

Substance Abuse Regional Access Team- HPR I
Minutes
Wednesday, February 11, 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: Susan Pauley (DBHDS), Dennis Vaughn (HPR I), Jerry Wilson (R10), Nicole Taylor (HBH), Regina Fitzgerald (HBH), Anna Tuomisto (WSH), and Jessica Lawrence (HPR I).

Following welcome and introductions, Dennis inquired as to any new agenda additions and announcements, of which there were none by those present. Jerry Wistein then spoke to referrals to the Mohr Center from outlying CSBs. Jerry stated that outlying CSB referrals have fallen, perhaps due to the holidays and social events in December and January. He also hypothesized that maybe referrals to the Mohr Center are dropping because of the difference in cost between the Mohr Center and CSBs, which may be around a \$20.00 per day difference. He is looking into a possible lowering of this cost for those who are self-pay. Representatives from Horizon agreed that funds are low. Susan then suggested e-mailing others for feedback and states that there are several types of funding that can be targeted to substance abuse, for example, block grant funds can be used, and that SARPOS is not the only option available, and there may be other pools of money that have balances to help suit these needs. Susan further mentioned that letters are going out to executive directors to inform them that more money is coming in that will target individuals with opiate issues, and that data is currently being run and analyzed for trends. Jerry in turn asked Susan if she had access to an e-mail list for SARPOS funding and Susan answered that this list varies from board to board, but that he could ask the fiscal staff from individual CSBs for more information. She currently has this information for Region One and she will try to get the contact information he needs for all of the CSBs. She also says that another group to contact might be those involved in stepdowns.

Jerry then delved into another topic concerning referrals, which he has worked on with Jim Bernat from Boxwood. He stated that he and Jim had discussed that beds at the Mohr Center are currently under-utilized, and that they have trouble obtaining beds for females. Anna Tudesco confirmed that this is also true for Boxwood. Jerry states that he and Jim 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, and 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. Anna added that some female patients have been waiting for a bed for up to 75 days.

Susan asked for qualification on this issue, and Jerry explained that currently tentative bed dates are given, but on a first-come, first-serve basis and aren't guaranteed, due to the possibility of no-shows and the nature of addicts. Jim had stated that he would like to use this method as well at Boxwood to ensure beds and to alleviate problems with bed availability.

Concerning the tentative bed dates, Dennis then presented Jim's item in his absence, mentioning that this is a work-in-progress and that the plans will be shared with all stakeholders. The idea presented calls for the creation of a list of pending referrals that are prioritized and triaged through a first-come, first-served basis. The person who is offered a bed has 48 hours to take the bed, and then if there is no response or a refusal, the next person on the list is contacted. It was added that this is a tentative system for bed days, and that Jim is currently working on getting this in writing and out for feedback.

Susan says that she needs more clarification on this plan and that she had not previously heard of such long wait times for beds, believing the average wait time to be three weeks. She wanted to know what

CSBs are offering to the people who are waiting for beds and what case management services are being offered in this interim period. She further stated that that Boards should collaborate, and Dennis assures that Jim is ready to begin a collaborative process with CSBs concerning these residential treatment beds. Susan reiterated that all plans should outline clear policies and procedures in order to receive block grants and that concrete plans are needed. She warned that any triage must comply, and states that there should be a case management position to be on top of this should the plan be implemented. She reminded the group that there aren't many beds available throughout the state, and stated that she was shocked at the data that shows that most detox beds are private.

Jerry said that more marketing is needed for the Mohr Center and Boxwood, and Susan answered that she will let people know that referrals can come from other parts of the state once a new plan is in place. Jerry reiterated then that a switch is necessary in order to help women have their needs met, and states that sending patients to far-away programs works, but it takes away more money than using local programs. Dennis inquired about transportation needs and Jerry says that he could provide transportation.

The next item on the agenda was Regional Utilization data, which was provided in the handout. Dennis stated that there was a drop in averages in December and January, which is not surprising, though Boxwood did increase both in December and January.

Anna elaborated on the Western State Hospital Admitting Office Monthly STATS, which were included in the handout. She then went over the data for the WSH Admissions with a SA diagnosis. Eight were listed on the December 2014 data, which was included in the handout. One admission from the December data was the female who she had spoken of earlier, who was still waiting on a residential treatment bed, and one admission was a TDO. As for the January list of admissions with a substance abuse diagnosis, she noted that all four listed have been discharge, and that one was a TDO. She elaborated further that the list was longer, but most of them were from jails and therefore were not included on the list. She added that diagnoses may change with the implementation of a new electronic medical record-keeping system, which make it easier to carry over a diagnosis. When going over the HPRI aggregate data for WSH, Anna noted that over half of the total WSH admissions in January have been TDOs, and that a month ago, Western State had 30 beds available, and at the time of this meeting, there were only seven or eight left.

Meeting adjourned at 12:00 pm.

Next Substance Abuse Regional Access Team Meeting will be on April 8, 2015 at Region Ten CSB