

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



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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.

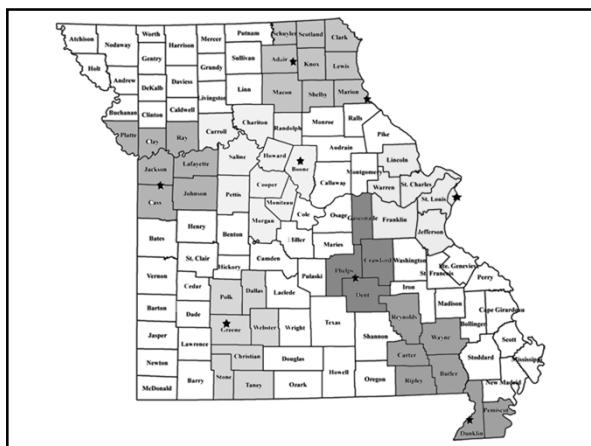


Project Sites

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



Smart Max
Drawingsofpeople.net

Process and Outcome Evaluation

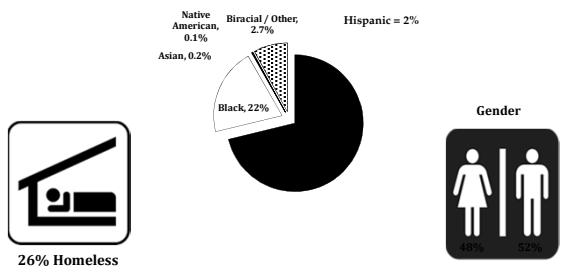


<ul style="list-style-type: none">❑ Focus groups with participants❑ Survey collaboration between stakeholders❑ Participant satisfaction	<ul style="list-style-type: none">❑ Data collected at baseline and 3 month follow-up<ul style="list-style-type: none">❑ ER/Hospital utilization❑ Housing❑ Employment❑ Prior arrests❑ Enrollments in treatment programs
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Demographics

April 30, 2015

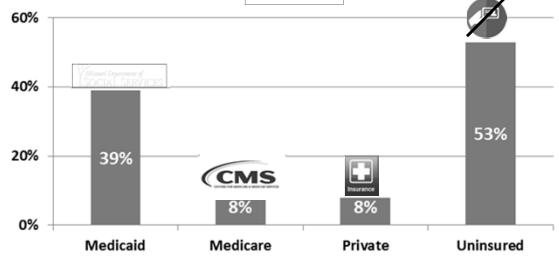
N = 2,011



Insurance Status

Insurance Status of ERE Participants April 30, 2015

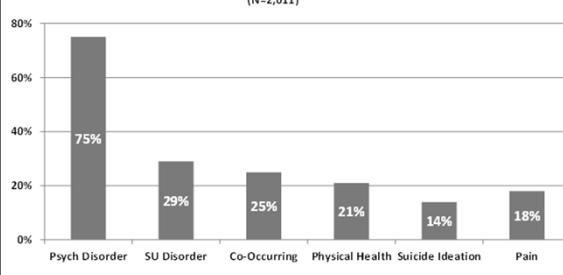
N=2,011



Presenting Concerns

Presenting Concern April 30, 2015 (N=2,011)

April 30, 2015



Hypotheses

↳

Increases in:

- ↳ Housing
- ↳ Employment
- ↳ Enrollments in treatment programs



Decreases in:

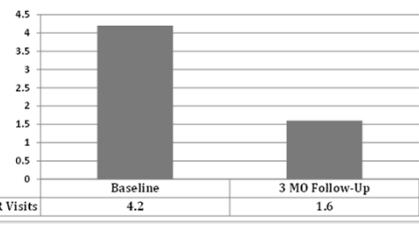
- ↳ ER Utilization and Hospitalizations
- ↳ Criminal Involvement



ERE Pre-Post Analysis

Prior 90 Day ER Visits

Baseline and 3 month Follow-up
April 30, 2015
N=641



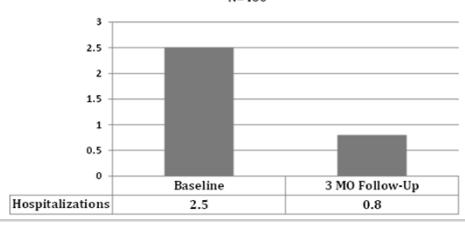
62% Reduction in Prior 90 Day ER Visits

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

ERE Pre-Post Analysis

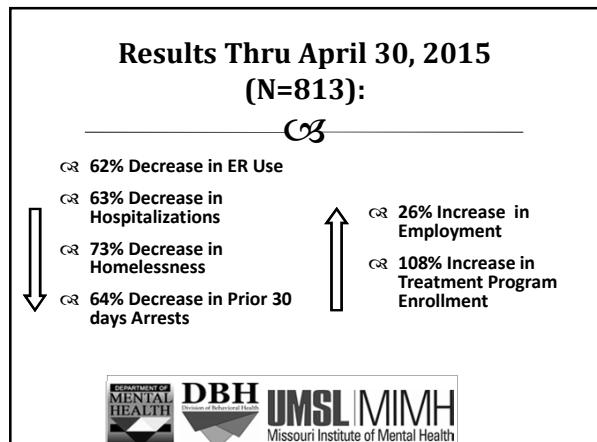
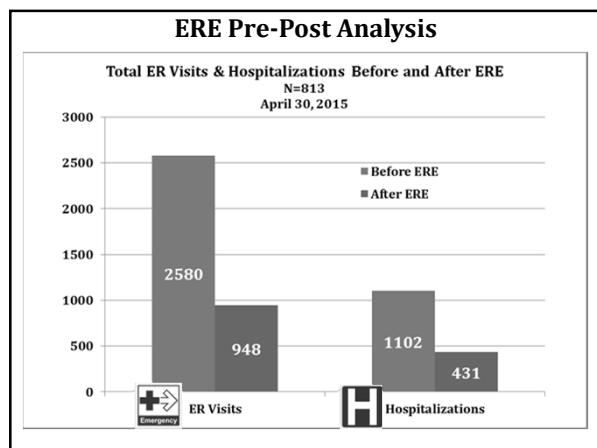
Prior 90 Day Hospitalizations

Baseline and 3 month Follow-up
April 30, 2015
N=460



63% Reduction in Prior 90 day Hospitalizations

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





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



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



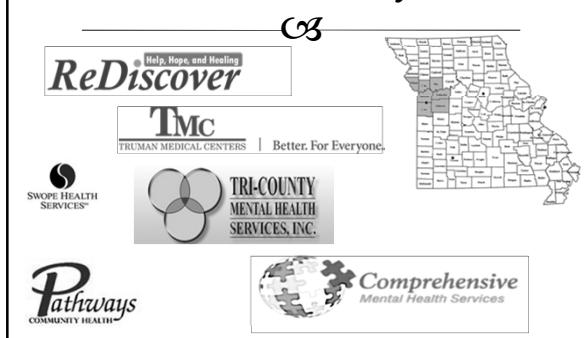
- Target population
- Reaching rural priority population
- Building relationship with hospitals having a behavioral health unit

Success Stories



ReDiscover

Kansas City



Building the Collaborative



as ERE team, led by ReDiscover Project Coordinator:

Comprised of 11 Outreach workers from 6 CMHCs

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

Building the Collaborative



- ❑ Collaborative partnerships have been created with:
 - ❑ All local area hospitals
 - ❑ CJ, including courts, jails, police
 - ❑ Homeless shelters
 - ❑ DD
 - ❑ Landlords
 - ❑ Other ancillary services
- ❑ Collaborative meetings with all partners take place monthly and individual staff meetings take place weekly/bi-weekly as needed

Challenges to Implementation



- ❑ Appropriate supportive housing options
- ❑ Handing clients off-transitioning to next level of care
- ❑ Rapid access to programming at outpatient centers
- ❑ Buy-in from medical staff regarding coordination of care/proper discharge planning

Success Stories



anything
going
discover
like
right
everything
medication

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

Challenges to Implementation



- ☞ Community resources are distant within 9 county area
- ☞ Legal system is complicated and difficult to make contact with Public Defenders who handle our clients in jail.
- ☞ Clients are released from prison, jail and inpatient hospitalizations with little or no medication with no refills.
- ☞ Some facilities/providers have refused to treat individuals recovering from substance use disorders, assuming all are drug seeking, even after we have consulted with the provider
- ☞ Transportation in 96 hour holds- challenges between city police and county sheriff's department
- ☞ "Medicaid gap" those who don't qualify for Medicaid but don't make enough money to qualify for the Healthcare Marketplace.

Success Stories



Pathways Community Health



Building the Collaborative



- ❑ Phelps County Regional Medical Center
- ❑ Salem Memorial Hospital
- ❑ Local Law Enforcement
- ❑ Community Mental Health Liaison
- ❑ Local Primary Care Doctors
- ❑ Local Pharmacies
- ❑ Southeast Missouri Behavioral Health
- ❑ Department of Social Services
- ❑ Salvation Army
- ❑ G.R.A.C.E.
- ❑ Local Churches
- ❑ Phelps County Adult System of Care
- ❑ Dent County Adult System of Care
- ❑ Senate Bill 40 offices
- ❑ Department of Mental Health Regional offices

Challenges to Implementation



- ❑ Resources in the rural areas to assist in getting their basic needs met; such as housing, transportation, food, money for medications
- ❑ Access to funding to meet medical needs—ER is “free”
- ❑ No urgent care facilities for walk in or after hour needs—ER only option
- ❑ Lack of medication manager for psychotropic medications
- ❑ Lack of communication between medical care providers
- ❑ Medical providers sending individuals to ER rather than treat in office

Success Stories