

# Emergency Room Enhancement: A Cross-Setting Behavioral Health Approach to Improved Outcomes for High Utilizers of Care

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## Background

The Missouri healthcare providers are exploring new ways to address the needs of consumers who frequently utilize acute care settings. These consumers, referred to as “high utilizers,” often have complex physical, behavioral health and psychosocial needs that are not well met through the current systems of care. These consumers are more likely to be uninsured or enrolled in Medicaid. The economic impact of these clients’ unmet needs has gained attention at the national level.

The U.S. Government Accountability Office found each fiscal year from 2009 through 2011, 5% of Medicaid enrollees accounted for almost half of the expenditures for all Medicaid enrollees. These challenges are echoed locally: half of all Missouri hospital consumers account for 96% of total expenditures, with the top 10% accounting for 63% of total costs in 2013.

In response, the Greater St. Louis region is implementing the Emergency Room Enhancement (ERE) project, a program targeting consumers with behavioral health needs who are high utilizers of hospital care, and connecting them to community-based mental health, substance use treatment, and necessary related services, such as physical healthcare and social services. The Missouri Department of Mental Health provides funds to administer and deliver clinical services for the ERE project in five Missouri regions. Behavioral Health Network (BHN) of Greater St. Louis manages implementation and evaluation of the project in St. Louis City and the Missouri counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis, and Warren.

## Objective

To assess the effectiveness of the St. Louis region’s implementation of the ERE project in increasing engagement with community-based behavioral healthcare by improving coordination of care and subsequently preventing unnecessary and costly emergency room visits and hospitalizations, while improving clients’ psychosocial outcomes.

## Approach

The St. Louis ERE project is a collaboration among 11 hospitals, 7 Community Mental Health Centers (CMHCs), 3 Substance Use providing organizations, Behavioral Health Response (the region’s 24/7 access crisis intervention provider), and related service partners. Consumers must be adults (18+) referred by one of the collaborating hospitals, meeting the following eligibility criteria.

**Figure 1. ERE project consumer eligibility criteria**



In response to a regional desire to enhance engagement, in September 2015, BHN implemented an intensive Outreach Team model, expanding in-community use of Motivational Interviewing and Critical Time Intervention techniques, dedicating an outreach Specialist from each CMHC, as well as hiring a regional ERE clinical coordinator. Outreach Team staff meet consumers in hospital emergency rooms or community settings for initial assessment and to engage clients in brief, intensive case management services within 72 hours of referral. ERE staff work for up to six months to connect consumers to ongoing community services, reduce barriers, and retain engagement.

BHN uses mixed methods to present practice-based, quantitative findings on key indicators for the 256 consumers engaged in services between July 1, 2015-June 30, 2016 (Fiscal Year 2016).

## Results

**Figure 2. Hospital utilization progress at six months post-ERE engagement**

Key Outcome Indicators	Average # at Baseline	Average # at 6 Months	% Change at 6 Months
<b>Average # of ER Visits</b> (past 90 days)	3.9	1.0	<b>-79%</b>
<b>Average # of All Hospitalizations</b> (past 90 days)	1.4	0.4	<b>-65%</b>
<b>Average # of Psychiatric Hospitalizations</b> (past 90 days)	0.9	0.3	<b>-68%</b>

**Figure 3. Psychosocial indicator progress at six months post-ERE engagement**

Psychosocial Indicators	% of Consumers at Baseline	% of Consumers at 6 Months	% Change at 6 Months
<b>Residential Status</b>			
Homeless	34%	12%	<b>-64%</b>
<b>Employment Status</b>			
Employed	19%	29%	<b>49%</b>
Unemployed	37%	23%	<b>-39%</b>
<b>Overall Health Status (Consumer Rating)</b>			
Excellent	5%	9%	<b>98%</b>
Very good	8%	14%	<b>66%</b>
Good	27%	41%	<b>52%</b>
Fair	38%	24%	<b>-36%</b>
Poor	18%	11%	<b>-41%</b>
Average mGAF score*	38.6	43.0	<b>11%</b>

\* Modified Global Assessment of Functioning—A functional assessment/daily living metric, with a higher score meaning better outcomes (reduced impact of behavioral health challenges on day-to-day life)

## Results (cont.)

- “Show rates” of 47% in early FY16 are now engagement rates of 85% region-wide post-9/8/15 intensive Outreach Team implementation. Overall FY16 engagement was 70%, including pre- and post- outreach team data, as compared to 60% in FY15.
- Intensive outreach has reduced hospital utilization and enhanced psychosocial indicators/consumers’ quality of life (see Fig. 2).
- 28% of all ERE consumers were referred to substance use treatment, and 81% of those referrals engaged in services (compared to 42% engagement in FY15).

## Conclusions

With the Outreach Team model, the mental health and substance use treatment engagement rates increased, due in part to the evidence-based practices and community-based approach of the Team. Staff training enabled stronger consumer treatment engagement more precisely assessing for care need and readiness for change prior to referral. Increased engagement led to notable improvement in psychosocial areas and service utilization. Greater integration and collaboration among frontline staff across safety-net agencies has enhanced efficiencies in care coordination, sharing of knowledge and strategies, and awareness of resources.

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## Contact Information

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