

## Clinical Corner: High acuity youth – August 2022

*DCBS partnerships with providers support high acuity youth*

By Dr. David Lohr, DCBS Chief Medical Director

High Acuity Youth refer to children in DCBS custody that need intensive services for severe behavioral or emotional challenges sometimes paired with physical health issues. The needs of these youth may be so great that no placement or treatment facility can keep them safe. This may lead to them to be “boarded” in a safe place while they are waiting on the right level of services.

These youth are likely to be an adolescent and have multiple failed placements and treatment episodes. Some common clinical factors include

aggression to self, others or property, Intellectual disability, autism, co-occurring physical health condition, and problematic sexual behaviors. As a result, these youth are also more likely to have been committed for dependency to DCBS to receive needed care.

Children experiencing a mental health crisis may be kept in emergency department facilities, “boarded,” until they can be admitted into a psychiatric treatment program or transferred to another facility. They may also “board” on medical unit inpatient beds, or shelters, even DCBS offices. Boarding keeps children safe but does not provide the specialized mental health treatment kids need to help them recover. Exact data on this in KY is being tabulated but is most likely to occur with high acuity youth in DCBS custody. It is a national problem too. Children at Connecticut Children’s Hospital wait on average 7 days for an inpatient bed and Seattle Children’s Hospital reports youth can wait up to 2 weeks for an inpatient bed.

Boarding is one reason several professional organizations recently declared a National Emergency in Child and Adolescent Mental Health. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>



**Martha Mather, Chief Executive Officer at University of Louisville Health Peace Hospital, receives her agency's DCBS Superhero Award from DCBS Chief Medical Officer Dr. David Lohr. UofL Peace Hospital was recognized for its accommodation and responsiveness to our request to care for high acuity children in out of home care.**

Boarding may take place at lower levels of care too. There are youth currently in residential treatment that could be discharged to lower level of care if a placement was available. In June 2022, 467 children were referred for placement and 120 (26%) had no acceptances. The most common levels of care seeking placements for these 120 children were acute inpatient psychiatry (n=29), therapeutic foster care (n=27), and residential treatment facilities (n=22).

Also, as of July 25, 2022, there were 583 youth in residential treatment, 204 of which have exceeded the timeframes established under Family First Prevention Services Act. The most common reason involves no foster homes will accept these children. Capacity in foster homes due to staffing shortages are mentioned as factors to explain this.

DCBS and CHFS are addressing the problems of high acuity youth in many ways including:

- ongoing consultations organized by the Clinical Services Branch
- Regional leadership identifying appropriate placements for youth ready to be in the community
- Enhanced payment agreements
- Community partnerships with hospitals such as UofL Peace, churches, and shelters
- There are multiple workgroups and committees throughout CHFS that address these issues in DMS, DBH DID, etc. but here are some I'm most familiar with:
  - DCBS Managing High Acuity Youth,
  - Transitioning Pathways Leading to Critical Success (TLC) Learning Group
  - SIAC Service Array Standing Committee
  - Custody Relinquishment workgroup

As part of the Transitioning Pathways Leading to Critical Success (TLC) Learning Group, Commissioner Marta Miranda-Straub and I recently completed 31 focused interviews with stakeholders throughout CHFS and the state on high acuity youth and defined the problem into several themes:

1. Funding, rates
2. System of Care focus on child and family needs (mobile crisis, prevention, gaps)
3. CHFS inter-department collaboration and function
4. DJJ, AOC and SB 200
5. Provider capacity and behaviors (hospitals, PCC/PCP)
  - a. Special focus on ID and ASD – the system in KY to care for these children is failing them
6. The broken system (basic entrenched structural issues in the current health care system)
7. DCBS issues/capacity/staffing
8. EPSDT and other under-developed funding sources

Our group is now considering possible interventions to address each of these themes. It's going to be very important work that can hopefully improve the outcomes for Kentucky youth and families. We appreciate your ideas, visions, and dedication to helping solve these problems.