

**Acute Care Council Minutes
December 14, 2011**

Present: Penny Johansson, Tom McKee, Katharine Schneider, Shelly Miller, Sue Sammis, Pat Shackleton, Galen Phipps, Valeria Mainwald, Dale Smith, Kathy Bootes, Lucy Zammarelli., Janet Perez, Cory Martin, Lisa from Secure Transport, Bill Bouska, Al Levine, Vanessa Mousavizadeh, Mary Gent, Carla Gerber

Agenda:

- Janet Perez presents data on number of children kept in ER waiting for an acute care bed to open up in Oregon
- Seclusion and restraint report
- Follow up: director's hold list and MH Advisory Committee vacancies
- Johnson Unit update
- Eugene Mission update
- follow up (June 8 item) on providing more information to clients about what to expect at various ER's before they have to access them
- Buckley update

1. Director's hold list, MH Advisory Committee vacancy posting, and November minutes available as hand outs today.

-People who have director's hold –under ORS 426 – have authority to direct police to take someone into custody and take them to where director indicates–usually ER. The list is comprised of mental health providers in Health and Human Services, the Sheriff's Dept., and high end residential settings (Garden Center, Heeron Center, other secure facilities).

2. Welcome, Bill Bouska -- introductions.

3. Bill Bouska here to discuss lack of acute care resources available to children in Oregon.

Janet presented data she collected on number of kids kept in Johnson Unit ER waiting for an acute bed to open in Oregon

-“boarded” means greater than 8 hours in ER

-“hold room” is a room with two benches fixed to the wall. Kids sleep with pillow and blanket on padded metal bench. Required to remain in paper scrubs during entire stay. No access to their cell phones. Sometimes staff will move child to medical bed next door to watch a video.

-child seen by crisis MH workers daily –psychiatrist also available as necessary but no treatment plan.

-Data does not include kids admitted to Pediatric unit (not through ER) –no treatment plan here either beyond medication. Stays in Pediatric unit much longer than 10 days.

-data does not include kids in rural areas which acute care people are forced to send back home

-JU not credentialed as adolescent unit. Hesitate to put even an 18 year old in general JU floor. If risk too high to keep at ER, providers call Treatment Team meeting within 48 hours to try to find appropriate placement in Pediatric unit or elsewhere.

-Payor column clarification—LIPA+ = LaneCare.

Question: How many kids on this list known by LaneCare or local MH provider? New or known? *Answer:* Some known, some are not. It's a mix.

Question: If child admitted to Pediatric unit with psych diagnostic, does hospital get paid? *Answer:* Not usually. A sitter is with the child at all times. No reimbursement for that level of coverage from any payor.

Question: What about kids who are under 13? *Answer:* Safe Center can take kids 12 and under. We don't have comparable care option for 13-18. Safe Center not secure but isolated in the country. Culture at Safe Center is to manage acting out behaviors. Tolerate range of behaviors with small kids that are not manageable with older kids.

Question: What acute care services are available for adolescents locally? *Answer:* Looking Glass ITS available in Eugene but not building/staff secure. No secure resources available for adolescents in Lane County.

Issue: We likely lack enough critical mass to warrant facility to be viable for this county or region.

Active conversations occurring between Good Sam and Trillium currently -- facing similar problems around access to acute care for youth in Corvallis. They face the same problem of not enough critical mass for acute care unit for adolescents.

Suggestion: Acute Care Council should join in Corvallis discussion.

Suggestion: Need formal needs assessment. Pull together task force of child serving agencies and gather data including Lane and surrounding counties. Some kids sent home early who could benefit from acute care bed. So, data provided doesn't account for these kids which could assist with identifying critical mass.

Action: Katharine will bring information to January ACC Meeting from OPIC Meeting. LaneCare will take lead pulling together adolescent access task force to find out what resources we need. Al and Mary will be part of task force to assess access to acute care among youth in Lane County and surrounding areas.

Question: Has JU noticed diagnosis trends among youth kept at ED? *Answer:* Usually suicidal or threatening someone physically

Question: Is there a reasons why Looking Glass can't be secure? *Answer:* Funding.

Note: ED data would be far worse if Lane County didn't have such a great child crisis response network.

Note: Providence and Legacy have 15 beds each = 30 total acute care kid beds in the State

Note: New state hospital planned – if it goes forward, it will be primarily forensic. No plan to include adolescent care.

Road block: Can't access state hospital beds without accessing acute care bed or psych treatment programs locally first but not enough acute care beds available.

2. Seclusion and restraint report from Johnson Unit

Clear correlation between decrease in S&R and introduction of new security measures

August: 3 restraints, 31 seclusions

September: 1 restraint, 14 seclusions

Note: by the end of September, all of the mental health associates were on board, acting as milieu managers in the secure area.

October: 1 restraint, 5 seclusions

November: 4 seclusions

Conclusion: JU back on track with security!

In January focusing on engagement education and will include skill building on topics like motivational interviewing and counter transference –promoting introspection

JU security goal: Develop a team of intensive care unit specialists

3. JU upgrades

a. Safety upgrades in activity center approved–adjacent to secure area. Auditory monitoring of station staff including video and infrared.

Funding approval for upgrades a good sign that JU will remain full and viable.

b. Recently underwent intense four day CMS survey to review quality which went very well. JU has come a long way. Even care plans improved since last year thanks to Keith Breswick's input. Held a transgender training for staff that made a huge difference.

c. Will know Peace Health budget cut plans no later than 04/2012. It'll be 2-3 years before full implementation complete.

4. Follow up on June item –ACC agreed to provide more information to individuals who are seeking or who might seek crisis services in order to give individuals an idea of what to expect in various acute care services

Action: Katharine Schneider will ask JU temp, Sarah, to collect brochures from all local acute care settings. Cottage Grove and Secure Transport need copies of all brochures as does each ER in Lane County. Katharine will bring all one copy of each available brochure to the next ACC Meeting.

Preliminary brochure list:

All psych hospitals

RAP

Heeran Center

Garden Place

Secure Transport

Blue Mountain Recovery (BMRC)

Adventist

Eugene Mission

VA hospital

Buckley House

5. Data on eSIP Program-during pilot three months

Have another month to assess utility. Better utilization but not sustainable yet. ShelterCare will reimburse County the money provided by County but as yet unused. If LaneCare wants to continue to support project, it would be at much reduced leave.

Suggestion: Find out how much money have we saved by doing eSIP. Look at prior care for clients admitted to eSIP. LaneCare will compare the data.

Action: Galen will bring eSIP utilization data to next meeting.

Suggestion: Next day crisis beds at JU not being used by clients currently -not filling their needs. Maybe money which supports the next day crisis beds could go to eSIP. eSIP is very effective and is worth keeping even if not being used at level that was projected.

6. Buckley House update

Good news: Expanding detox services to 24 hour nursing starting in February. Waiting on final approval on budget but enough money available already to move forward.

When add nurses have to replace some detox techs though some will move into counseling roles. Some remodeling happening along with this.

Bad news – Previously made assumption that the funding Buckley is seeking presently is the correct amount of funding. Upon a closer look, Buckley is losing about \$80,000 a year in sobering services. Detox supplements sobering services cost. Right now have funding through April for sobering services. Prepared to shut down first of May if need to. Task force is developing disaster plan if closure in May occurs, including impact on police, hospitals in worst case scenario.

7. Eugene Mission update

Dana Eck has coordinated schematics of the building and a budget. Movement has been slow due to holiday season. A meeting is set for January 6 to identify next steps, including providing a psychiatric nurse practitioner 4 hours a week to start offering services in February in the main Mission building to collect data around potential foot traffic and long term viability before renovating the building on site.

8. ACT Team

Lauryl Hill open house 12/15 to show off new ACT area. 11am. All welcome. Have served 52 clients so now waiting approval for next 52. Royal taking people out of state hospital and putting them in ACT Program. Effective.

Task Reminders

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