MPR News | Minnesota Now Minnesota Now - Minnesota to stop use of hotel rooms to house people in mental health crisis 01M2GH2YMCXAKS20CBC1WJ97P6

NINA MOINI: Starting this week, Minnesota will no longer allow the use of hotel rooms to provide what's called crisis respite. It's a Medicaid-funded program aimed at providing care and supervision to people experiencing mental health crises. Caseworkers have turned to hotels in some cases since 2020, but after concerns about oversight and safety, the state stopped allowing new hotel placements. This was in June.

But as of tomorrow, all existing hotel placements must end. Hennepin County had already stopped using hotels for crisis before this change. The county's Human Services area manager, Debbie Ackerman, joins me now to talk about why they made the decision and what they're learning. Thanks very much for your time this afternoon, Debbie.

DEBBIE ACKERMAN: Thank you for having me.

NINA MOINI: Would you tell us a bit more about this program and maybe give an example of when this might be used?

DEBBIE ACKERMAN: Crisis respite is a program that is used to support people who have a disability waiver, and that might be a person with a developmental disability or a person with a mental health disability or physical disability. And that person needs to have relief and support of their caregivers. It may also include protection of the person or others living with the person. And it's designed to meet specific behavioral or medical intervention strategies that meet that person's immediate crisis.

NINA MOINI: So who would make the decision over who would go into this type of crisis respite service or-- who makes that decision?

DEBBIE ACKERMAN: Yeah, the authorization for crisis respite is done by a county case manager, a person who is able to work with that person who's on a disability waiver and help to identify their support needs. So that's who makes that authorization for services.

NINA MOINI: So the state foster care watchdog investigated a case in a different county. Just an example here of a prediabetic child who ate mainly fast food while staying in a hotel for two months. Their stay was expected to last another one to four months after that. I mean, I don't know if that's a really extreme case. I mean, these are cases that have been reported on, but I don't know what the day to day was more like. I wonder if when you hear that, does that seem consistent with what you were seeing within this type of care?

DEBBIE ACKERMAN: Well, one of the challenges of people who are in crisis is that sometimes those needs change from day to day. There are regulations in the policy that drives crisis respite-- that out-of-home crisis respite cannot exceed 180 days without the exception of a plan that's provided by the lead agency.

In addition, hotel crisis respite utilization requires that the Department of Human Services be provided updates every seven days when a person is utilizing crisis respite in a hotel. The primary utilization of crisis respite is done in a licensed setting that is a licensed adult foster care or community residential setting, or licensed child foster care or child foster residence setting. So, to be clear, what's changing is the ability to authorize these services and provide them in a hotel setting.

NINA MOINI: I remember when folks were beginning to use hotels more during the height of the COVID pandemic, especially for unhoused folks, and doing some reporting like that. I think initially everybody thought, what a great use for hotels, especially during a time like that when people obviously were not traveling to book stays at different hotels. So I think it seemed like such a great idea.

And then now mentioning that Hennepin County has sort of turned away from it and trying to maybe rein it in. I'm trying to understand this peak that happened in 2024, and if it maybe just got to be too big of a program or people were overusing it, or what is your sense from that? Because the numbers have been decreasing since 2024.

DEBBIE ACKERMAN: Yeah, so the hotel utilization that happened during the COVID pandemic for people who are unhoused is different than this hotel utilization for people who are receiving crisis respite as a service. And when we first learned about utilization back in 2021, 2022 of hotels for crisis respite, at the time, I was on a program manager role and the program manager from Children's Mental Health, and I expressed concern that we had children who were being served in settings that weren't licensed.

And there's less oversight when a setting isn't licensed. So when a setting is licensed, you have a county licensor who comes in and does oversight, and then you have the case manager who authorizes the services and provides oversight of the service. And then you have the Department of Human Services that is the broad oversight for the license and that provider.

When it's in a hotel, what you lack is that licensed setting. And so you don't have the oversight of is this particular setting, the doorknobs, are there knives present? How are medications stored? That kind of thing that's lacking in hotels. And so we immediately, in Hennepin County back in 2021, early 2022, we started a requirement that anyone who wanted to utilize a crisis respite in a setting that was not licensed needed to have the approval of a program manager.

So we've been providing significant oversight to these authorizations for a number of years, we've also partnered and shared our concerns with DHS, as well as other metro counties, and talking about how are we authorizing this service, how are we utilizing it. And really, for Hennepin County, we felt that it wasn't a safe place for children or for adults who are experiencing either a behavioral or medical crisis to be receiving that service in a hotel where people might be on vacation with their family. It's difficult for a person to sleep if they have a staff member who's staying awake in that same space.

NINA MOINI: I mean, it's not ideal. It comes about because of a lack of space. And this question too, that's really important that I'm happy to have your perspective on this-- where would people go instead? We know that emergency rooms are struggling with people coming to the ER and having nowhere to go. We know there are still counties that are placing people in hotels. And I just wonder where you think then that people could go.

DEBBIE ACKERMAN: Well, one of the things that we've been doing in Hennepin County, especially for children, when the moratorium on community residential settings was put into place back in 2013, there are allowances for certain exceptions in the statute. And one of the things that we noticed was happening was that child foster residence setting-- so long-term settings for children to be in placement when they're on a disability waiver-- those children were aging into adulthood, and then the provider would transition that license to an adult license, which meant that we didn't have enough capacity for the children who needed long-term placement. And typically those children do have significant ongoing behavioral support or medical support needs.

And so Hennepin County has been working with providers. We have increased the number of licensed beds for children in ongoing placement settings by 45 beds since 2021. We currently have 59 licensed beds, so it's a significant increase over the past five years. We also work closely with Metro Crisis Coordination Program, or MCCP, and they work with all of the metro counties.

And we've been transitioning from only serving people who have a developmental disabilities diagnosis to also serving youth on the CADI waiver. CADI stands for Community Access for Disability Inclusion. And that's where a lot of children who may have a mental health diagnosis that qualifies them for a disability waiver have that-- they have that type of waiver. And so we've been working as MCCP in collaboration with all of the metro counties, have been working to both increase the number of beds for youth, as well as increasing who they're supporting.

So those are some of the things that we've been doing, actively working to try to coordinate with residential treatment centers when it's a mental health need or psychiatric residential treatment facilities. So those are some of the things that we've been doing in Hennepin County, in addition to development of a youth stabilization center that is a short-term stay of 30 to 45 days, and we currently have 13 beds.

NINA MOINI: And what I'm hearing from you, Debbie, is it takes so many people in different areas and stakeholders to come together to try to make solutions and more places for people to be able to stay when they are in these situations. We really appreciate your expertise and your insight, Debbie, and thank you for your time.

DEBBIE ACKERMAN: Thank you so much.

NINA MOINI: Debbie Ackerman is the Human Services area manager for Hennepin County.