

Mental Health Crisis Center of Lancaster County
Organizational plan to eliminate / reduce the use of Restraint/Seclusion
FY 2021/2022

As leaders at the Mental Health Crisis Center of Lancaster County we believe that developing a strong strategic plan will help facilitate the decreased use and when possible, the elimination of seclusion and restraint. As leaders it our role to consistently collect and analyze data and be willing to adjust our policies and in practice to enable the success in the decreased use of seclusion and restraint.

- We are committed to achieving this goal, and wherever possible eliminating, the use of seclusion and restraint in a way that supports good clinical practice and provides safety and improved care for clients
- In the interest of client and staff safety and the delivery of quality mental health services we support systems-oriented activities that seek to minimize harm and promote improved outcomes for individuals receiving care.
- We consider the knowledge, skills, attitudes of staff involved and the culture of the agency to be the most critical aspect in reducing the use of seclusion and restraint. We support the principles of training and education of staff in effective de-escalation and debriefing techniques that are part of but not limited to CPI.
- We will work to promote quality and safe practice within our training and continuing education programs with specific strategies to help contribute to the reduction of use seclusion and restraint.
- We believe that the principles of *trauma informed care* to be a key component in reducing seclusion and restraint.
- We will continue to collect and use data as a key to improve our care and making the Mental Health Crisis Center a center with informed practice.
- We know that there are situations where it is appropriate to use seclusion and/or restraint but only as a safety measure of last resort where all other interventions have been tried or considered and excluded. Seclusion and restraint should never be used as a method of punishment.
- If seclusion and /or restraint are used, it should be in line with our policy that dictates appropriate and safe usage.

FY 2021/ 2022

The plan for the Mental Health Crisis Center is to strive to decrease the number of incidents and amount of time in restraints and seclusion by at least 1% in the next year. Clients who are under the influence of substances and have expressed or exhibited violence may be increasing. Clients being admitted directly from local jails due to their uncontrolled mental illnesses are spending more time in high acuity areas before they are deemed safe for the unit.

We have noted during this time a couple of factors at play. There was a subset of clients served in FY16/17 and continued through 18/19. This population was mainly female with self-harming and threatening/assaultive behaviors toward peers & staff. These clients were deemed to need further inpatient care and continuous safe management on the unit was difficult. The overall number of seclusion episodes remained the same. This was still an increase but more representative of averages. This population has had restraints used as a last resort. If these

instances are removed, there would have only been 1 episode of restraints used in FY 18/19 and in FY 19/20 and none in FY 20/21.

Another factor may be the use of drugs prior to an admission. Clients who present for admission and have been using illicit substances may have length of seclusion that are longer in general. They can present in different ways behaviorally. They can be mostly non-responsive and unable to care for their needs. They can have difficulty with ADL's, maintaining being clothed, can lack basic decorum with others or are continually threatening or intrusive and not able to be managed on the unit. Their condition does not abate as readily as we have seen in the past. This may be due to the specific type of drug of which they are under the influence.

Admissions from jails have increased the number of and length of time seclusion is used. Several of our admissions are cases where the inmate was at the jail waiting for a transfer to the state hospital to restore competency. The inmates' condition has deteriorated to a point where the jailers, place the person on a hold and have them admitted to the MHCC to try and assist with stabilization. These admissions are clients who most likely will benefit from psychotropic medication being restarted but the jail has been unable to do so. During a point in time this year the MHCC had three inmates at one time from our local facility. Due to this situation and our difficulty in trying to accommodate all the cases at one time, staff now participates in our local jail's weekly meeting to discuss their housed inmates' condition, so that we can coordinate admissions when needed.

We have not been successful in maintaining or decreasing the number of seclusion incidents in FY 18/19 and FY 19/20 with a low of 179 in FY 19/20. Last FY (20/21) we jumped to 200, the highest it has been since FY 2010/2011

We want to again make it our goal again to drop seclusion by 5% with the goal of 190 or less episodes of seclusion in FY 21/22.

We have a goal to maintain restraint incidents to 4 or less. This has been up and down measuring the last few years. In FY 20/21 we had four (4) clients' with more than 4 episodes this is up from zero (0) in FY 19/20 and in FY 18/19 where there was five (5) clients with more than 4 incidents. We will keep this goal and work with the clients to decrease and find new ways improve this point.

We have the goal to be restraint free and we have come close with only 1 or 2 in the past 3 cycles.

We have a goal to drop our average seclusion minutes by 15 thus at less than 950 minutes

We have a goal to maintain the average restraint minutes less than 130 minutes.

To reach this goal, we have continued to educate staff of our successes and areas to improve upon. We reviewed, the Broset Violence checklist in our electronic client chart. It is intended to give us earlier interventions with our clients which may lead to increased safety and less seclusion/ restraint usage. We found that it was not being used consistently and with the increase in seclusions and time it can be a tool to help with this. We are looking to see what other pharmacological and non- pharmacological things we can do to help with the clients under the influence of substances that are unable to safely be managed on the unit. We continue to find ways of looking at the data to help us improve care and maintain safety of staff and peers. We will continue to build on our current knowledge of trauma and how to improve our interactions using de-escalation techniques with all our clients but especially those with past trauma history.

The administrative team reviews all reports where restraint or seclusion it is used, and this data and incidents are presented to the Health and Safety committee on a quarterly basis.

With the population that we serve it will be very difficult eliminate the use of seclusion and restraint. We maintain our goal is to decrease it significantly as we move forward knowing that by do so this will positively impact those we serve.