UNIVERSITY of ROCHESTER

ABOUT US

- Our health system, UR Medicine, is the **largest, most specialized academic health care system in Upstate New York**.
- We provide high quality care and services to **more than 15 counties, with a population of more than 2.6 million**. We provide more than **$298 million annually in uncompensated and charity care.**
- Our Strong Center for Developmental Disabilities (SCDD) is a federal **University Center for Excellence in Developmental Disabilities.**
- **SCDD is the statewide coordinator for Project SEARCH® in NYS. Project SEARCH®** provides real-life work experience and training to help young people with disabilities find & keep jobs.
- Eastman Dental Clinic treats **500 patients with IDD per year.**
- **Our Mobile Crisis Team (MCT)** a multi-disciplinary unit, provides rapid-response services to children in both home and school environments.
- Our new **Brighter Days Pediatric Mental Health Urgent Care is the area's first-ever walk-in mental health crisis clinic for youth to get immediate care.**

Complex Case Discharge Delays: Recommendations for New York State

The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association joined together to declare a **national state of emergency in children's mental health.** Across the country, the need for a wide variety of mental health services has skyrocketed. Upstate New York is no different.

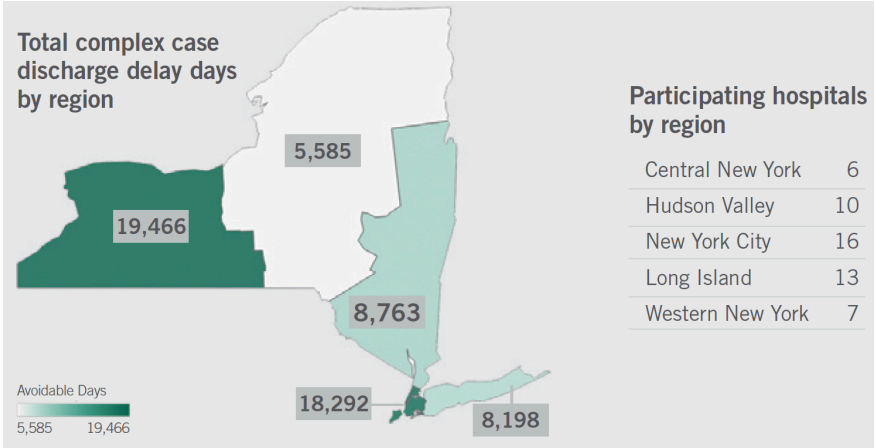
The Division of Child and Adolescent Psychiatry in the University of Rochester Medical Center's (URMC) Department of Psychiatry is the **region's largest provider of behavioral health services for children and families and the region's only provider of acute crisis services**. The Division educates 800 school professionals per year across 26 districts and provides on-site clinical care at seven schools in five school districts.

At the University of Rochester Medical Center, we have seen an **increase in patients with Intellectual and/or Developmental Disabilities (IDD) experiencing acute behavioral health crises**. Due to staffing shortages, under-reimbursement from NYS, and lack of community placements, patients have **extended stays in our hospitals.**

In 2021, the Healthcare Association of NYS (HANYS) issued a white paper, "The Complex Case Discharge Delay Problem". It outlined the unintended consequences of a system that does not "see" complex case patients, based on the experiences of hospitals and patients. HANYS also conducted a three-month data collection pilot with hospitals statewide (52 participated). From that survey, hospitals reported the following:

Key Findings

- 1,115 patients;
- 60,000 delay days;
- $169 million in estimated costs;
- an average ED discharge delay of close to two weeks;
- an average inpatient discharge delay of two months;
- children and older adults living with medically complex and/or behavioral health conditions experiencing the most frequent and longest delays.



Pilot results

	MOST FREQUENT	LONGEST DELAYS
WHO IS IMPACTED?	• Older than age 65 • Medical complexity, e.g., dialysis	• Younger than age 18 • Individuals with intellectual/developmental disabilities and/or mental illness
WHAT IS CAUSING THE DELAYS?	• Lack of care options • Lack of payment for discharge setting	• Guardianship • Agency process (eligibility/referral)

Complex case patients come to hospitals for emergency care or when there are no other safe care options. Hospitals are required to screen all people who come into the Emergency Department. Once the hospital determines that a patient does not or no longer requires hospitalization, the facility is required to identify a safe discharge option. Appropriate discharge is complicated by complex administrative issues and paperwork.

Hospitals may be required to work with more than 20 entities at the state, regional and local level to discharge a single complex case. They have to coordinate with state agencies such as: Office of Mental Health, Office for People with Developmental Disabilities, Office of Addiction Services and Supports, Department of Health.

Each agency has its own criteria for eligibility, services, and treatment plans. When hospitals seek state assistance, they may be required to interact with multiple state agencies for a single patient. **Due to the complicated regulatory structure and inadequate number of long-term care and pediatric beds in our region, this can delay safe discharge and result in extended hospital stays.**

Below are two real examples of patients that we have cared for.

13 YEAR OLD MALE

- Presented to Strong due to an increase in aggressive behaviors.
- Discharge to residential school placement at Easter Seals Kessler Center confirmed for January 10, 2022, after extensive advocacy with the home school district.
- No in-home services through OPWDD could be identified during lengthy stay due to lack of staffing in a community setting.
- Multiple agency involvement has been needed.

Length of Stay

243

Days

10 YEAR OLD FEMALE

- From Erie County and presented to Strong a day after being discharged from ECMC.
- Presented with previous aggressive behavior and a history of autism, developmental delay, and intellectual disability.
- Awaiting residential school program or increase in in-home and community services/supports.
- Multiple agency involvement has been needed.

Length of Stay

152

Days

Recommendations for NYS

- **SUSTAINABLE REIMBURSEMENT MODELS:** Update and maintain Medicaid rates that adequately cover the cost of care for residential and community-based services.
  - Establish a **complex care program with incentive payments** necessary to care for patients who need specialty care. (E.g., Monroe County used American Rescue Plan funds to establish such a program for skilled nursing facilities- TC3 Program).
- **CRISIS RESPITE TRANSITION PROGRAMS:** People with IDD should be able to access essential care as they wait for OPWDD eligibility and services.
  - **Implement the New York state cross-system hospital discharge pilot model** for youth as proposed by Hillside and Northern Rivers.
  - Explore a **crisis respite transition program pilot for children with behaviors that require high-intensity support**, such as increased staffing or environmental modifications.
- **FORMALIZED MULTI-AGENCY PROCESSES**: Establish **agency-neutral guidelines** to support coordination of services for people and families who need care across multiple agencies.
  - Promulgate regulations to establish a **single license for services** under the oversight of DOH, OMH, OASAS and OPWDD pursuant to existing statute. (Mental Hygiene Law §31.02 (f), MHL §32.05 (b) (ii), MHL §16.03 (g), PHL §2801.1)
  - Align funding cycles and requirements where possible.
- **INCREASE THE NUMBER OF NYS LICENSED BEDS:** Erie County (pop approx. 950K) has a 41 NYS licensed acute child inpatient beds and 46 intermediate term state hospital beds for children, while Monroe County (pop approx. 750K) has 27 NYS licensed child acute beds and zero state hospital beds for children following the closing of children's 12 state hospital beds at Rochester Psychiatric Center in 2021.
  - NYS DOH needs to authorize an **increase in the number of licensed acute pediatric beds in Monroe County to at least 32** licensed acute pediatric inpatient beds to reflect our population's needs.

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