**DEPARTMENT OF HUMAN SERVICES**

**Brief #3: How Positive Supports can Address Barriers to Transitioning from Acute Care Settings**
**February 29, 2024**

## Purpose of this Brief

The purpose of this brief is to describe how positive supports can be used to address the different barriers associated with transitions from acute care settings. Immediate steps are needed to support children and adults who need help because they are unable to transition home after an acute care stay in a hospital or other out of home setting. However, it is also important to work on less immediate but important strategies for preventing future crises. The table on page 2 shows how both immediate crisis-related issues can be addressed while policy changes and prevention-based strategies are being implemented.
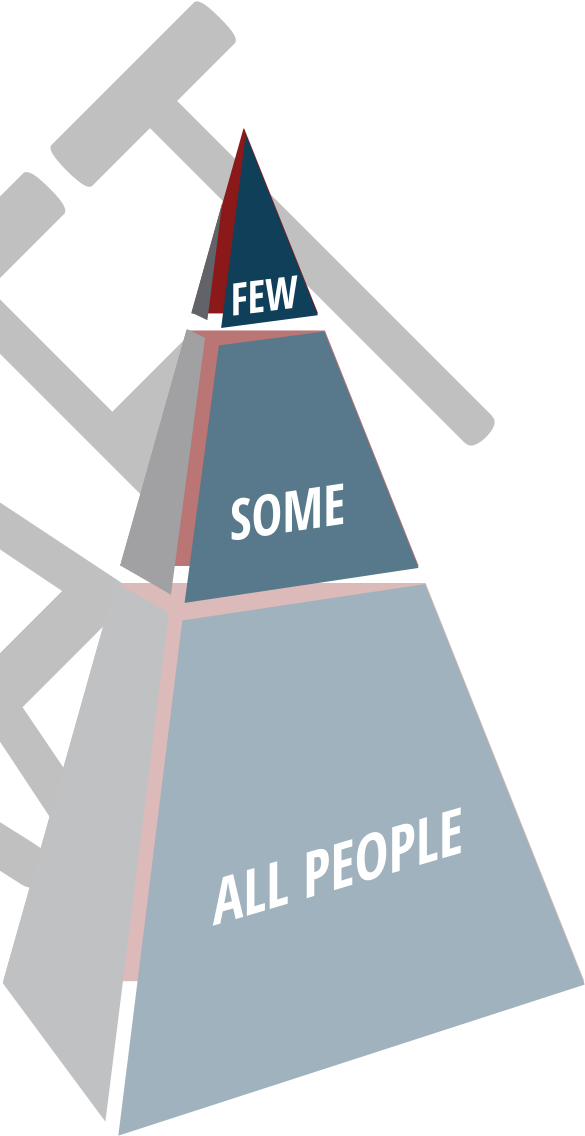
## What are Positive Supports?

Positive supports are practices that are proven to be effective using research that reports positive outcomes for a variety of diverse people. Positive supports are driven by person centered and culturally responsive values that are monitored over time to make sure they are improving outcomes for the people of Minnesota. Examples of positive supports include: assertive community treatment, motivational interviewing, positive behavior support, and person-centered practices.

## What is the Three-Tiered Public Health Model?

The three-tiered prevention model outlined used in public health and applied to positive behavior support can be helpful for organizing systems-change efforts needed to improve outcomes for children and adults who experience acute care crises. Tier 1 involves universal strategies for preventing challenging behavior by impacting everyone in a setting, Tier 2 includes monitoring and supports for identifying and intervening when some people experience minor challenges in quality of life or interfering behaviors. Tier 3 describes the more intensive and individualized support plans for a few people who need a plan with PBS and other positive supports. The table on the next page shows the three tiers and provides examples that have been used to address challenges that are creating barriers for transitioning children and adults into the community. It is important to note that all three tiers can be implemented at the same time in order to decrease time needed to put all elements addressing barriers to acute care transitions in place. *The Acute Care Transitions Advisory Council report will include recommendations for interventions across three tiers tailored to the needs of Minnesota.*

**Table 1. Examples for Addressing Barriers Related to Acute Care Transitions**

| Tier 3 (A Few People) |
|---|
| Temporary acute care placements when no other options are available |
| Coordination of funds and communication across state departments and divisions |
| Flexible funding for transition planning |
| Point of contact navigator or facilitator during transition |
| Funding for individualized planning |
| Systems for encouraging memoranda of agreement between organizations to improve communication |
| Ensuring training and clinical support is available prior to transitions |
| Team-based individualized planning includes one or more positive supports |
| Evaluation & measurement systems in place for statewide monitoring of acute care transitions |
| **Tier 2 (Some People)** |
| Regional teams monitor signs families and communities may need support |
| Regional referral system for anyone wanting additional support is offered |
| Access to function-based targeted and group interventions is available |
| Communication systems across local, regional, and state teams is used for coordination |
| Evaluation system at regional and state levels for monitoring Tier 2 |
| **Tier 1 (All People)** |
| Incentives for providers accepting people who require more flexible tailor services |
| Endorsement systems for organizations implementing PBS and/or other positive supports across data systems and practices |
| Increases in salary for staff directly supporting people who require more flexible and tailored supports |
| Promotion path for staff providing direct support in organizations |
| Training and technical assistance systems for ongoing expansion of PBS for families and providers |
| Evaluation system for monitoring prevention-based efforts |



FEW

SOME

ALL PEOPLE