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Hospital looks to acute-care program to replace teen behavioral unit

Local health care providers will work through a subcommittee of a regional Idaho Department of Health and Welfare board to address shortages in teen mental health care, they decided Tuesday. A year and a half after St. Luke's Canyon View Behavioral Health Services closed its teen inpatient program, officials with the hospital, Twin Falls County and Health and Welfare met to figure out how to fill in the gaps.

The program, which took up a 12-bed wing of the 28-bed facility, averaged 1.8 patients a month before it closed, hardly enough for effective care or to keep employees from leaving for other jobs, officials said. At the same time, Canyon View was seeing a rising need for adult inpatient services, but couldn't bring adult patients into the unused teen space.

At Tuesday's meeting, hospital officials pointed to a number of benefits of the closure and ways they have tried to compensate for it. Since the change, the facility's adult population has sharply grown, St. Luke's Magic Valley CEO Mark Schwartz said, displaying a graph showing an overall decrease in the number of adults turned away. It's a trend commissioners said they didn't think the county's indigent program shared, though they hadn't run their own numbers.

The hospital, working with other health providers in town, is taking steps to improve its outpatient offerings, Schwartz and others said, hopefully helping teens before they need to be hospitalized. And Canyon View still provides evaluations for teens that direct them toward proper treatment at other southern Idaho hospitals, said Dr. Rick Yavruian, a child psychiatrist and co-manager of the facility.

But county commissioners zeroed in on a remaining problem: the closure means the area no longer has even a one- or two-day acute-care program to stabilize troubled teens before sending them to another hospital. And that means a delay in treatment.

That, commissioners said, is unacceptable. "If there's one kid out there that needs something, we should have it," Commissioner George Urie said. Hospital officials questioned how that logic would apply to other hospital services. But they said they also recognize the need and are in the midst of consulting Health and Welfare's Bureau of Facility Services as to what requirements they would have to meet to provide any short-term beds for teens. "If there's room for two females and two males, that would probably solve the problem right there," said Health and Welfare Regional Director John Hathaway, who also noted that Idaho has the third-highest teen suicide rate. The biggest step, officials agreed, is for all area providers to work together better, using the mental health subcommittee to build on previous efforts. The hospital, Schwartz said, is looking more at joint projects, like a mental health center with Family Health Services and other groups, built around ways to improve overall services to the community. And both the county and Health and Welfare have similar things in the works, as well as helping with the center. People are likely still missing out on care - likely families with no easy way to travel or time and financial pressures that preclude them from doing so. "Frequently, they go without," said Tom Payne, regional children's mental health chief for Health and Welfare.