Improving Access to Community Behavioral Health Care: The Emergency Room Enhancement Initiative

EMERGENCY ROOM ENHANCEMENT

Improving Access to Behavioral Health Care

Goals for Today

- ERE introduction
- Evolution of need for ERE
- How it is implemented across MO
- Collaborative survey results
- ERE outcomes

Why ERE?

Rita E. Adkins, MPA

Behavioral health issues are pervasive:

- 43.7 million adults aged 18 or older have a Mental Health diagnosis
- 12.6 million visits to ER involved participants with MH/SA disorder
- 1% of Americans account for 20% of health care

In Missouri:

- Treated over 384,000 patients in 2013
- Each averaged 2.4 visits each
- Over the past 10 years, hospital use for mental disorders grew by 77%
- Average charge for each visit = $4,000

Top 3 Reasons for not seeking help:

FIRST

Cost

SECOND

Handle problems themselves

THIRD

Don't know where to get help

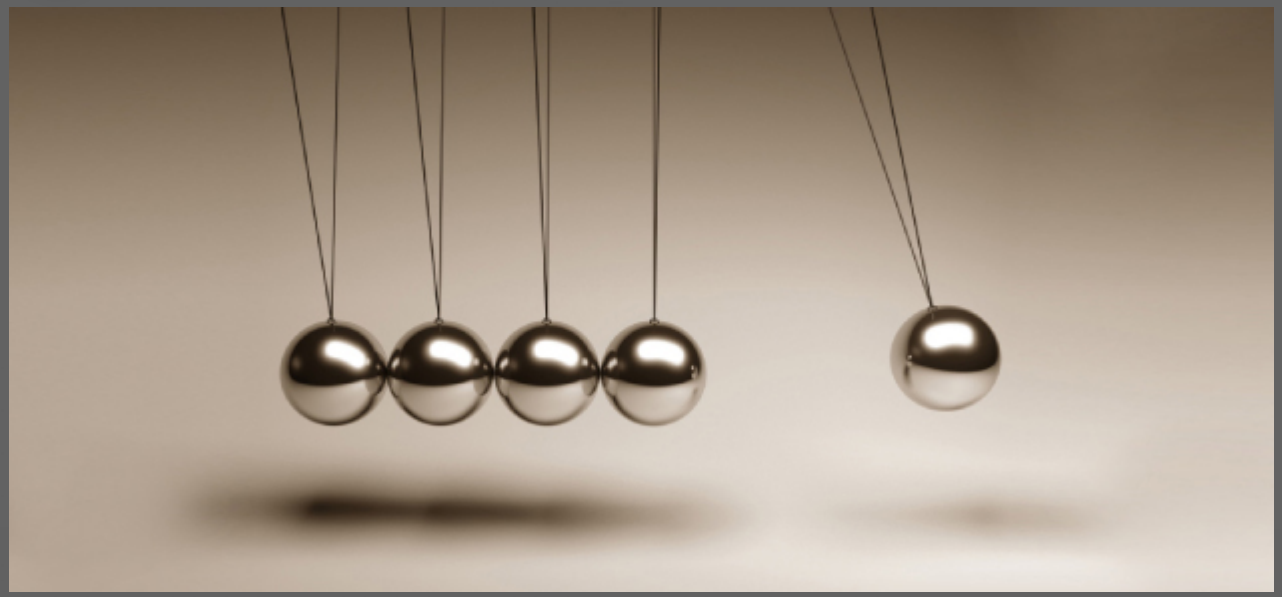
Of Need

- Began with deinstitutionalization
- Three factors behind deinstitutionalization:
  - Introduction of CMH services: The Community MH Centers Act
  - Costs shifted from state to federal budgets
  - Psychotropic drugs

Reactions to Deinstitutionalization

- To every action there is always opposed and equal reaction.

  Isaac Newton



Unintended Consequences of Deinstitutionalization

"The Law of unintended consequences holds that almost all human actions have at least one unintended consequence."

"Unintended consequences are a common phenomenon, due to the complexity of the world and human over-confidence."

Merriam-Webster definitions

Unintended Consequences of Deinstitutionalization

- Lack of coordination between community services
- Lack of adequate community resources resulted in increased:
  - Homelessness
  - Challenges with transition from protected environment
  - Challenges to existing systems

Emergency Room Enhancement

- Administered by the Department of Mental Health's Division of Behavioral Health
- Part of the Governor's Initiative to Increase Access to Mental Health Services

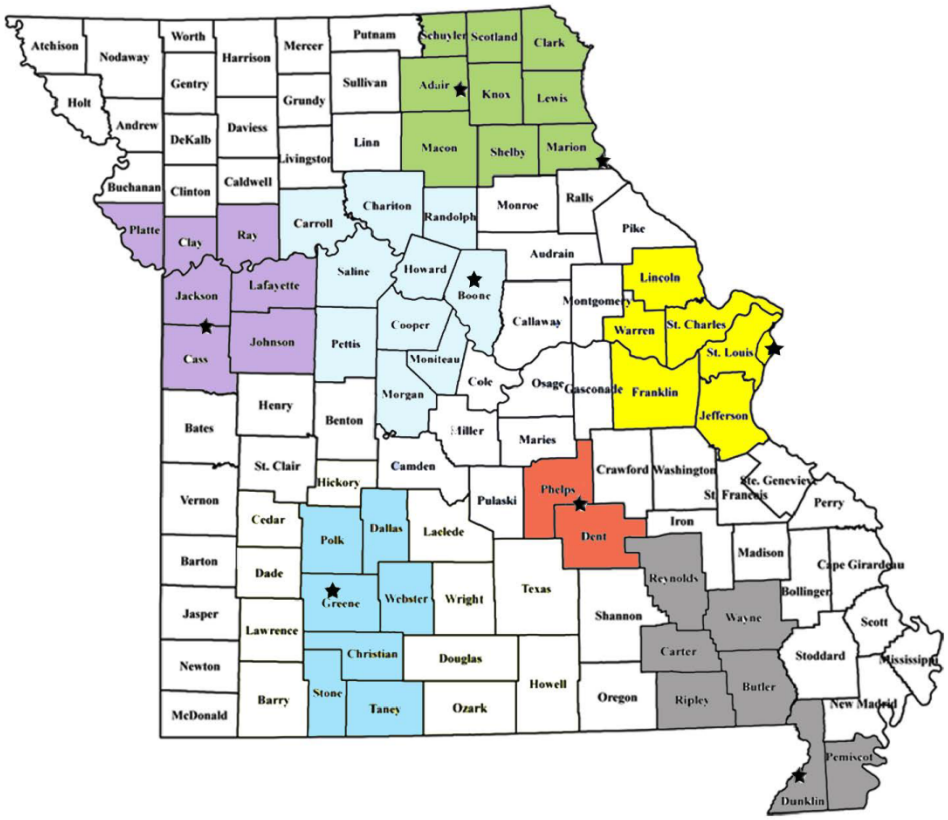
How ERE Addresses Unintended Consequences

- Lack of coordination between community services

Building Cooperatives

- Seven administrative agents (CMHC's) across the state, partnering with:
  - Hospitals
  - Substance abuse treatment providers
  - Local law enforcement
  - Division of DD
  - Community/Faith based organizations
  - Other supportive services

Emergency Room Enhancement Program
By Administrative Agent and Counties Served



Legend:

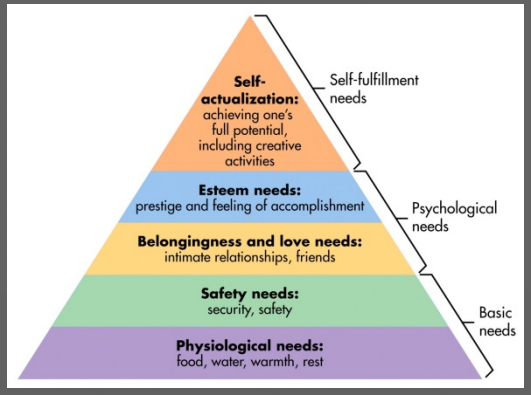
- Mark Twain Behavioral Health, Kirksville and Hannibal
- ReDiscover, KC
- Burrell Behavioral Health, Columbia
- Behavioral Health Network, St. Louis
- Burrell Behavioral Health, Springfield
- Pathways Community Health, Rolla
- Family Counseling Center, Poplar Bluff

How ERE Addresses Unintended Consequences

- Lack of adequate community resources resulted in increased:
  - Homelessness
  - Challenges with transition from protected environment
  - Challenges to existing systems

Providing Services

- Engaging target population in ongoing treatment at the CMHC's
- Coordination of care by addressing health and basic needs
- Reducing ER utilization and inpatient stays



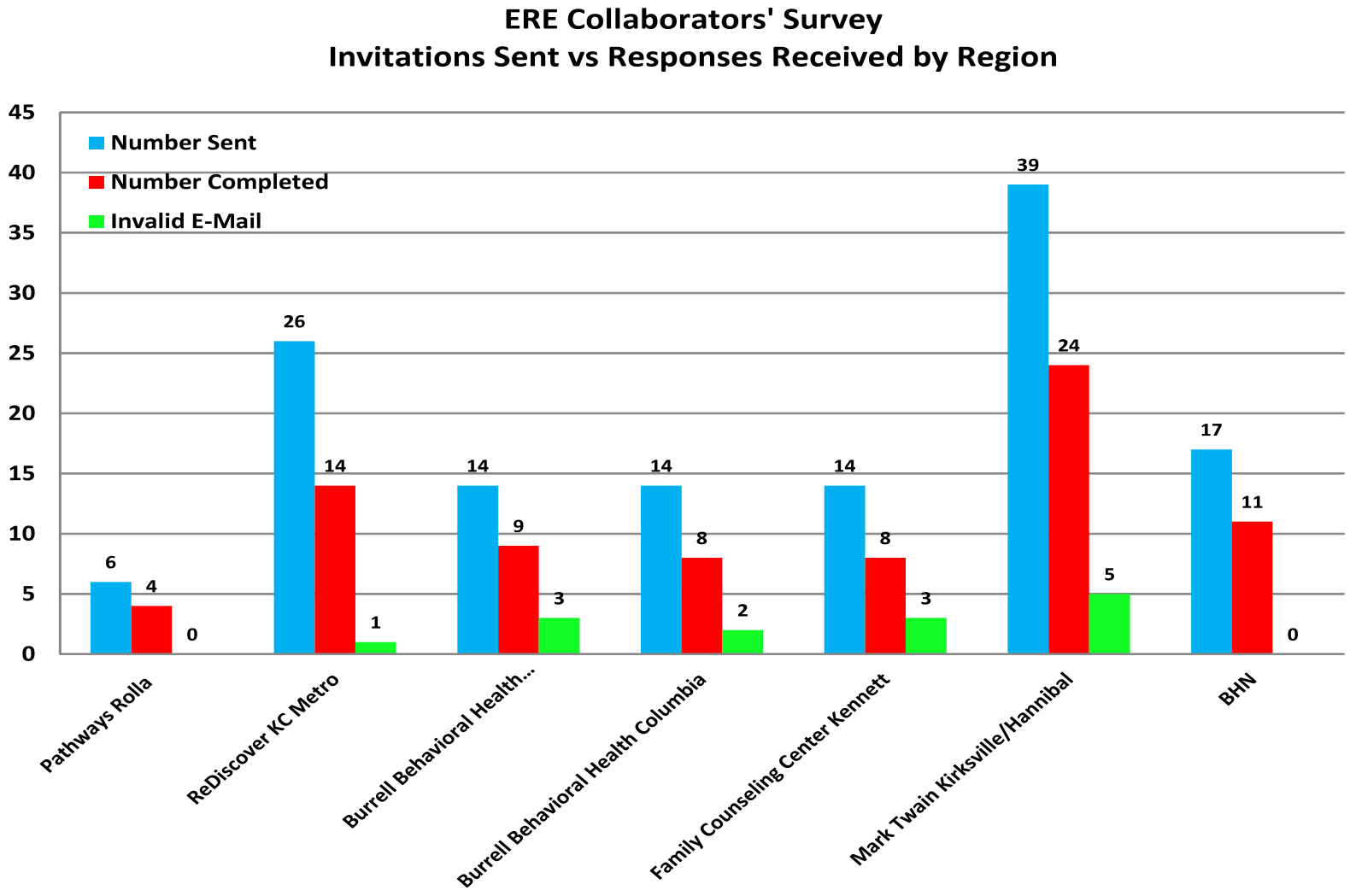
ERE Evaluation

Mary C. Dugan, PhD

Community Collaboration Survey

- Administrative agents provided contact information
- Email sent inviting participation in web-based survey
  - 130 invitations sent
  - 78 completed survey

Responses by Region



Respondents

- 60% worked for their agency more than 5 years
- 91% worked in their respective field more than 5 years
- 88% reported attendance at a meeting with regional partners
- Of those responding yes to being in a managerial/ directorial position (n=18) their agencies employed:
  - 94% full-time employees
  - 6% are part-time employees.

Services Provided

- Mental health treatment (88%)
- Substance abuse treatment (48%)
- Social services (21%)
- Primary care/physical health services (18%)
- Education (7%)
- Psychological trauma specific treatment (7%)

Collaboration

- Thomas And Perry, 2006

"Collaboration is a process in which autonomous actors interact through formal and informal negotiation, jointly creating rules and structures governing their relationships and ways to act or decide on the issues that brought them together; it is a process involving shared norms and mutually beneficial interactions."

17—Indicator Collaboration Scale

- Created by Thomas, Perry, and Miller (2007)
- 7-Point scale ranging from ”Not at All” (1) to “To a Great Extent” (7)
- Assesses Collaboration +
  - Governance
  - Administration
  - Autonomy
  - Mutuality
  - Norms

Results

- Governance (shared between collaborators):
  - Most (83%) agreed & only 4.2% did not agree
- Administration (roles defined clearly):
  - Most (84.2%) agreed & 7% did not agree
- Autonomy (collaboration hinders agency goals):
  - Only 4.2% agreed & 87.8% did not agree
- Mutuality (resource sharing):
  - Most 80.4% agreed & 6% did not agree
- Norms (interagency trust):
  - Most 60.2 % agreed & 34.2% did not agree

Trauma Item Summary

- 25 responded from 6 regions
- 67 trauma informed practices and polices listed
- Most common
  - Trauma informed therapy/treatment/counseling (n=21)
  - Assessments (n=7)
  - Training/education (n=7)
  - Environment (n=2)

Comments Regarding ERE Project

- "The personnel hired to lead and provide the ERE services are excellent. It is the professional attitude and experience of these staff members that has led to the excellent provision of services and the positive collaborative effort that has occurred in the community."

- "The ERE Project has been a great addition to meeting the mental health needs of our region. The willingness of the team to assist in providing services to our hospital and ED patients has been a great benefit."

- "I'm really pleased with how our agencies are starting to pull together. This problem did not happen overnight, and the working on and implementing solutions will take some time as well. Great to have the services in our community!"

Next Steps

- Administer follow-up in subsequent years
- Add additional items to evaluate outcomes of collaborative efforts
- Additional Trauma questions
- Interviews/focus groups with collaborators

ERE Evaluation

Michelle A. Hendricks, PhD

Stuart Miles
Freedigitalphotos.net

ERE Evaluation Goal

- Assess the degree to which the project improves outcomes

Stuart Miles
Freedigitalphotos.net

Process Evaluation

- Participant Information
- Number of enrollees
- Demographics
- Presenting Concerns
- Law enforcement involvement with the visit
- Insurance status
- Participant Satisfaction
- Successes and Challenges of Implementation
- Collaboration between stakeholders

Outcome Evaluation

- Data collected at baseline and 3 month follow-up
- ER utilization
- Hospitalizations
- Housing
- Employment
- Criminal Involvement
- Enrollments in treatment programs
- Participants receive a $10 gift card for follow-up

Hypotheses

Increases in:

- Enrollments in treatment programs
- Housing
- Employment

Decreases in:

- ER Utilization and Hospitalizations
- Criminal Involvement

Process Evaluation

Demographics

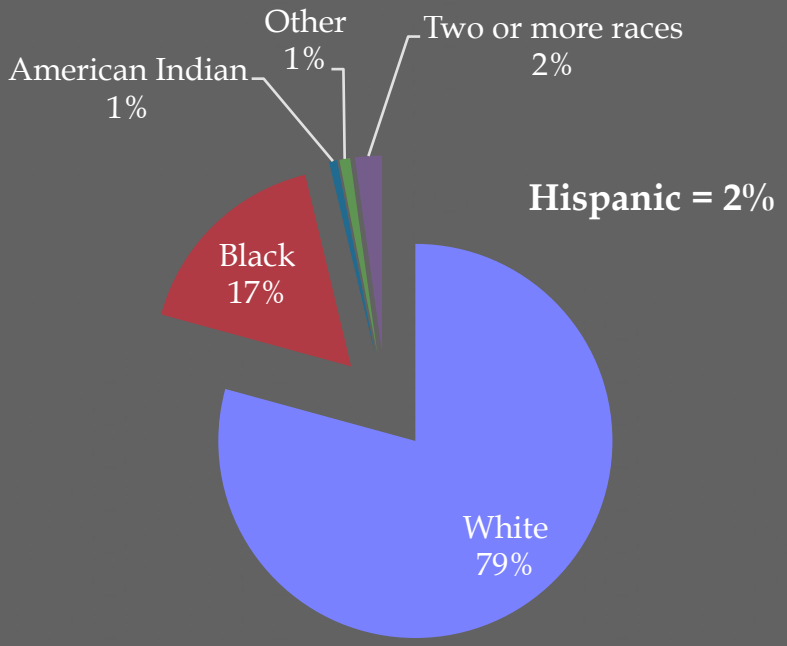
N = 472

Veteran

4%

23%
Homeless

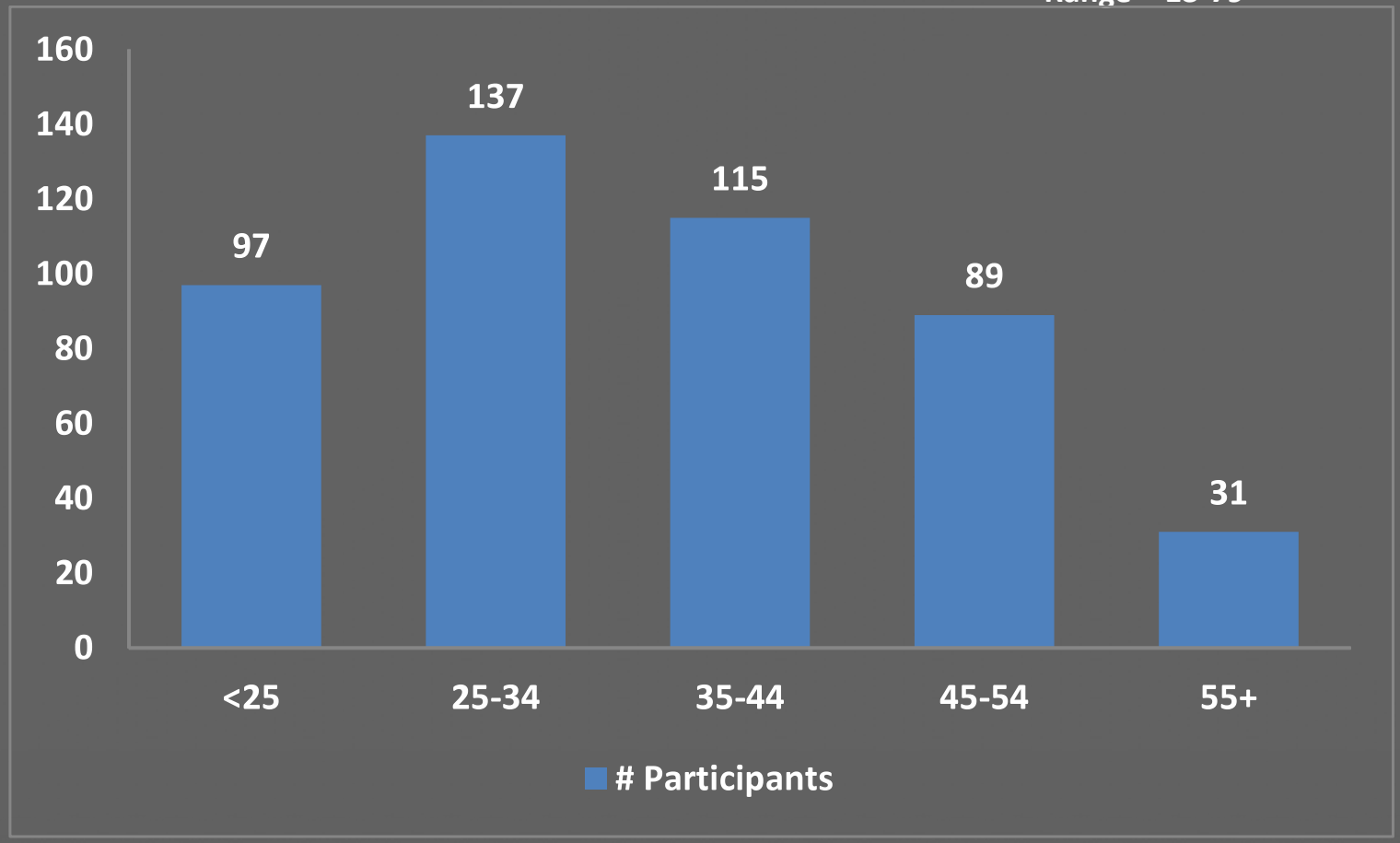
Race/Ethnicity



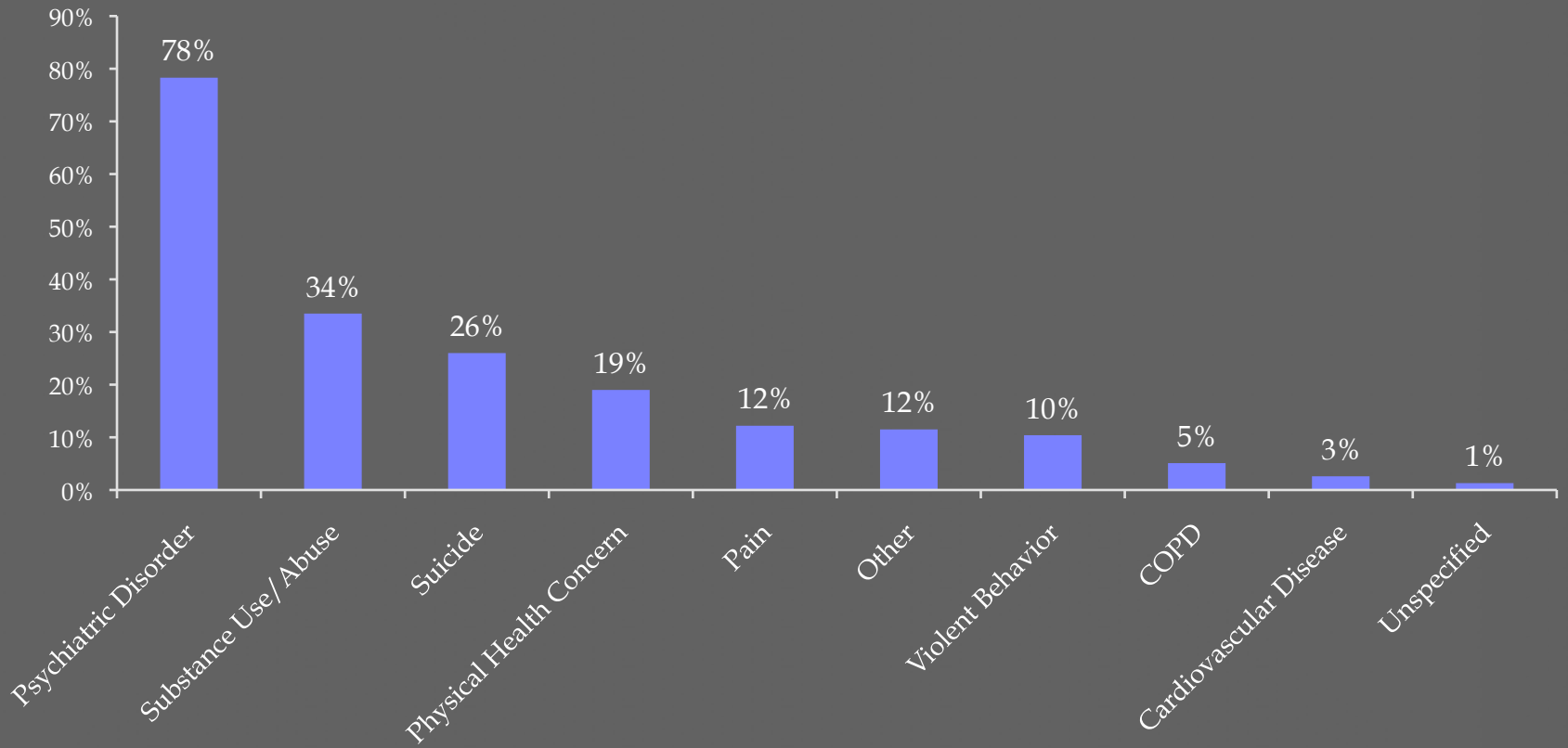
Gender

Age

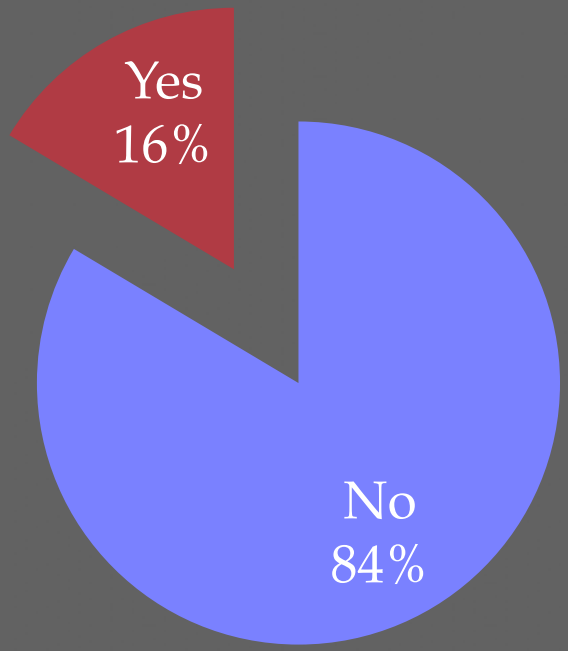
Mean = 35.8 years
Range = 13-79



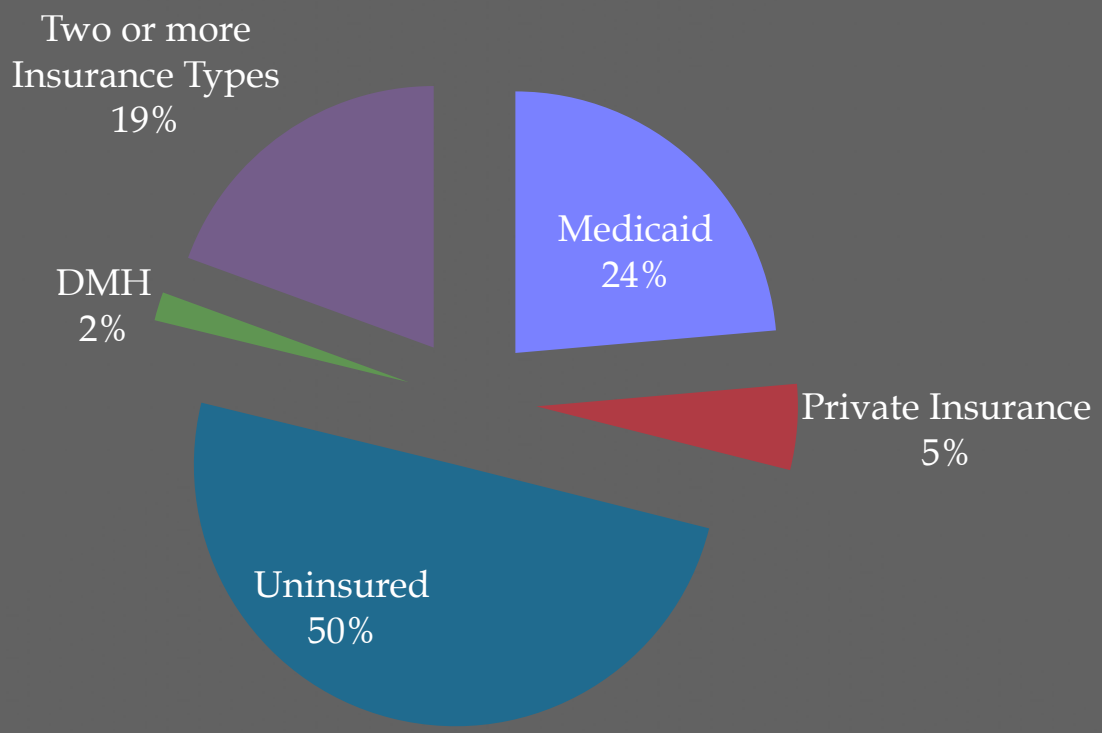
Presenting Concerns



Law Enforcement Involvement

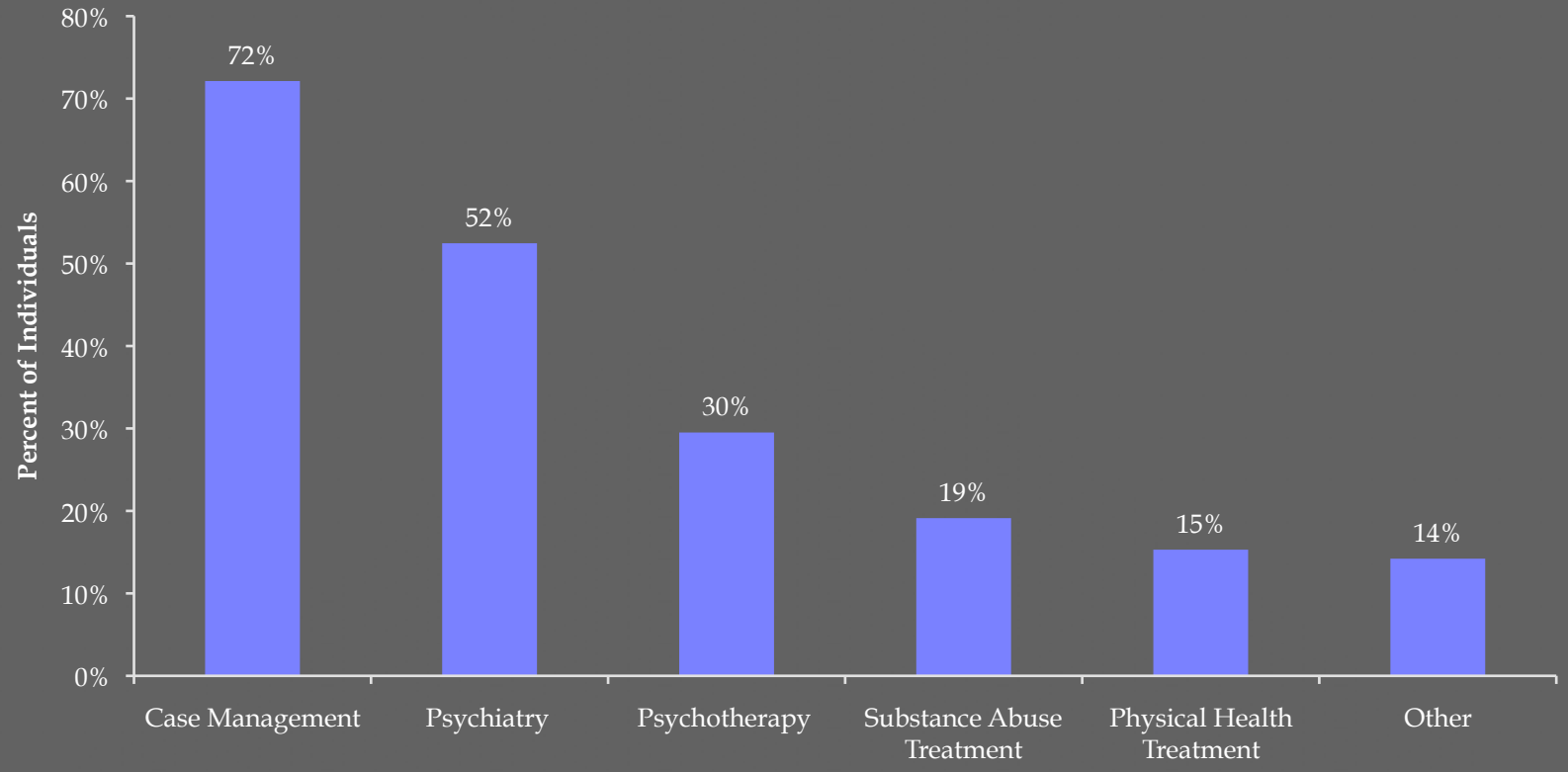


Insurance Status



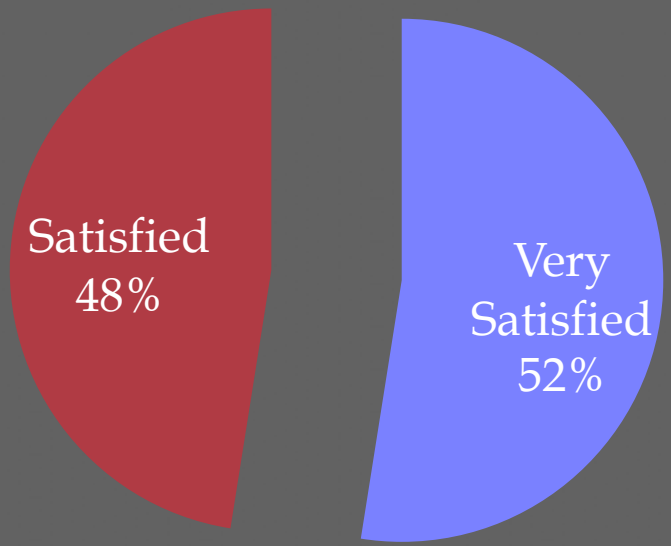
Referrals

N = 371



Satisfaction

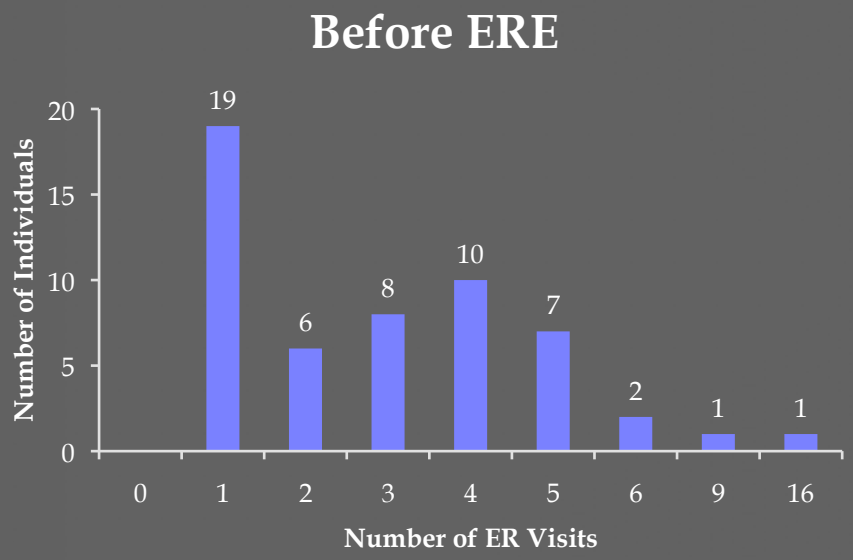
N =40

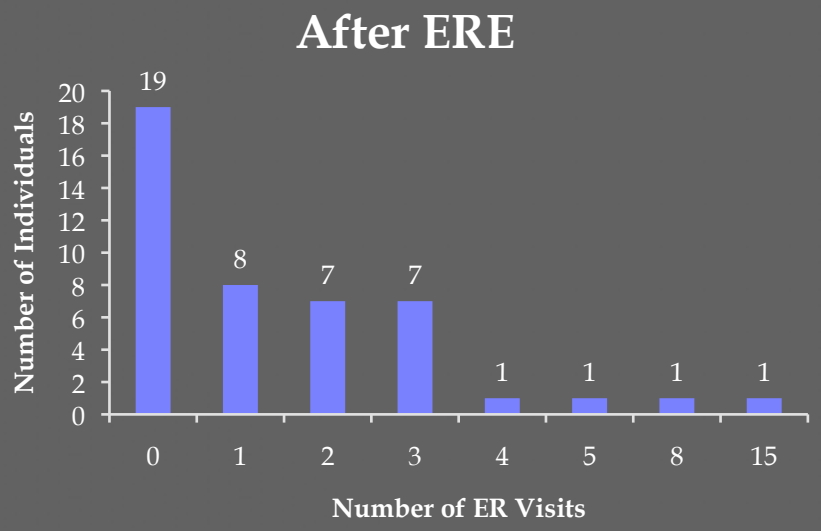


Outcome Evaluation

ER "Frequent Flier" Analysis

N = 45





Mean = 3.04
Total Visits = 137

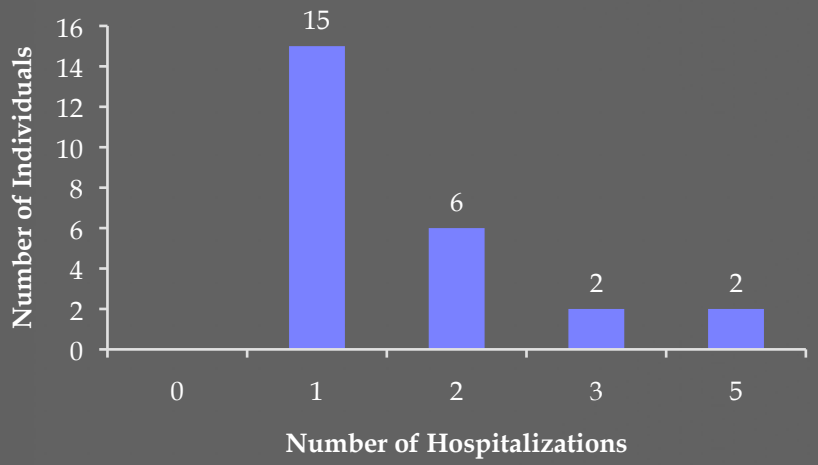
Mean = 1.67
Total Visits = 75

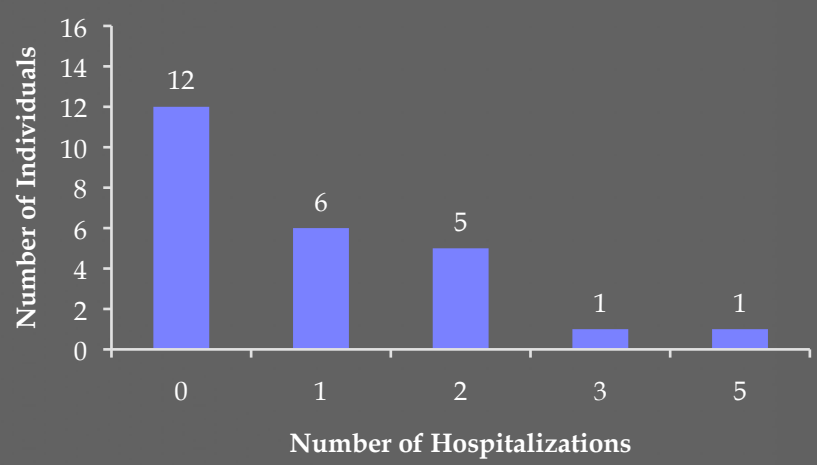
45% Reduction in ER Visits

$t(44) = 3.06$, $p < .001$

Hospitalizations

N = 25





Mean = 1.72
Total Hospitalizations = 81

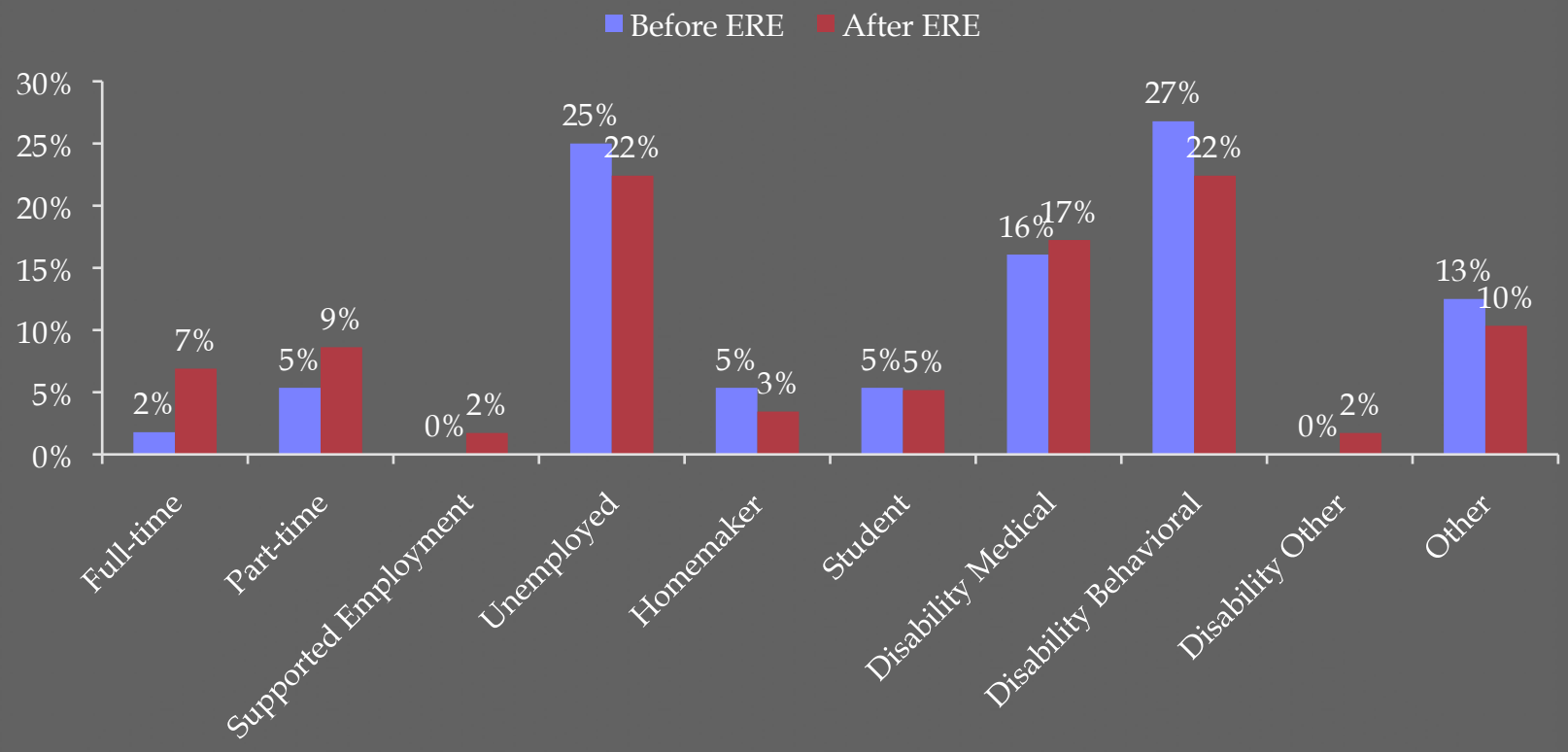
Mean = .96
Total Hospitalizations = 53

35% Reduction in Hospitalizations

$t(24) = 3.67$, $p < .05$

Employment

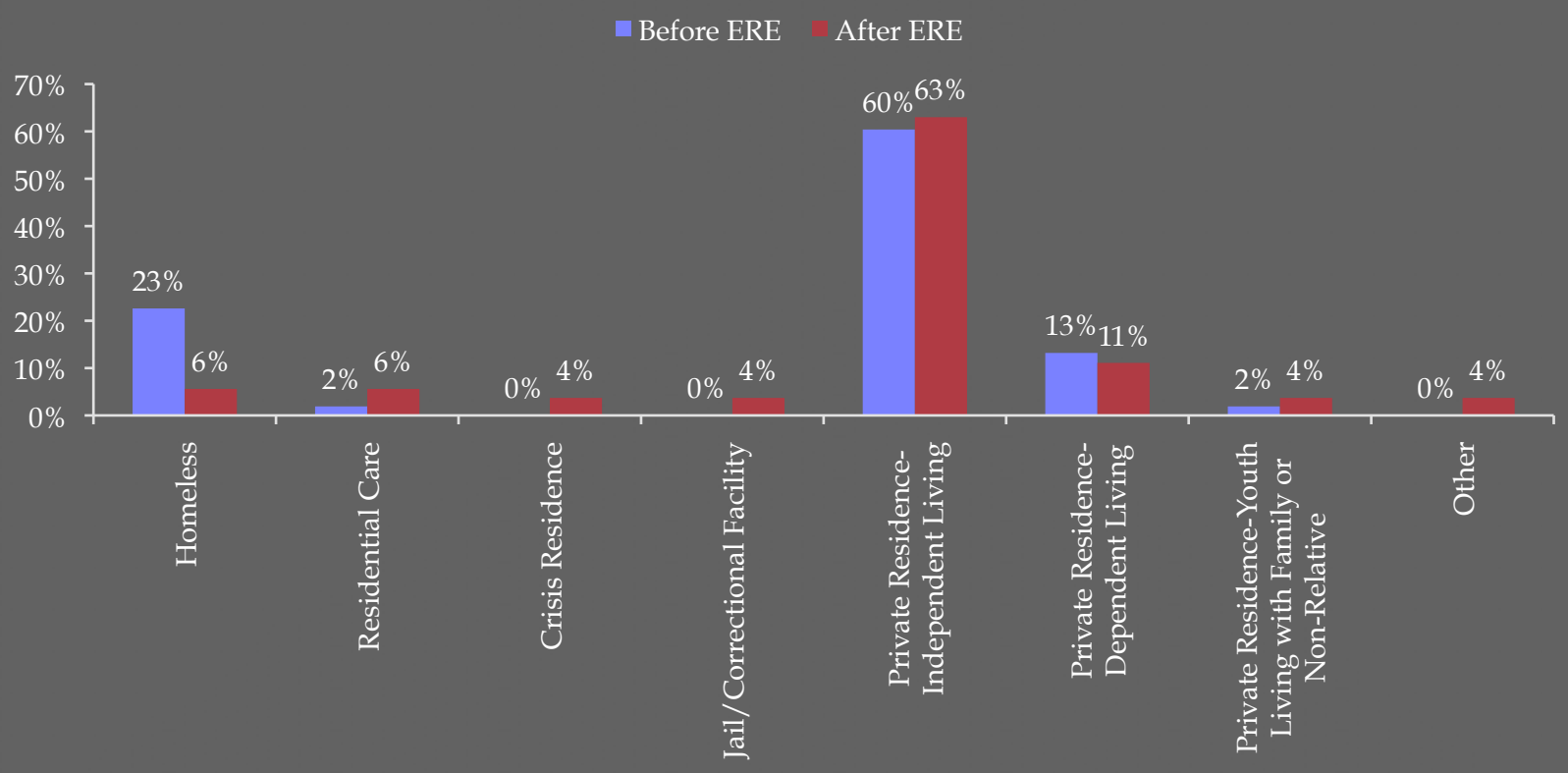
N = 58



More are working part- or full-time

Housing

N = 54

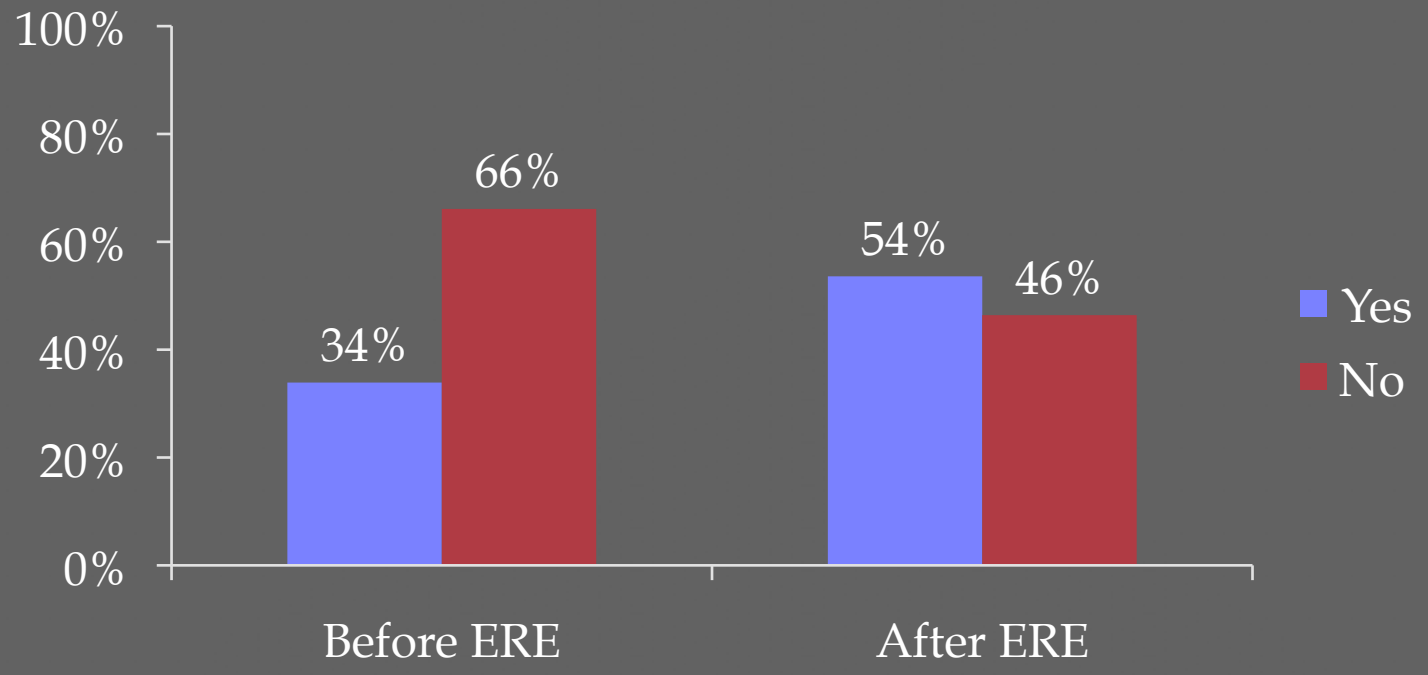


Fewer are homeless and more have stable housing (from 51% to 79%)

Criminal Involvement
N = 46

- Arrests did not significantly differ from before to after ERE
- 6.5% had at least one arrest at baseline (N = 3)
- 8.7% had at least one arrest at the follow-up (N = 4)

Treatment Program Enrollment
N = 56



More are enrolled in treatment programs (from 34% to 54%)

$p < .05$

Conclusions

Increases in:

- **Housing**
- **Employee**
- **Enrollments in treatment programs**

Decreases in:

- **ER utilization and hospitalizations**

Conclusions

- **No impact on criminal involvement**

PARTING WORDS

“The overwhelming majority of people with mental illness can lead normal lives -- living at home, going to school, going to work, and being productive citizens in the community.”

"We have to get the word out that mental illnesses can be diagnosed and treated, and almost everyone suffering from mental illness can live meaningful lives in their communities.”

– Rosalynn Carter

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This has been an MIMH Production