

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

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## Overview



- ERE introduction
- Building agency collaboration
- ERE outcomes

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## Why ERE?



To improve access to  
community behavioral  
healthcare



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**Behavioral health issues are pervasive:**

- 1 in 5 adults have a Mental Health diagnosis<sup>1</sup>
- 13 million visits to ER involved individuals with MH/SA disorder<sup>2</sup>
- Mental disorders are 1 of the 5 most costly health care conditions<sup>3</sup>

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**In Missouri:**

- Over 384,000 Behavioral Health hospital visits in 2013 from 142,000 individuals
- Each averaged 2.7 visits
- Average charge for each visit = \$4,000

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**Top 3 Reasons for seeking help in ER:**



**FIRST**  
Cost



**SECOND**  
Handle problems themselves



**THIRD**  
Don't know where to get help

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## Emergency Room Enhancement



- Part of the Governor's Initiative to Increase Access to Mental Health Services
- Administered by the DMH's Division of Behavioral Health
- Began on October 1, 2013




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## Building Cooperatives



- Seven administrative agents (CMHC's) across the state, partnering with:
  - 19 Other CMHC's
  - 45 Hospitals & Clinics
  - 25 Substance abuse treatment providers
  - 30 Local law enforcement agencies
  - 8 Division of DD
  - 51 Local service agencies

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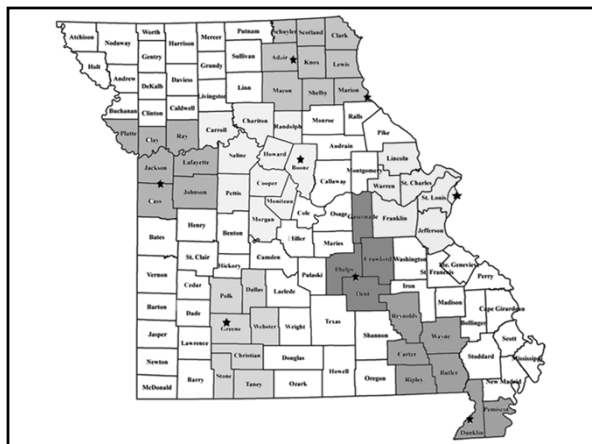
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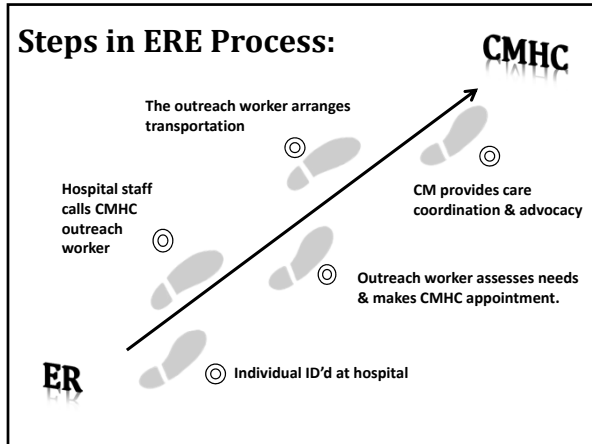
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## Steps in ERE Process:



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## ERE Evaluation Goal



- Assess the degree to which the project improves outcomes



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## Process Evaluation



- Demographics
- Presenting Concerns
- Insurance status
- Participant Satisfaction
- Collaboration between stakeholders

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## Collaboration Scale Results



- Administration: 84% agreed clear role definition
- Autonomy: 88% did not feel ERE hindered agency goals
- Governance: 83% agreement shared among collaborators
- Mutuality: 80% agreed resource sharing existed
- Norms: 60% agreed there was interagency trust

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## Collaborator Comments



- *"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!"*

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## 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

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## Hypotheses



Increases in:



- Enrollments in substance treatment programs
- Housing
- Employment

Decreases in:



- ER Utilization and Hospitalizations
- Criminal Involvement

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## Demographics

N = 1,233



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## Demographics

N = 1,233



25% Homeless  
45% Uninsured  
39% with Medicaid



32% with Substance use disorder  
24% Suicide attempt or ideation  
26% with Physical health issue

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# Outcome Evaluation

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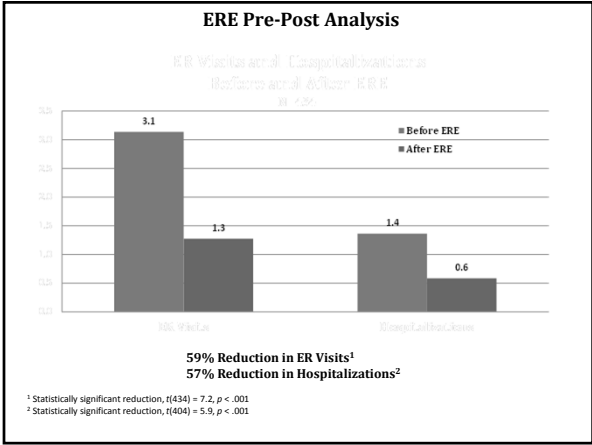
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## Results Thru October 20, 2014 (N=434):

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- 59% Decrease in ER Use
- 57% Decrease in Hospitalizations
- 68% Decrease in Homelessness
- 65% Decrease in Prior 30 days Arrests

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- 35% Increase in Employment
- 112% Increase in Substance Use Treatment Program Enrollment

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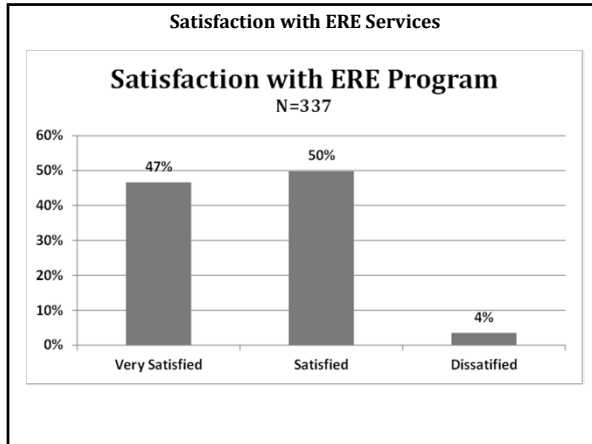
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**PARTING WORDS**

“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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## References

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<sup>1</sup>Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

<sup>2</sup>Internet Citation: NEDS Overview. Healthcare Cost and Utilization Project (HCUP). June 2014. Agency for Healthcare Research and Quality, Rockville, MD. [www.hcup-us.ahrq.gov/nedsoverview.jsp](http://www.hcup-us.ahrq.gov/nedsoverview.jsp).

<sup>3</sup>Internet Citation: Mental Health: Research Findings: Program Brief. September 2009. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/findings/factsheets/mental/mentalth/index.html>

<sup>4</sup>Hospital Industry Data Institute, *Missouri's Mental Health*, Mental Health Month, May, 2014.

<sup>5</sup>Thomson, Perry and Miller (2009). *Conceptualizing and measuring collaboration*. Journal of Public Administration Research and Theory 19 (1):23-56.

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