet their goals.
- The service is intended to be provided primarily face to face in community or home settings. Coordination activities or triage may occur telephonically.

Elements of Crisis Response

Service Elements/Treatment Interventions would include the following:

- **Crisis Management:** Crisis intervention and support on a 24/7/365 basis
- **Intensive Case Management:** Assists members to gain access to necessary care: medical, behavioral, social, and other services appropriate to their needs
- **Linkage to individualized Therapeutic and Behavioral Support Services:** Services may include In Home Therapy Services, Family Centered Treatment, Multi-systemic Therapy, Respite, and Day Treatment (these services would overlap for two weeks to ensure linkage)
- **Linkage to Residential Treatment:** Therapeutic Foster Care and other programs as appropriate/clinically warranted. (these services would overlap for 30-60 days)
- **Intensive supports for children in DSS Homes or Kinship placements:** DSS Foster Home/DSS group home (recommended service provision: 60-90 days)
- **Discharge and aftercare planning:** Processes to decide what the member needs for a smooth transition from one level of care to another and for ongoing monitoring

Collaboration and Communication was Key

- The team of stakeholders met monthly during the initial development and implementation of this program
- The team openly shared feedback of what was working and areas of improvement and made revisions to the process all along the way
- As the program evolved and expanded from a pilot service to a Medicaid In Lieu of Service, the stakeholders expanded to include additional hospital systems and locations, the Facility Based Crisis Center, and additional County DSS's

Implementation Timeline

- Spring-Summer 2017: Stakeholder group met for program development
- November 2017: Pilot Program launched
- February 2018: Facility Based Crisis added as a referral source
- November 2018: Medicaid In Lieu of Service Definition Approved
- December 2018 and forward: Expansion of the service to additional counties and hospital systems

A Success Story

How the team came together to support a teenager with a successful transition from the hospital setting to the community with family

Outcomes for 2018

- 51 referrals were made to the program in 2018. Only 6 guardians opted to not participate in the program
- 70% of the youth who participated in the program were able to be discharged successfully from the hospital back into the community with services
- The ECR team provided services to the youth and family for a brief overlap period once they were linked to treatment (community based or residential)

2019 and Beyond

Next Steps: Continue training providers on the service definition and ways in which to refer members to the service; retrain providers as needed/requested; Determine need in any other counties to expand the service

Questions?