

## Southwest Team for the Public/Private Psychiatric Initiative Meeting

April 16, 2013

### Meeting Participants:

Karen Scherra	Clermont County Mental Health and Recovery Board
Kathi Seta	UCMC
Bryon Griffin	UCMC
Peter Fox	UCMC
Colleen Chamberlin	Brown and Warren/Clinton MHRS Boards
Teresa Brooks	Summit Behavioral
Pat Brown	Catholic Health Partners
Keith Achor	Grandview Medical Center, Dayton
Peggy Mann	Grandview Medical Center, Dayton
Gloria Charlier	Haven Behavioral Senior Care of Dayton
Beverly Tanamachi	Montgomery ADAMHS Board
Judy Mitchell	GSH
Ric McAllister	Miami Valley Hospital

### Meeting Minutes:

Discussion at the meeting started with a brief synopsis of the November 16<sup>th</sup> Hospital Conference (for those who had not attended) and an overview of the first follow-up meetings in January. The group then talked about the major issues that were identified at those meetings. The discussion first centered on establishing a bed board for the region. The Greater Cincinnati Hospital Council is working on establishing this and a number of the hospitals in the region are actively involved. Liz Banks, CEO of Summit Behavioral, has been invited to participate also.

Staff from hospitals involved shared information about the bed board project. They are working on increasing membership. They are developing ground rules for participation. The bed board would probably be updated 4 times in a 24 hour period, but the hospitals want to work in “real time” even if the bed board does not. There is a need to differentiate licensed beds vs. staffed beds. A decision has been made that if no beds exist at a particular time, there will not be a waiting list started. There has been a discussion about too many specifics attached to the bed board could result in an EMTALA violation. Judy from GSH discussed some examples of situations her hospital has found itself in because of asking too many specifics (e.g., about insurance coverage/payer source) when the hospital must accept a patient if in the ER and needs admission. It was suggested that the hospital CEO’s be involved in the process. There is a goal of transparency in the process. The boards/community are not involved in the process at this time, but hopefully would be included once the process and parameters of the bed board implementation are worked out.

There was a lengthy discussion about the use of the local state hospital. Much of the discussion focused on the switch from long term care to acute care. Private hospitals think the state hospital should not be competing with private hospitals. They see the state hospital as working more with patients classified as forensic, high risk, having current and/or past criminal/court involvement. The focus on acute care at the state hospital has been confusing to many who view the state hospital differently in the Southwest region. The issues are more profound in the Dayton area, since the closure of its state hospital. Examples of patients in local private hospitals for 15 days before transfer to Summit and others on wait lists were shared. Court referrals to Summit also have an impact; it was stated that the courts refer 4-5 individuals per week, which bumps community referrals.

Another topic from the hospitals was the need for consistency across systems and the boards. It can be very confusing when dealing with multiple boards that their policies and procedures differ. Hospitals said that since they are not very knowledgeable about state hospital expectations and rules, particularly when they change, that makes working through issues more difficult. Hospitals also talked about having some patients on their unit that make the unit a scary place for some patients (e.g., older adults) and staff. Having a mix of populations on a private hospital unit – varying ages, aggressiveness, frailty, etc. – makes things much more complicated on the unit and impacts care and services. They view the state hospital as filling a role in helping to minimize these problems at private hospitals while also being able to better deal with and treat some of these populations.

The discussion turned to ODMH – both its vision for how private and state hospitals were to work together and how it could change some of its rules and regulations to be less restrictive to accommodate the changing needs of patients and the lack of sufficient beds at certain times. One example given was being able to transfer a person from the adult psychiatric unit to the geriatric unit (based on person's ability to fit in and benefit on that unit) so more adults could be admitted.

Finally, we heard about some special projects in Hamilton County that if costs savings could be demonstrated might be expanded into other counties, perhaps with some assistance from state funds.

The group expressed enthusiasm for continuing to meet and work on some specific plans. The group decided three things: to continue to receive updates on the progress of the bed board development for the region; to explore the possibility of including local hospitals in the Board/State Hospital Continuity of Care Agreements (especially valuable for hospitals that do not have direct contracts with their local board); and to request that ODMH leadership, including Director Tracy Plouck, attend a future meeting of the Southwest group to talk about the vision for the state system and how private hospitals and local boards fit together in that vision, working together in a partnership to make the most of resources and provide the best care. The group set the next meeting for May 21<sup>st</sup> at 10:00am at Summit Behavioral Healthcare. The focus of that meeting will be updates on any items of relevance (e.g., bed board, state budget, etc.) and to plan for the upcoming meeting with ODMH Leadership, specifically to detail the issues and questions we want them to address. Karen Scherra will talk with ODMH Director Plouck and request a meeting between ODMH and our Southwest group; she will try to obtain dates for this meeting prior to our May 21<sup>st</sup> meeting.

The group was asked to invite anyone else to the meetings that they thought should be involved in this partnership. Also, the group wants anyone not able to attend the May 21<sup>st</sup> meeting to send any thoughts/comments/questions they have to Karen Scherra so that they can be discussed at the meeting.