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

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Overview

- ERE introduction
- Building agency collaboration
- ERE outcomes

Why ERE?

To improve access to community behavioral healthcare
Behavioral health issues are pervasive:

- 1 in 5 adults have a Mental Health diagnosis¹
- 13 million visits to ER involved individuals with MH/SA disorder²
- Mental disorders are 1 of the 5 most costly health care conditions³

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

Top 3 Reasons for seeking help in ER:

1. Cost
2. Handle problems themselves
3. Don’t know where to get help
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

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
**Steps in ERE Process:**

- Individual ID’d at hospital
- Outreach worker assesses needs & makes CMHC appointment.
- Hospital staff calls CMHC outreach worker
- CM provides care coordination & advocacy
- The outreach worker arranges transportation

**ERE Evaluation Goal**

- Assess the degree to which the project improves outcomes

**Process Evaluation**

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

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!”

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 substance treatment programs
  - Housing
  - Employment

- Decreases in:
  - ER Utilization and Hospitalizations
  - Criminal Involvement

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
Outcome Evaluation

ERE Pre-Post Analysis

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

- 59% Decrease in ER Use
- 57% Decrease in Hospitalizations
- 68% Decrease in Homelessness
- 65% Decrease in Prior 30 days Arrests
- 35% Increase in Employment
- 112% Increase in Substance Use Treatment Program Enrollment
Satisfaction with ERE Services

**Satisfaction with ERE Program**

N=337

- Very Satisfied: 47%
- Satisfied: 50%
- Dissatisfied: 4%

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

References


³Internet 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/mentalhth/index.html

⁴Hospital Industry Data Institute, Missouri’s Mental Health, Mental Health Month, May, 2014.
