

## Pediatric Hospital Overstay Patient Profiles

Youth who present to an acute care hospital or are transferred to an acute psychiatric hospital tend to have similar characteristics that place them at risk of being unable to transition to home or to the next level of care once they are medically clear for discharge and no longer meet criteria for an acute level of care. The following is a summary of the most common patient profiles hospitals encounter. These patients often require a 1:1 or 2:1 staff ratio.

Population	Subpopulations	Barriers
Autism/ Pervasive Developmental Disorders /Intellectual Disability	Youth with Moderate/Severe Autism with IQ typically <55	<ol style="list-style-type: none"> <li>1. Inpatient options limited but available; often prolonged wait times due to limited number of providers. Only two providers in the State. Wait lists can be months to years.</li> <li>2. Very limited placement for long-term care – in state, only group homes; Residential Treatment Centers (RTCs) only out of state</li> <li>3. Long wait list for community-based services.</li> <li>4. Lack of Applied Behavioral Analysis providers for older youth (over 14 years of age)</li> <li>5. Lack of collaboration between school systems and DDA (IEP process). Diploma vs certification track. Certificate track is required for certain DDA services and placements.</li> </ol>
	Youth with mild autism or IQ 55-69	<ol style="list-style-type: none"> <li>1. Inpatient options also limited – often treated in general treatment settings, but struggle with engagement in group programming</li> <li>2. Limited RTC placements – Autism diagnosis limits in state placements along with inability to meet school needs in existing RTC settings</li> <li>3. RTC placement is further impaired if RTC is unable to provide proper schooling for IEP – when patient is behind grade level, schools within RTC are not licensed by MSDE to provide educational content (example – SP RTC can only work with youth with 7th grade educational placement or above)</li> </ol>
Chronic pattern of severe aggression or history of assaultive behaviors		<ol style="list-style-type: none"> <li>1. very limited inpatient options – often leading to prolonged hospital stays while awaiting placement – this lack of normal routine and lack of structured schooling with repeat hospitalizations leads to institutionalization; this issue is compounded by abandonment by guardians and/or DSS while awaiting</li> </ol>

		<p>placement – this can at times lead to further frustration/aggression on inpatient units, which complicates placement further</p> <p>2. limited ability to mandate State RTCs/State RICAs to accept these youth, especially when leading aggression or elopement occurs in one RTC setting – often prevents ability to be accepted into another RTC setting in state</p>
Impulse control issues leading to sexualized/predatory behaviors, fire setting, swallowing behaviors		<p>1. Very limited inpatient options – often requires solo rooms in non-coed facilities with eyesight/1:1 observational setting throughout inpatient course</p> <p>2. No in state options for these behaviors – often requires specialized out of state programming or 1:1 staffing, which most current RTC settings can not support</p>
Chronic untreated or undertreated significant medical issues (especially DM, seizure disorders, or treatments requiring infusion/IV medications)		<p>1. Little to no true med/psych inpatient facilities in state – often children with ongoing high-level medical management are treated in inpatient medical settings with very limited consultation care and marginal to no group programming</p> <p>2. No true med/psych RTC options – very limited throughout country – most look to site in Virginia for care</p>
Transgender		Often requires placement in individual/solo room; may prevent patient from going to single gendered inpatient setting or RTC (which occurs in state with several programs)
Survivors of Sex Trafficking Under 14 years of Age		No in-state placement options that can provide required services. Monarch is the only program that offers these services in the State. No known out of state options.
Youth With History of Criminal Activity Who Would Have Previously Been Charged Prior to Passage of the Juvenile Justice Reform Act (2024)		Since youth are not charged, they are not eligible for certain placements. For example, Spring Grove requires DJS involvement for admission. Other providers will not accept these patients because of their history.