Sally Haywood, Strategic Projects Manager | Behavioral Health Network of Greater St.
Ashley Mooring, ERE Program Coordinator | Places for People & Behavioral Health Net
Nichole Salmons, ERE Program Coordinator | Mark Twain Behavioral Health
Jennifer Scholes, **Teresa Kendrick**, and **Jessica Lang-** ERE Care Coordinators | MTB

WELCOME

Emergency Room Enhancement
Unique Urban & Rural Services

rief Overview of This Session

Overview of the DMH-funded Emergency Room Enhancement (ERE) state-wide initiative started in 2013

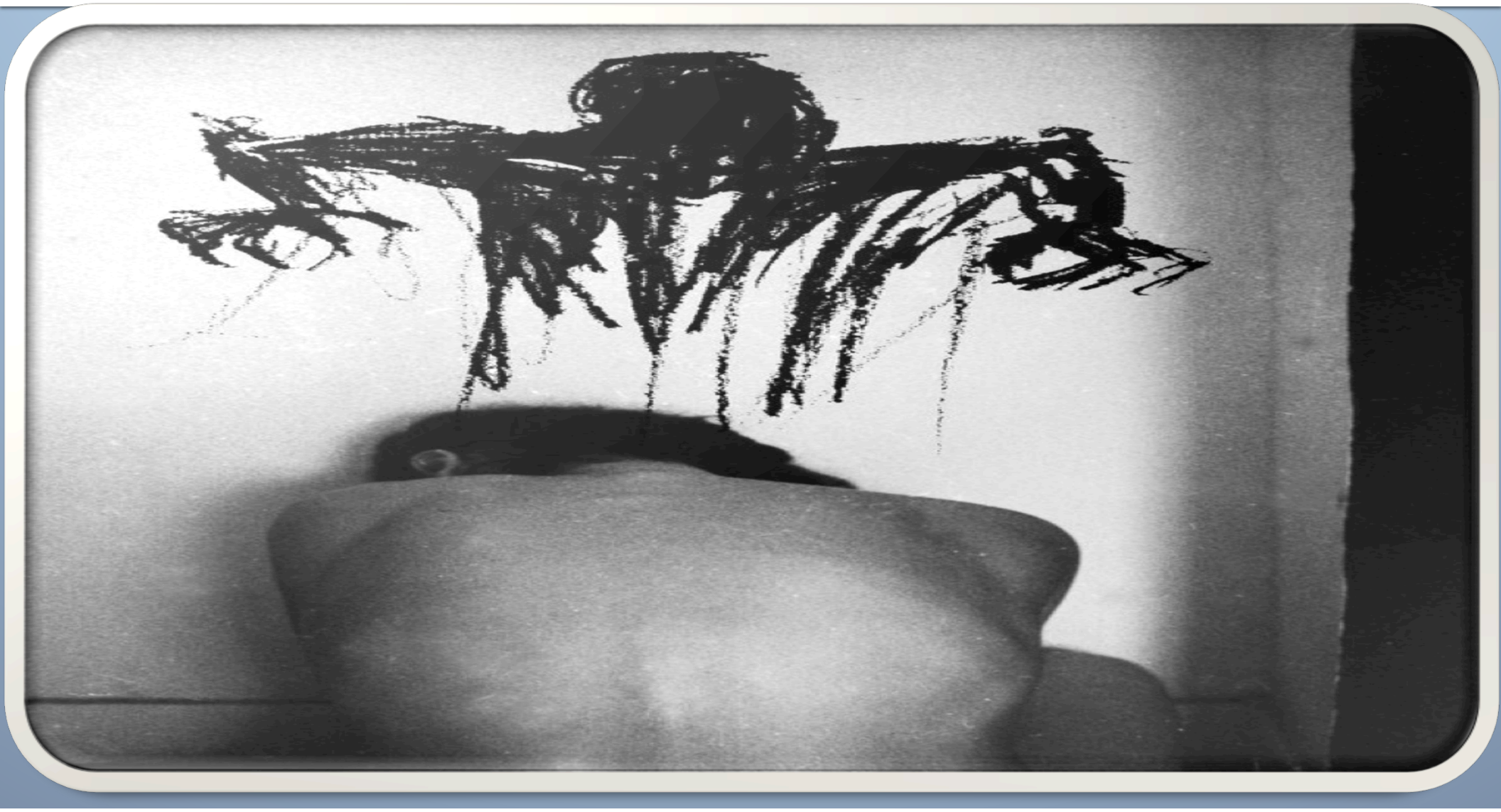
Insights of implementation approaches from two sites:

- Mark Twain Behavioral Health -Hannibal and Kirksville (rural)
- Behavioral Health Network of Greater St. Louis (BHN, Eastern Region) (urban / suburban / semi-rural)

Share MIMH outcomes – for these two regions & statewide

Discussion

Their Shattered Lives



mergency Room Enhancement (ERE) Overvie

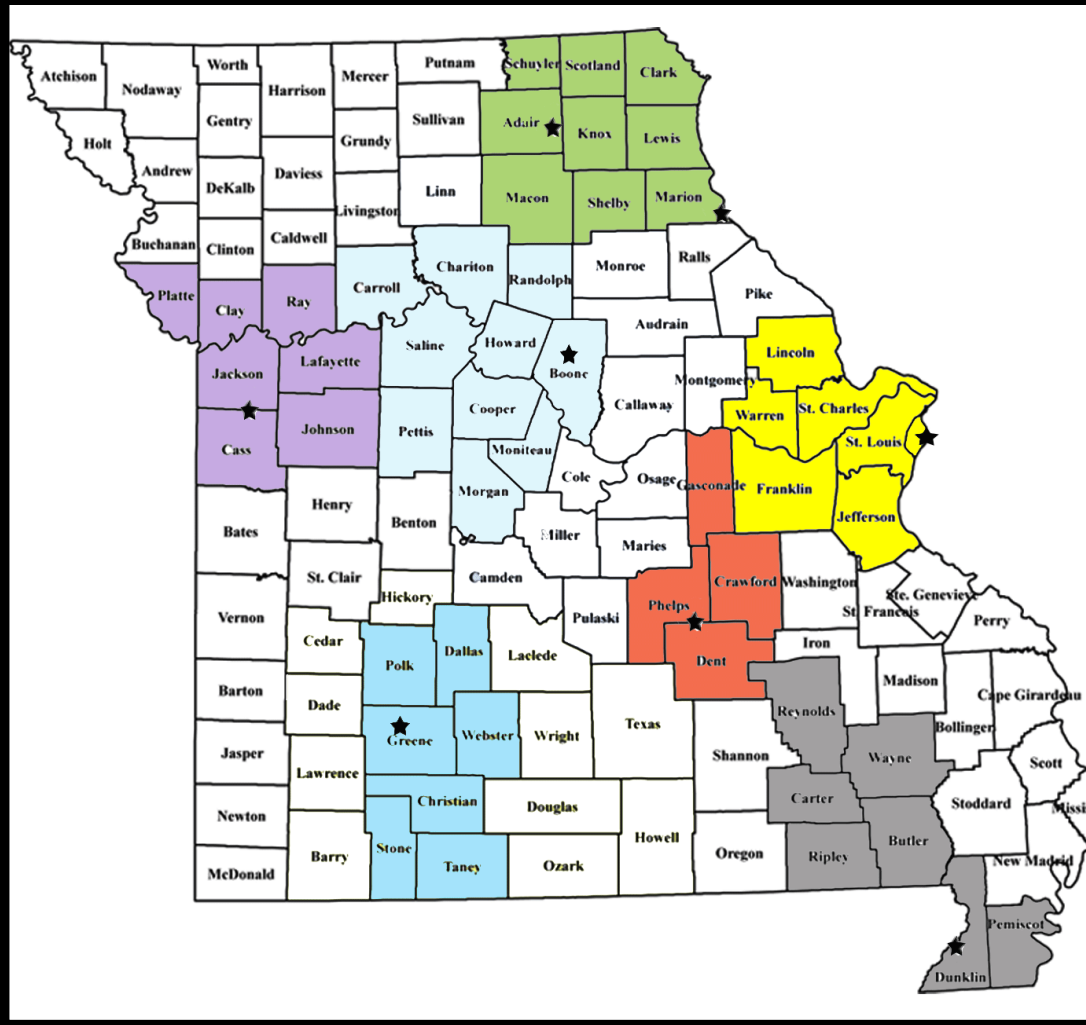
Governor Nixon's Strengthening Mental Health Initiative - funded by the Missouri Department of Mental Health (DMH)

MO Coalition for Community Behavioral Healthcare coordinates the ERE state-wide initiative for DMH (since March 2016).

Missouri Institute of Mental Health (MIMH) is contracted by DMH to evaluate the ERE project.

MH's 7 Regional Sites for ERE Implementation

St. Louis
Hannibal-Kirksville
Kansas City
Springfield
Columbia
Rolla
Poplar Bluff



Since 10/2014

RE Broad Goals

Improve clinical outcomes

Decrease long-term costs if illness can be better managed by:

- Assisting individuals in an acute mental state who present to Emergency Rooms, Law Enforcement or to the community at large.
- Coordinating care and engaging individuals into ongoing treatment within their own communities.
- Reducing the need for future ED visits or hospitalizations.
- Reducing inpatient psychiatric hospital stays.

tatewide ERE Partners

32 Law Enforcement Agencies

65 Hospitals, Clinics, and FQHCs

19 Community Mental Health Centers

31 Substance Use Disorder Treatment Providers

9 Regional Developmental Disability Offices

61 Local Service Agencies

RE Desired Client Outcomes

Reduce ER utilization for non-emergent care

Reduce overall inpatient hospitalizations

Increase enrollments in needed treatment programs (CPR, CSTAR)

Engaging individuals at a younger age for healthier outcomes

Improve overall functioning & health (m-GAF / DLA 20)

Improve housing stability

Higher rates of employment (part/full-time)

Reduce involvement with law enforcement (arrests)

Improve health care coverage – i.e. expedite Medicaid application

tatewide ERE Outcomes

2,917 individuals with demographics similar to those in the CMHL program have been engaged in ERE services

1,266 received a 3-month follow up

58% decrease in ED usage

62% decrease in hospitalizations

66% decrease in homelessness status

54% decrease in arrests

32% increase in employment

ndividuals served by ERE typically have…

Mental Illness

Frequent Co-Occurring substance use disorder

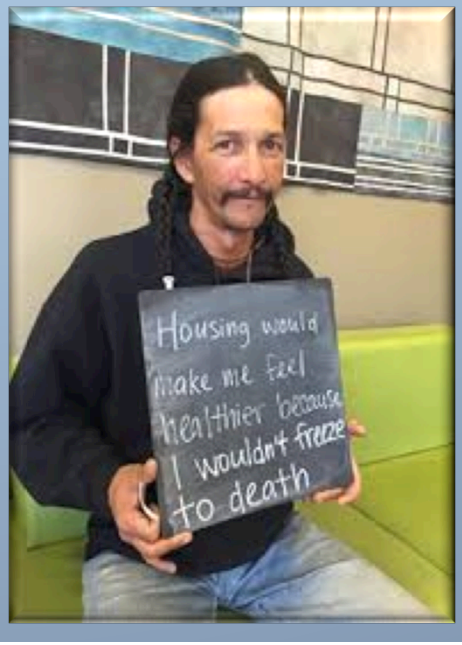
Chronic Health Conditions
(COPD, Diabetes, Cardiovascular disease, chronic pain)

Social / Economic challenges – uninsured, unstable housing, poverty, lack of transportation, safety concerns, social isolation

History of trauma, frequent contact with law enforcement, dissatisfaction wit prior service utilization

e: 5% of Medicaid beneficiaries drive 50% of total spending, with poor clinical outcomes and quality of life.

Everyone has a story-everyone wants to be heard



RE Inclusion Criteria for Clients

tern Region – Target 300 clients

Referred from a participating hospital or CMHL (police, Crisis Intervention Teams)

Multiple hospital encounters (min. 3+ in 3 months or 6+ in past year)

Behavioral Health Issue (mental illness, substance use disorder or co-occurring disorder)

Un/under-insured

Not active with a CMHC nor DM3700

18+ years of age

Resident of (or presenting as homeless in) the targeted 7-county region

Mark Twain – 595 Referrals

- Referred from CMHL, PCP's, community agen Hospitals, Probation & Parole, DHSS
- Behavioral Health issue (mental illness, and/or substance use disorder)
- Un-insured or under insured (high deductibles living in poverty)
- Can be active with CMHC or DM3700 (althoug is infrequent and brief)
- 18+ years of age or guardian consent
- Displaced or potentially homeless

RE Collaborating Partners – Eastern Region

OSPITALS (large ED and/or Psych Inpatient Unit)

- Barnes-Jewish Hospital
- Christian Hospital
- Mercy Hospital St. Louis
- Mercy Hospital Jefferson
- St. Alexius Hospital
- St. Anthony's Medical Center
- SSM Health
  - DePaul Health Center
  - St. Joseph's Health Center-St. Charles
  - St. Joseph's Health Center-Wentzville
  - St. Louis University Hospital
  - St. Mary's Health Center

BSTANCE USE (SU) TREATMENT PROVIDERS

- Preferred Family Healthcare/ Bridgeway BH
- Queen of Peace Center
- COMTREA Comprehensive Health Center

7 **COMMUNITY MENTAL HEALTH CENTERS (CMHC)**

- Adapt of Missouri
- BJC Behavioral Health Center
- Amanda L Murphy Hopewell Center
- Independence Center
- Places for People
- Crider Health Center
- COMTREA Comprehensive Health Center

COLLABORATORS

- Behavioral Health Response (BHR) - Crisis Intervention Counselors (CIC) & Mobil Outreach Team
- Integrated Health Network (IHN) - hospital-based Commun Referral Coordinators (CRC)

Coordinated by Behavioral Health Network of Greater St. Lou (BHN)

Building Bridges

RE Staff

stern Region

dinated by Behavioral Health Network of Greater St. Louis N)

- CEO (.10 FTE)
- Strategic Project Manager (.50 FTE)
- Data Analyst (.70 FTE)
- Program Assistant (PA) (.50 FTE)

Outreach Team

- 1 ERE Team Coordinator (1.0 FTE)
- 7 Clinicians – 1 staff from each CMHC
  (FY16 bill against tx allocation; FY17 pay for staff)
- Certified Peer Support Specialist (.50 FTE)

avioral Health Response (BHR)

- Crisis Intervention Clinician (CIC) – Receives Evening/Weekend Referrals
  Master Level Clinician Labor (.50 FTE)
- 72 Mobile Outreaches (holiday/evening/weekend)

Mark Twain

- 1 Program Director for 9 counties
- 2 Registered nurse care coordinators
- 3 LPC care coordinators
- 1 MSW care coordinator

ERE Outreach Team

- Mark Twain Behavioral Health is the community mental he center and the administrative agent for the 9 northeastern counties. All 7 staff are employed through MTBH.

Behavioral Health Response

- Access Crisis Intervention (ACI)

  25 Master Level Clinicians (2 from each site rotate weekly)
  356 Mobile Outreaches (holiday/evening/weekend)
  80 Phone Outreaches (after hours)

  135 Daytime Mobile Outreaches
  70 Daytime Phone Outreaches

ural Challenges

- No inpatient hospitals nor psych ED options within 2-4 hours
- 3 psychiatrists
- ntensive case management 5,000 sq. miles to cover
- 25+ consumers per each staff person
- Fallen down bridges
- Silo Mentality
- WHAT Housing

ural Challenges

No Emergency shelters

Limited Insurance options-The Gap

No Public Transportation

Medication management

High Utilizers within Agency's

Fighting Old Stigmas

Technology (internet services)

hallenges – Eastern Region

Access to psychiatric services

No psychiatrist = No medication

Access to Primary Care Providers – Long wait list or no access at all

Housing Resources are limited in the entire region

In suburban & semi-rural counties public transportation becomes non-existent

So many providers & hospitals that clients can get "lost" in the system

mpactful Strategies – Eastern Region

Intensive Outreach & Engagement

- Contact within 24-28 hours of hospital encounter
- Meet immediate needs of shelter, food, medicine, safety
- Demeanor of outreach staff – Not a clinical emphasis
- Contact is in the community rather than at the office – reduces transportation barriers, discomfort/fear, often allows us to talk to family
- Average is 2-3 contacts per week for the first few weeks
- If at any point the client disengages, the team actively outreaches the client.

mpactful Strategies – Eastern Region

Coordination of Care

- Outreach Team serves as "Navigators"
- In person contact at every point of transition
- "Flag" clients at hospital so if/when they re-present, the Team is called
- Frequent communication with front-line hospital staff when client continues t re-present at the hospital
- Collaborative Treatment Planning with Substance Use Providers

mpactful Strategies – Eastern Region

Access to other Systems of Care

- **Expedited Access** to Substance Use treatment (1/3 of ERE clients).
  - Able to get clients into SU Treatment within a week
- Creating partnerships with Federally Qualified Health Centers
- Growing need to build partnerships with Developmental Disability providers

mpactful Strategies – Eastern Region

Developing Partnerships & Collaborations

- Hospitals: Working together on care coordination, identifying vulnerable clients, facilitating discussion between hospital, community mental health centers and ADA providers
- CMHCs: Utilizing the strengths of each CMHC to serve the client
- Integrated Health Network & Community Mental Health Liaisons
- Utilize partners to provide training for Outreach Team on Motivational Interviewing, Outreach, Substance Use Screening, etc.

mpactful Rural Strategies

Comprehensive Outreach and Care Coordination

- Meeting the individual where they are!
  - Individuals have been hurt by our system
  - Collaboration with other rural agencies to use their facilities
- Working within Jails
  - Prior to release
  - Discussions with Judges about alternative sentencing
  - Adair County- screening coming for all those who enter
  - Access to doctor screening and medications
  - Transportation on 96 hour holds

mpactful Rural Strategies

Comprehensive Outreach and Care Coordination

- Group work
  - HCADA co-lead a men's and women's group
  - DBT group in Kirksville is open to ERE clients and other agency's
- Contracted Psych time
  - Slots per month/APRN
- Staffing's with Free Clinic team
  - Open communication both ways for continuity of care
- Adult System of Care
  - Work in progress - inviting to the table all players with individual as the lead
- Goal of expedited referrals to the FQHC

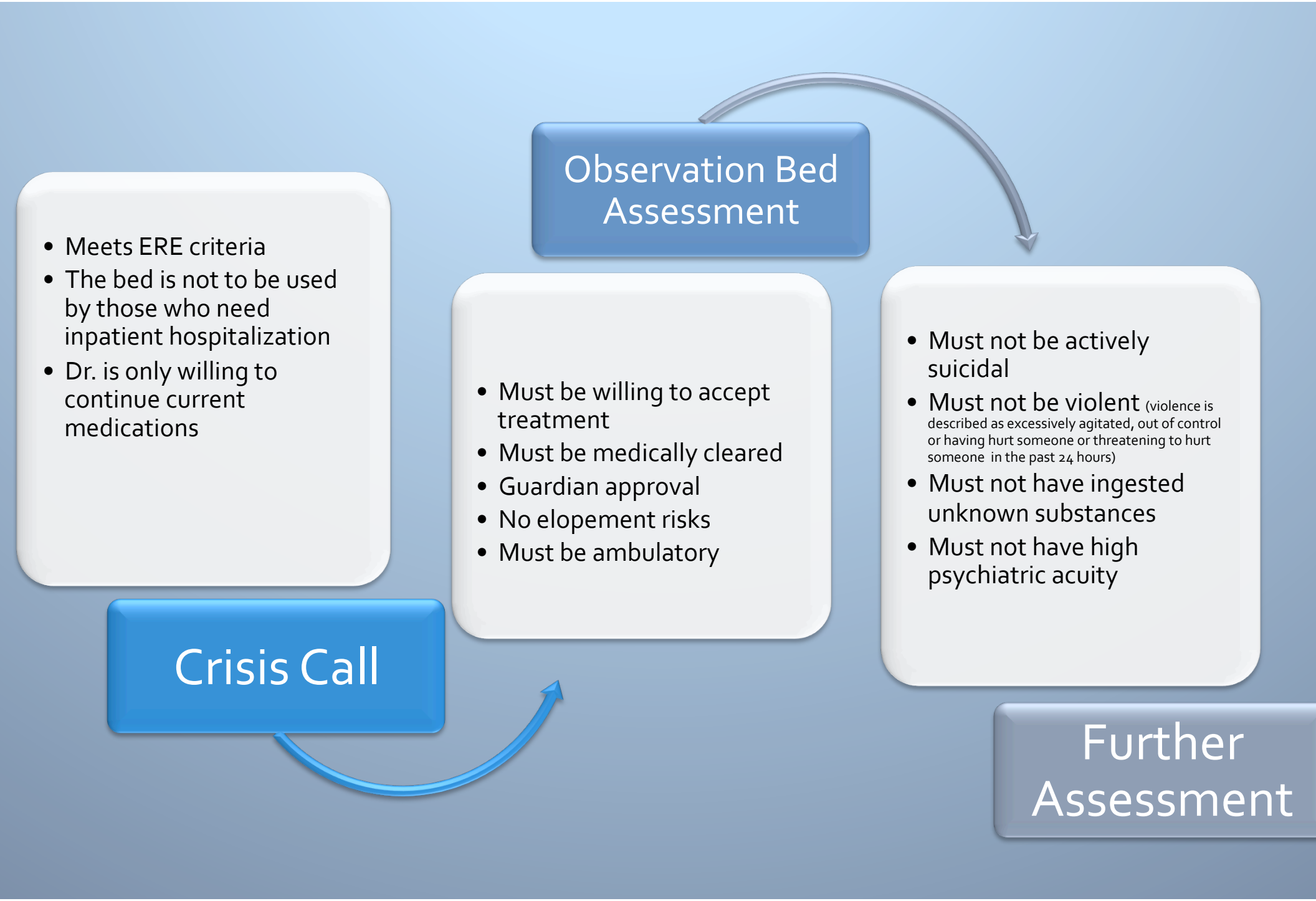
mpactful Rural Strategies

Improve overall capacity of the community through provisions of support, information and education to caregivers, organizations and the community.

- Mental Health First Aid training with HPD
- Kirksville Police Inservice trainings
- Hannibal Lagrange College-125 Staff trained
- Debriefing with Marion County EMT, 911, LE
- TV interviews, Special presenters, newspaper articles
- Preparation for CIT expansion in Adair county
- De-escalation training with a substance use agency
- Presentations at local ministerial alliances, community agency meetings

We can't expect community changes-
unless we are willing to be a part of the change !

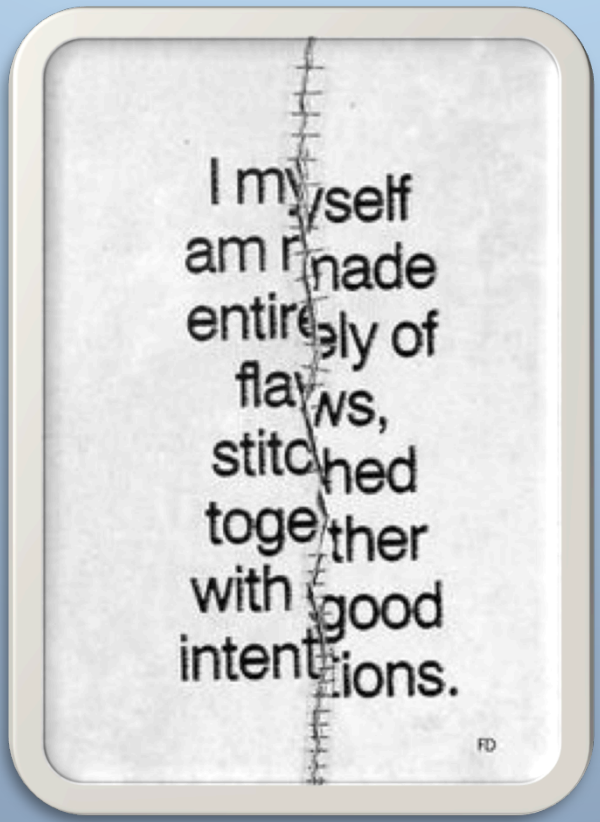
In the community
Not the ED


Crisis Call
Meets ERE criteria
The bed is not to be used by those who need inpatient hospitalization
Dr. is only willing to continue current medications
Observation Bed Assessment
Must be willing to accept treatment
Must be medically cleared
Guardian approval
No elopement risks
Must be ambulatory
Further Assessment
Must not be actively suicidal
Must not be violent (violence is described as excessively agitated, out of control or having hurt someone or threatening to hurt someone in the past 24 hours)
Must not have ingested unknown substances
Must not have high psychiatric acuity

How to Make Rural Intensive Outreach Work

Putting Their Lives Together

m" in Northeast



- "George" in Eastern Regio

or More Information

Eastern Region

- Sally Haywood, shaywood@bhnstl.org, 314-703-3653
- Ashley Mooring, amooring@placesforpeople.org, 310-614-9047

Mark Twain Behavioral Health

- Nichole Salmons, nsalmons@mtbh.org, 660-956-3076
- Jennifer Scholes, jscholes@mtbh.org,
- Teresa Kendrick, tkendrick@mtbh.org,
- Jessica Lang, jlang@mtbh.org,

- erenhancement.org-MIMH web with video from Rediscover site

THANK YOU FOR MAKING A DIFFERENCE