Emergency Room Enhancement (ERE) Program

By: Doris A. Irvin, MA, LPC, NCC ERE Outreach Team Coordinator Community Counseling Center Cape Girardeau, MO

2 Staff for ERE Program

Ø Audrey Burger, Director of Clinical Services
 Ø ERE Coordinator, Doris Irvin, MA, LPC, NCC
 Ø ERE Outreach Specialists:
 □ Monica Reagan, MA, LPC
 □ Heather Thomason, BS
 □ To be hired
 ERE Case Manager
 □ To be hired
 Peer Support Specialist
 □ Clay Hooper

3 What is the ERE Program?

- The Missouri Department of Mental Health has been approved for funding as part of the "Strengthening Mental Health System Initiative"
- o Community Counseling Center was selected to receive these funds for a new project
- Aimed at improving outcomes for those consumers who are "high utilizers" of hospital services and decrease use of services
- © Successful projects are already working in several areas of the state: Kansas City, St. Louis, Springfield, Columbia, Rolla, Poplar Bluff, and Kirksville/Hannibal

4 What makes someone a "high utilizer"?

- 6"High Utilizers" are the target population of this project and are defined as someone who:
 - Has multiple ER/hospital visits (or contacts with law enforcement) in a relatively short period of time (6 in 12 months/3 in 3 months). These ER/hospital visits can be medical or behavioral health.
 - O Co-occurring mental illness/substance use disorder
 - ϕ NOT already engaged with a community mental health center (CMHC) and not likely to engage in traditional services
 - Has chronic medical conditions (COPD/Asthma, Diabetes, Hypertension, CHF, CAD, etc.)

5 What makes someone a "High Utilizer"? Cont'd

OUn-insured or Under-insured

- Living below federal poverty level
- O Homeless or unstable living conditions

I have someone who I think meets the criteria, what now?

The first step is recognizing that you may have someone who meets these criterion (you don't need to be 100% sure)

- o Next you will make a phone call to the Coordinator, Doris Irvin, at $\underline{573-579-5584}$ to staff the referral
- o Coordinator will ask the following questions to determine eligibility:

Questions to determine eligibility

- Presence of Mental Illness/Co-Occurring Substance Use (mental illness can be historical or current)
- ODuration/Impairment (is there clear evidence of impairment because of psychiatric issues?)
- ϕ Multiple prior hospital or law enforcement encounters (3 in last 3 months or 6 in last 12 months)
- ø Age (must be 18 or older)
- © Residency (must live within 5 county region)
- Ochronic medical condition

8 What if I have a high utilizer overnight or on the weekend?

- © During next business day, ERE Coordinator will retrieve all after-hours referrals and attempt to make contact
- ϕ Clients will be contacted by phone and/or visited at home by an Outreach Specialist as soon as possible to begin engagement in the program
- Obtaining accurate contact information is VERY IMPORTANT with these patients

9 My referral has been accepted, now what?

- σ The coordinator will collect all necessary information regarding the consumer and make a determination of eligibility
- O Hospital staff are required to fax the client's ER record and psych assessment (if available) to
 - 573-334-7438 upon acceptance of the referral
- ϕ At that time, if possible, the coordinator or an outreach specialist will make initial contact with the consumer while still in the ER
- o During the initial visit, staff will build rapport with client, assess willingness to engage (this is a voluntary program), complete a brief assessment, and schedule a follow up visit with client

10 What if I have a consumer that needs inpatient hospitalization?

- δ As part of this initiative, we have partnered with local law enforcement to provide transport for individuals that have been accepted for involuntary commitment
- ϕ Law Enforcement Officers volunteer to be on the on-call list and will accept calls for transport day or night
- o An on-call list will be composed bi-monthly and distributed to each ER

11 What if I have a consumer who has been abusing drugs or alcohol?

- $\it o$ We can also assist hospital staff in coordinating efforts to find substance abuse treatment placement

12 What happens next?

- Once enrolled in this program, an ERE Outreach Worker will engage client in short term (up to 6 months), intensive case management to assist with immediate needs, including:
 - Medicaid Application
 - ODisability Application
 - oFinding stable housing
 - øFinding and accessing psychiatric and medical care

 - OAccessing other community resources (food pantries, home health, CPRC, substance abuse treatment, etc.), as appropriate for long term stabilization OUse of flexible funding for high priority needs

13 What is the point of all this?

- σ This project is focused on improving the outcomes and decreasing service utilization of these clients by increasing stability and access to available/existing resources
- We hope to see:
 - ϕ Reduced ER utilization for non-emergent care and reduction of hospital lengths of stay

 - 6 Improvements in overall health
 - O Housing stability
 - Employment
 - o Reduction of involvement with law enforcement
 - o Improvement in Medicaid status (i.e., Uninsured-Application Pending-Medicaid Active)

14 But does this actually help?

 \emph{O} As of December 2016 over 4,278 individuals have become engaged in the ERE program.

ER Visits:

 There has been a 58% reduction in ER visits from intake to 3-month follow-up for those engaged in the ERE program. Further, there has been a 68% reduction in ER visits at 6-month follow-up.

Hospitalizations:

 σ There has been a 57% reduction in hospitalizations from intake to 3-months, and a 71% reduction from intake to 6-months.

15 More Outcomes

Homelessness:

There has been a 61% reduction in participants experiencing homelessness at intake to 3-month follow-up, and a 76% reduction in homelessness at intake to 6-month follow-up.

Unemployment:

There has been a 26% reduction in participants who are experiencing unemployment at intake to 3-month follow-up, and a 42% reduction in unemployment at intake to 6-month follow-up.

Arrests:

 σ There has been a 50% reduction in the number of arrests at intake to 3-month follow-up, and a 56% reduction at intake to 6-month follow-up.

16 This program works! But we need YOUR help!

- Active participation from hospitals and our community partners is essential to the success of this program.
- O We welcome your feedback about what's working and not working as well as it could be
- σ This program is "fluid" and we can make changes as needed
- There will be monthly meetings with hospital staff, law enforcement officers, our outreach team, and our other community partners to discuss the project (2nd Thursday of the month in Perryville following CIT meeting)

17 Questions?

18 Resources

o https://www.erenhancement.org/

19 Contact Us

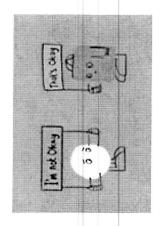
Ø Audrey Burger: 573-517-1499
Ø Doris Irvin: 573-579-5584
Ø Monica Reagan: 573-579-1601
Ø Heather Thomason: 573-450-0595

Community Counseling Center Emergency Room Enhancement (ERE) Project Pre-Eligibility Screening for Referral

Yes No 1)	Age - Must be 18 years of age or older
Yes No 2)	Residency - Must be a resident of one of the following Missouri counties: Bollinger Cape Madison Perry Ste. Gen
Yes No 3)	Insurance Status - Must be only: Medicaid OR Medicare OR Uninsured
Yes No 4)	Presence of Mental Illness/Co-Occurring Substance Use: This typically includes a mental health concern or diagnosis of: Mood Disorders Schizophrenia Psychotic Disorders
	PTSD Anxiety Disorders Personality Disorders This also includes those experiencing one of the preceding AND a co-occurring substance use concern or diagnosis
Yes No 5)	Duration/Impairment: Clear evidence of substantial impairment in social role functioning or living skills due to psychiatric impairment; and/or Treatment may be required for longer than six months
Yes No 6)	Multiple prior hospital encounters (ER visits or inpatient hospitalizations. Can include behavioral OR physical health utilization), with at least: 3 or more in the past 3 months 6 or more in the past year
If answered "No" to Al	NY of the above categories, patient does not meet pre-eligibility requirements. Please follow existing hospital discharge planning procedures.
If able to answer "Yes" to <u>ALL</u> above categories, patient has met pre-eligibility requirements. Contact the Emergency Room Enhancement Referral line Monday - Friday 8am - 4:30pm by calling 573-579-5584 For after hours, weekends & holidays contact the Crisis Line by calling 1-800-356-5395	
Note: When you make an ERE referral, please be prepared to answer questions regarding key client demographics as well as the following question, to the best of your ability. (Note: This does not screen them in or out of the ERE Program)	
Yes No	Does the Patient have a chronic medical condition, such as: Asthma Diabetics mellitus (DM) High Cholesterol Coronary Artery Disease (CAD) Congestive Heart Failure (CHF)
	Chronic Obstructive Pulmonary Disease (COPD)

Program Overview

The Emergency Room
Enhancement (ERE) project
is for people with mental
illness or substance use
disorders who seek
treatment at emergency
rooms. The ERE project
targets high utilizers of ER
and inpatient settings, with
the primary goal to reduce
preventable hospital
contacts/readmissions across
the region.



Target Population

- High utilizers of ER/Hospital, Crisis, Law Enforcement services
- Co-occurring mental illness/substance use disorder
- Not currently engaged with a community mental health center
- Age 18 and older
- Resident of 5 county area
- Un-insured or Underinsured
- Living below federal poverty level
- Homeless or unstable living conditions

Program Outcomes

- Reduced ER utilization, reduction of hospital lengths of stay
- Enrollments in needed treatment programs
- Improvements in overall health
- Housing stability
- Increase in employment
- Reduction in law enforcement contact
- Improvement in Medicaid

Does ERE work?

Within 6 months of engagement:

- > 68% reduction in ER visits
- 71% reduction in hospitalizations
- > 76% reduction in homelessness
- > 42% reduction in unemployment

56% reduction in arrest

ERE Program

What we offer

with mental health needs Assistance to individuals & Substance use disorders

Assistance to individuals with high utilization of ER & hospital services

Regional Mental Health Services
Community Counseling Center

Doris A. Irvin, MA, LPC, NCC Emergency Room Enhancement (ERE) Outreach Coordinator

Phone: (573) 334-1100 Fax: (573) 334-7438

Cell: (573) 579-5584 • dirvin@ccentr.com

402 South Silver Springs Road • Cape Girardeau, MO 63703 Crisis Line 1-800-356-5395
TLC Line 1-877-626-0638 • Cape Girardeau Area 651-3642

> Assistance to individuals who have frequent contact with law enforcement

Assistance to individuals Community Counseling receiving services at who are not already Center

Personalized assistance with linkage to needs & resources within the county of residence

ERE Program

Cape Girardeau, MO 63703 Phone: Cell: 573-579-5584 402 S. Silver Springs Rd Fax: 573-334-7438 dirvin@cccntr.com







Community Counseling Center

Serves 5 counties:

Cape Girardeau, Bollinger, Perry, Madison, & Ste. Genevieve

Contact Us!

Phone: 573-579-5584

