



February 5, 2019

Oregon State Legislature  
House Health Committee  
900 Court St. NE  
Salem Oregon 97301

**Re: *HB 2624– Emergency Department Boarding Prevention Pilot Funding and Taskforce***

Chair Greenlick and members of the House Health Care Committee:

My name is Alicia Beymer and I am the director of Oregon Home Care Services at PeaceHealth Sacred Heart Medical Center, University District in Eugene. Our University District hospital is an acute care setting that provides inpatient care to adults on our medical, rehabilitation and inpatient psychiatric units. PeaceHealth supports HB 2624, which would allow hospitals and communities to leverage innovative solutions for patients who board in an emergency department because there is no place for them to be safely released.

I am here to testify on behalf of PeaceHealth’s highly skilled Sacred Heart Medical Center Emergency Department professionals requesting additional services for youth and adolescents experiencing a behavioral health crisis. Remaining true to our PeaceHealth Mission, this team wraps each youth and adolescent presenting at the Emergency Department with love and compassion throughout their stay. Unfortunately, this often means weeks or even a month spent in the Emergency Department due to delays in finding appropriate and healing environments post-discharge.

Over the last year, nearly 579 youth in crisis have been served at our Sacred Heart Medical Center RiverBend and University District Emergency Departments. While some are assessed and sent home, those deemed a potential danger to themselves or others must be kept in a secure room until a safe, appropriate placement can be found. 20% of these youth stayed in the emergency department more than 24 hours. Approximately 55% of youth with a length of stay of over 48 hours were transferred to another facility while the remaining were discharged back to a community setting with additional wraparound services.

In 2017 and 2018, the University District and RiverBend Emergency Departments treated a total of 10 patients with stays of more than 15 days; one patient remained at University District for 47 days before a placement could be found. Each heartbreaking delay in securing safe, healing environments for these youth is directly attributed to the lack of adequate foster homes, subacute and acute settings; the lack of oversight, accountability and continuity of care between the multiple governmental agencies serving youth; and the lack of community crisis prevention, stabilization and respite care resources.

Recognizing it is simply unacceptable to have children boarding in our emergency departments, PeaceHealth has taken several steps over the past two years to better serve this patient population. This included converting three Sacred Heart University District Emergency Department rooms into crisis flex rooms, specifically designed to meet the needs of our youth and adolescent population and allowing us to evaluate them in a space separate from adult psychiatric patients. In response to Lane County’s escalating need for subacute care for youth experiencing a behavioral health crisis, PeaceHealth is collaborating with Looking Glass Community



Services to open a new, 14-bed regional crisis center by contributing \$200,000 of the estimated \$700,000 renovation for the space.

Additional steps include the establishment of multidisciplinary hospital teams to address each patient's individual medical, behavioral, social and dietary needs. In June 2017, I convened a multi-agency summit in Lane County to address the lack of appropriate placement options—a problem with which many other hospitals, social service agencies and local governments across Oregon are grappling.

The cultivation of these strong partnerships has consistently resulted in a reduction in the length of stay for most youth and adolescents presenting in crisis, yet 20% of youth continue to wait in our emergency departments for longer than 24 hours to receive the appropriate level of care. To achieve optimal care and timely services, additional funding for a short-term pilot project is needed to provide community crisis support, prevention, stabilization and respite in our community. A model that is currently being explored includes developing an Emergency Department Diversion Team for Lane County Developmental Disability and Mental Health providers to respond within two hours of a youth presenting in behavioral health crisis. The team would provide onsite care and guidance to emergency department caregivers, presenting youth and their families an added layer of support for the youth to return home. If going home is not possible, the ED Diversion Team will triage for community placement, which may include providing overnight respite services. A priority for these services will be the youth population with dual diagnoses of intellectual/developmental disability and behavioral health.

PeaceHealth strongly supports the creation of a statewide task force to provide recommendations to the legislature that would build upon the great work of the Children and Youth with Special Needs Task Force to date and allow various stakeholders to share promising models in a collaborative, learning environment. Such a task force would not only highlight areas of concern but would be a safe table to produce recommendations for regional and statewide solutions.

Respectfully,

A handwritten signature in black ink that reads "Alicia Beymer". The signature is fluid and cursive, with a long horizontal line extending to the right.

Alicia Beymer

Director Home Care Services PeaceHealth Sacred Heart Medical Center, University District