

Alone We Do Little, Together Much: The Emergency Room Enhancement Initiative

ERE Team
Spring Training Institute
May, 2015



**“ALONE WE CAN
DO SO LITTLE;
TOGETHER WE
CAN DO SO MUCH.”**

- Helen Keller



Emergency Room Enhancement

An Overview

Natalie Fornelli, Manager of Integrated Care

Department of Mental Health, Division of Behavioral Health

Strengthening Missouri's Mental Health System

Governor Nixon's 2013 initiative

*Missourian's should be provided with timely
and effective treatment in their own
communities.*



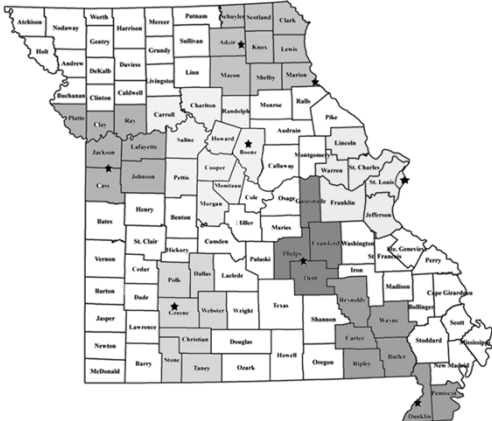
Project Sites

October 1, 2013

Initiated in 7 parts of the state:



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







Community Collaboration

- ☞ 61 Hospitals, Clinics, and FQHCs
- ☞ 19 Community Mental Health Centers
- ☞ 31 Substance Use Disorder Treatment Providers
- ☞ 32 Law Enforcement Agencies
- ☞ 9 Regional Developmental Disability Offices
- ☞ 61 Local Service Agencies



Project Goals

- ☞ Engage target individuals into ongoing treatment.
- ☞ Coordinate care for the whole person by addressing behavioral and physical health, as well as basic needs.
- ☞ Reduce the need for future ER visits or hospitalizations.
- ☞ Reduce hospital stays that are unnecessarily extended due to non-health reasons.

Engagement Efforts

- ☞ An individual is determined to be in need of ERE services
 - ☞ Referred from ER, law enforcement or local service agency
- ☞ An outreach worker from a CMHC is contacted
- ☞ Worker contacts the individual, assesses basic needs, sets up an appointment with a CMHC/SUD provider

Engagement Efforts



- ☞ Urgent, basic needs are addressed first
- ☞ Continue to assess individual needs
- ☞ Provide care coordination
- ☞ Advocate for needed services
 - ☞ Mental Health Treatment
 - ☞ SUD Treatment
 - ☞ Primary Care



Regional Differences



- ☞ Rural Areas
 - ☞ Larger geographic region
 - ☞ Fewer hospitals
- ☞ Metro Areas
 - ☞ Larger volume
 - ☞ Most severe BH symptoms




Jim's Story



Emergency Room Enhancement


Outcomes

Rita Adkins, PI
ERE Evaluation
Missouri Institute of Mental Health



ERE Evaluation Goal

Assess the degree to which the project improves outcomes



Source: MIMH
Copyright: iStock.com

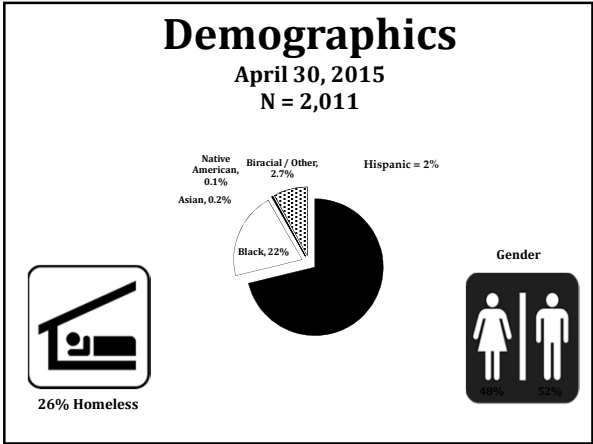
Process and Outcome Evaluation

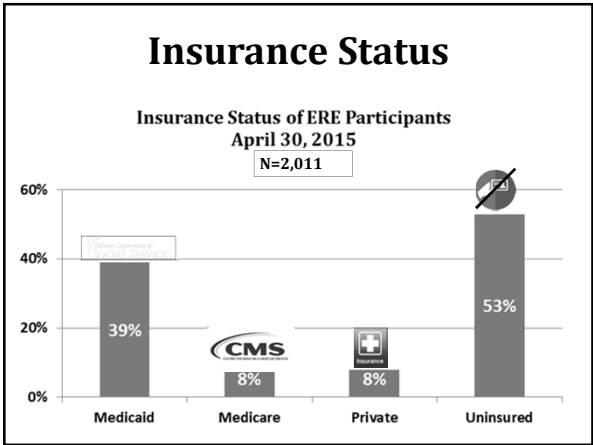
Process

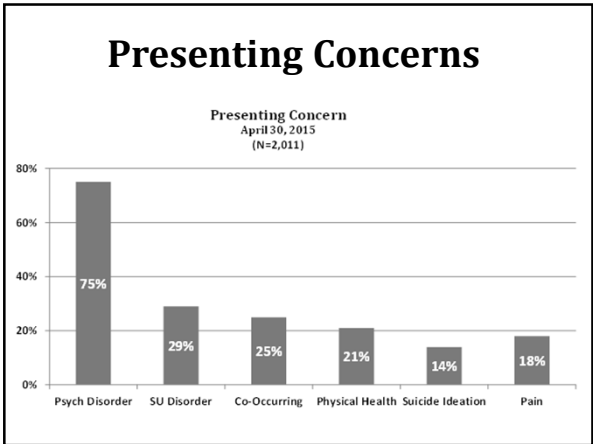
- Focus groups with participants
- Survey collaboration between stakeholders
- Participant satisfaction

Outcome

- Data collected at baseline and 3 month follow-up
- ER/Hospital utilization
- Housing
- Employment
- Prior arrests
- Enrollments in treatment programs







Hypotheses



Increases in:

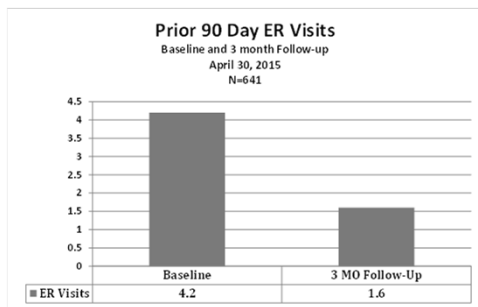
- ☞ Housing
- ☞ Employment
- ☞ Enrollments in treatment programs



Decreases in:

- ☞ ER Utilization and Hospitalizations
- ☞ Criminal Involvement

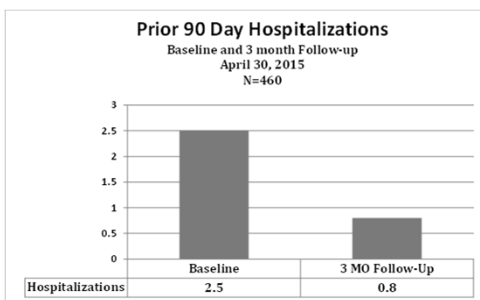
ERE Pre-Post Analysis



62% Reduction in Prior 90 Day ER Visits

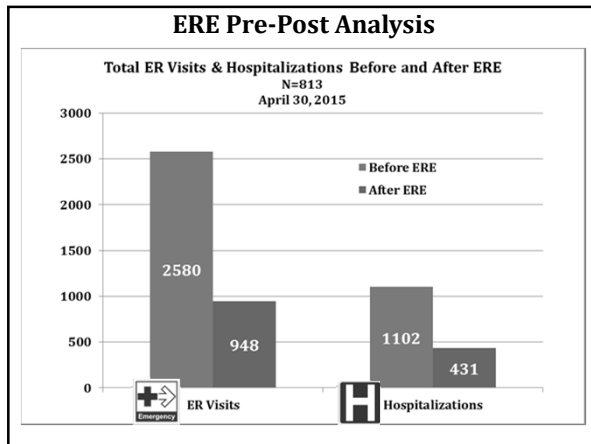
Statistically significant reduction, $t(560) = 10.5, p < .001$

ERE Pre-Post Analysis



63% Reduction in Prior 90 day Hospitalizations

Statistically significant reduction, $t(459) = 9.8, p < .001$



Results Thru April 30, 2015 (N=813):

❧

❧ 62% Decrease in ER Use

❧ 63% Decrease in Hospitalizations

❧ 73% Decrease in Homelessness

❧ 64% Decrease in Prior 30 days Arrests

❧ 26% Increase in Employment

❧ 108% Increase in Treatment Program Enrollment

Satisfaction with Services

❧

97% Satisfied with ERE Services

3% Dissatisfied with ERE Services



Collaboration & Teamwork

Unity is strength... when there is teamwork and collaboration,
wonderful things can be achieved.
(Mattie Stepanek)

izquotes.com



Springfield



Burrell
Behavioral Health



Mission:

To meet behavioral health needs where and when they occur and before they become more serious. To provide as much care as is needed, and no more than is needed.



Building the Collaborative



- ☞ Goal is to coordinate services to address the issues of making behavioral health more accessible using a whole person team based approach.
- ☞ Collaboration continues establishing partnerships with:
 - ☞ Behavioral health providers
 - ☞ Hospitals
 - ☞ FQHCs
 - ☞ Homeless services
 - ☞ Social service organizations
 - ☞ Law enforcement and courts
 - ☞ NAMI
 - ☞ DD
 - ☞ Taxis and other community resources and agencies

Building the Collaborative



- ☞ Burrell SW Region ERE is made of:
 - ☞ 3.5 clinicians
 - ☞ An engagement specialist
 - ☞ 3 community support outreach specialists
 - ☞ Including a close team collaboration with the area CMHLs.

Challenges to Implementation

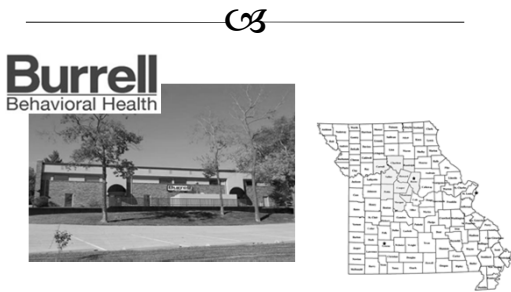


- ☞ HIPAA barriers
- ☞ Separate systems/no shared EMR systems
- ☞ Lack of understanding of each other's cultures and roles
- ☞ Communication
- ☞ Lack of resources (i.e. Housing psychiatry etc.)

Success Stories

[illegible]

Columbia



Building the Collaborative



☞ Consumers are able to access Burrell's ERE services through direct interaction with community support specialists (CSSs) at:

- ❑ Hospitals
- ❑ Jails
- ❑ Daily walk-in screenings provided at the Stephens Lake Adult clinic
- ❑ Referrals from outside community agencies
- ❑ Other community points of contact

Building the Collaborative



- ☞ ERE Consumers have the opportunity to work with a Burrell psychiatrist
 - ☞ Allows for greater diagnostic clarity which can lead to more appropriate long-term service placement post-ERE participation.
- ☞ ERE consumers have access to a primary care physician through the FQHC program

Challenges to Implementation



- ☞ As the program grows in size obstacles related to screening and placement times continue to increase.
 - ☞ Affects possible placements that may benefit consumers both inside of Burrell and in outside agencies.
- ☞ Wait lists for services have delayed some consumers in receiving support in a timely manner.

Success Stories



Family Counseling Center



Building the Collaborative



- ☞ Local Hospitals-TRRMC, PBRMC, Pemiscot Memorial Hospital
- ☞ John Pershing VA Hospital
- ☞ Law Enforcement
- ☞ Assistance Agencies
- ☞ Social Services
- ☞ DAEOC

Challenges to Implementation



- ☞ Target population
- ☞ Reaching rural priority population
- ☞ Building relationship with hospitals having a behavioral health unit

\mathfrak{A} [illegible]

Kansas City



 \mathfrak{A}

- Provide linkage services throughout the KC Metro and outlying areas (7 counties).

\mathfrak{B}

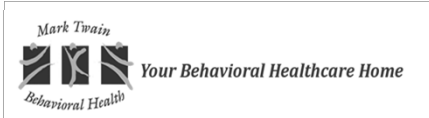
- ☐ All local area hospitals
- ☐ CJ, including courts, jails, police
- ☐ Homeless shelters
- ☐ DD
- ☐ Landlords
- ☐ Other ancillary services

\mathfrak{B}

W



Mark Twain Behavioral Health



Building the Collaborative



- ☞ Observation beds at HCADA and PFC RCF
- ☞ Project Homeless Connect
- ☞ County Health Departments (Clark county lets ERE use space to meet clients)
- ☞ Clinics and FQHCs
- ☞ PCP cooperation
- ☞ Law Enforcement (Sheriff and Police Department)
- ☞ Local pharmacies
- ☞ Coalitions working together
- ☞ Group therapy (our staff met in other agencies to provide the group service)

Challenges to Implementation



- ☞ Information sharing/ HIPAA within healthcare settings
- ☞ Lack of:
 - ☞ availability of psychiatric beds
 - ☞ providers with sliding scales who will prescribe psychiatric medications
 - ☞ homeless shelters or temporary shelters
 - ☞ low income housing
 - ☞ communication between hospitals and care coordinators for client's treatment and discharge
 - ☞ public transportation for clients
 - ☞ job opportunities for clients who want to work and are able to do so

Ω

-
-
-
-
-
-

3



3



\mathfrak{B}

-
-
-
-
-
-

❧

- [illegible]

3

