

**Substance Abuse Regional Access Team- HPR I**  
**Minutes**  
**Wednesday, April 8, 2015**  
**10:30 a.m. to 12:00 pm**  
**Region Ten CSB**

Meeting was called to order by Dennis Vaughn. There were six attendees including: Clarissa Griffin (RACSB), Dennis Vaughn (HPR I), Jim Bernat (RRCS), Debra Pulaski (RRCS), Anna Tuomisto (WSH), and Jessica Lawrence (HPR I).

As a precursor to the meeting, Dennis Vaughn proposed a change to the SARAT meeting schedule. There was discussion of moving the meeting to a quarterly basis or combining it with the UMT meeting. Participants seemed more interested in combining the meeting with the UMT meeting rather than moving to a quarterly basis.

Following welcome and introductions, Dennis inquired as to any new agenda additions and announcements, of which there were none by those present. Jim Bernat explained the new procedure being used at Boxwood, which began last month. He began by stating that historically, beds were guaranteed to those needing treatment, at times as long as two months out. Due to cancellations and others being reluctant to move up in the waiting list, these beds would often stay empty. Now, instead of giving firm bed dates, there is a wait list, which he stated is more helpful when prioritizing need. He went on to say that 10-14 days away from the next bed opening, the next person on the waiting list is called and given around 72 hours to accept the bed. If the bed is not accepted, the call goes to the next person on the list, and so on. Bernat clarified that each subsequent offer is given less than 72 hours before moving down the list. Bernat pointed out that more people on the waiting list for Boxwood have moved up as a result of this change. He noted that this change does create more work for outpatient counseling, as more follow-up is required on their part. Bernat also said that his biggest challenge has been how to communicate this new procedure, as well as staff conditioning. He said that this may cause scheduling trouble for law enforcement and jails as well, and that retraining law enforcement on the new procedures might help with this. He asked for any feedback as to how to communicate the waiting list protocol. Clarissa Griffin stated that this procedure fits in well with what is already being done at Rockbridge Area. Deb Pulaski suggested giving patients a choice of whether or not to accept a firm date or be placed on the waiting list, but Bernat pointed out that the same issue of no-shows and cancellations could still come up in that instance.

Jim went on to say that he is waiting to see how this waiting list will affect utilization of women's beds, and that once the new change is more integrated, he and Jerry Wistein of the Mohr Center have discussed changing the current bed system to ten beds for males at the Mohr Center, while Boxwood would change its 16 male beds to female beds. Their current ten female beds would then be changed to ten male beds, therefore creating a total of 20 male beds and 16 female beds between the centers. Jim explained that he did not want to make both changes at once, in order to minimize confusion. Dennis Vaughn said that he would like to invite the new SA Coordinator at Rappahanock to the next meeting for more information and to get her input. Jim added that they have also changed an aspect of the billing process; for all full admissions, they will now be billing for a full day, even if the patient does not stay overnight.

This led to a discussion of how admissions are recorded, and Dennis Vaughn asked if Jim uses Credible for his admissions. Bernat answered that as soon as they receive a prescreen, they open a case in Credible. Griffin added that Credible has a good waiting list function, which Jim said he was unaware of. Clarissa also said that Credible has a bed-tracking function, but Jim said that this function does not fit their needs due to it not being user-friendly or straightforward. He states that they are looking into different kinds of booking software to track beds.

Vaughn turned the group's attention to the Regional Utilization Reports included in the handout and pointed out that Boxwood and the Mohr Center's utilization has increased and is above the annual average. Jim added that they have been more referrals. Anna Tuomisto remarked that she has been surprised as to how many beds have been full when she checks the Bed Registry. After noting the increases shown in the utilization data, Griffin said that this data is significant, and it shows that additional Crisis Stabilization programs are needed in this area. Vaughn agreed, noting that outlying boards are not well-served. The group agreed that while it may appear that the area is well-served, it is not due to the large area covered, which is set to become larger with the addition of Alleghany Highlands. It was pointed out that voluntary admissions tend to become discouraged because they cannot travel hours away for a program. Vaughn said it would be worth checking into whether or not boards with local crisis stabilization have lower admission rates, as per Bob Tucker's suggestion at the UMT meeting.

Next, Anna Tuomisto went over the Aggregate Data WSH Updates. Data can be found in the meeting handout. When going over the WSH admissions with a SA diagnosis for February, she noted that all of the admissions came through RAC. She then noted that ID and SA were "through the roof" in March, noting that out of the twelve admissions, seven were TDOs, two were emergency RACs, two were NGRI, five have had no change in diagnosis, and five have been discharged. When going over the number of TDOs to WSH by Board (see handout), she noted an increase of adolescent admits in March, especially the week of March 22-28. She spoke to the change coming with the addition of Alleghany Highlands, stating that by agreeing to add Alleghany Highland's civil and forensics, Western State will now no longer be taking forensics through Loudoun and Alexandria. She also expressed her concern over recommitment hearings, especially over a patient's wellness being judged solely on that moment in time without that patient's history being taken into consideration.

Vaughn asked if there was any news from the other CSBs represented. Clarissa Griffin stated that Rockbridge has recently done some re-training to stay connected with patients as they wait for higher levels of care. She also stated that Open Access is working well, and that they now have a women's SA counselor and also created the first step in a jail diversion program, which she believes will impact SA referrals.

The meeting was adjourned at noon, and the next meeting for June 10<sup>th</sup> will go as planned, though there may be some merging of the SARAT meeting with the UMT meeting for the second half of the year.