



WHEN A BEHAVIORAL HEALTH CRISIS RESULTS IN INVOLUNTARY EMERGENCY ADMISSION – IN THE HOSPITAL EMERGENCY ROOM

September 28, 2018

**USING WRAPAROUND SERVICES TO IMPACT ED UTILIZATION IN BEHAVIORAL
HEALTH-1A**

Lucy C. Hodder, JD

Director of Health Law and Policy

Professor of Law

Presenters

Jessica Lachance, MS

Director, Mobile Crisis Response Team

The Mental Health Center of Greater Manchester

Anna Pousland, RN

Emergency and Interim Care Services

The Mental Health Center of Greater Manchester

The ER “Queue” or Boarding Issue

- An estimated one in eight emergency room visits involves a mental health and/or substance use condition, according to the Agency for Healthcare Research and Quality.
- Too often when people go to emergency rooms with psychiatric conditions they end up waiting much longer than people with other health concerns. And if they need inpatient treatment, they may end up waiting for days.
- “Boarding psychiatric patients in an emergency department is both poor medicine and expensive.” *Scott Zeller, M.D.*

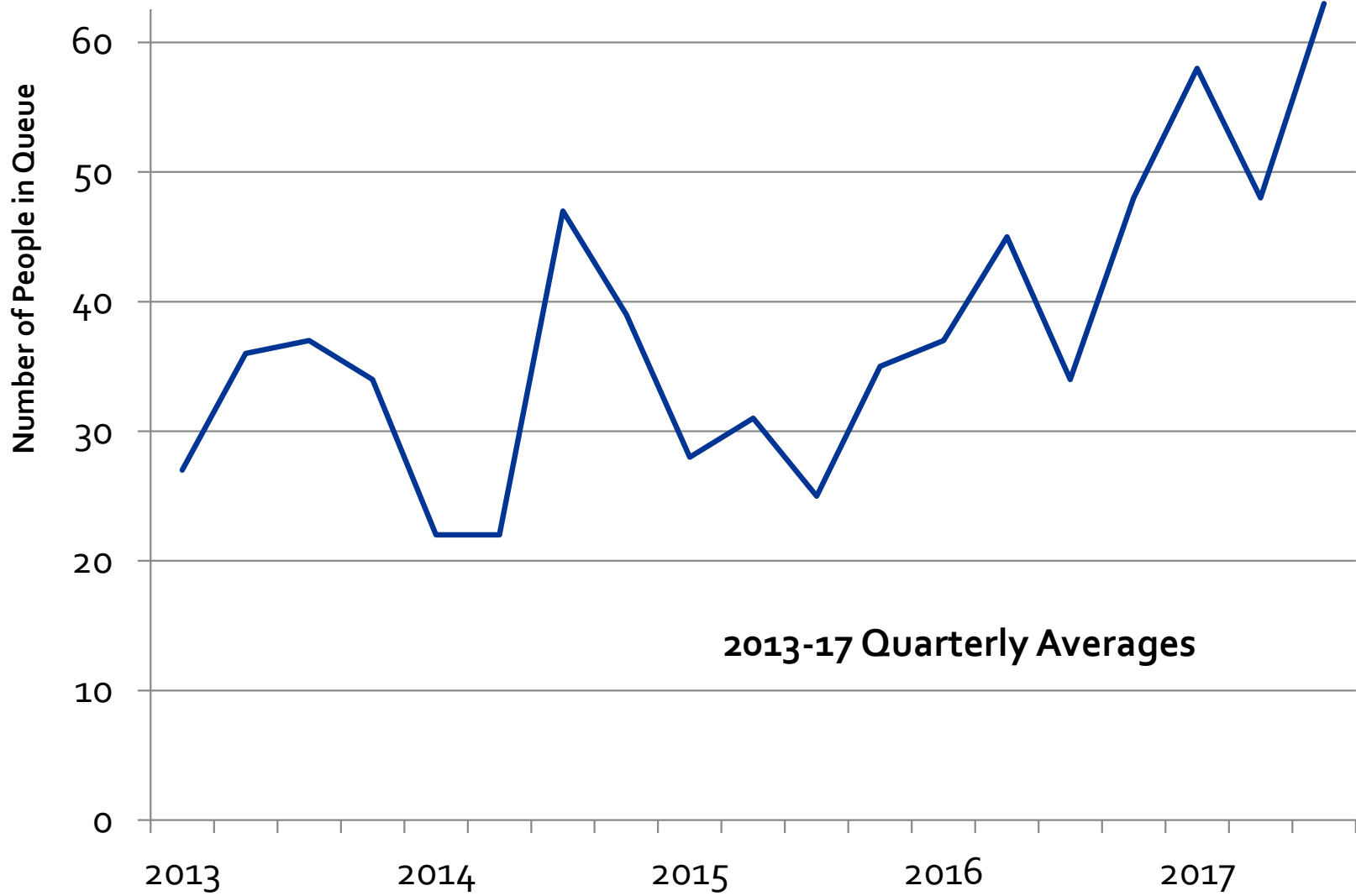
Some Facts

- Individuals with severe and persistent mental illness have a 25 year reduced life expectancy
- 60% of individuals with mental illness in NH have a co-occurring substance use disorder
- 35% of individuals with mental illness are addicted to alcohol
- 12.5% of ED visits involve a mental health or SUD diagnosis
- Those ED visits are two and a half times more likely to result in a hospital admission.

What is Going On?

- Individuals who may be a danger to themselves or others as a result of mental illness are presenting to our acute care hospital emergency rooms, petitioned and assessed for involuntary emergency admission (RSA 135-C:28) to a NH designated receiving facility, and held in ERs throughout NH waiting for a DRF bed.
- What type of treatment the individual receives while “in the queue” varies significantly
- These individuals are ER patients and then in limbo!
- The number of individuals waiting for treatment has exceeded 70 in recent months
- These patients are young and old
- These patients are Medicare, Harvard Pilgrim, Cigna, Anthem, WellSense, NH Healthy Families, dual eligible, and uninsured.

Our Key Indicator Is Going Up!



2013-17 Quarterly Averages

NH Historical Context

1957



- NH Population 750,000
- Adult census 2,700

Now



- Census 168 (includes 24 children)
- NH Population 1.3 million

New Hampshire Community Mental Health Agreement Expert Reviewer Report Number Five January 6, 2017

- “Based on recent information reported by DHHS, the average number of adults waiting for a NHH inpatient psychiatric bed was 24 per day in FY 2014; 25 per day in FY 2015; and through June of FY 2016 was 28 per day. For the period July 1 through September 30, 2016 the average weekly wait list for admission to NHH was 31.5. The constant and increasing number of adults awaiting inpatient admission to NHH is of concern to DHHS and many other parties in New Hampshire. In most mental health systems, a high number of adults waiting for inpatient admissions is indicative of a need for enhanced crisis response (e.g., mobile crisis) and high intensity community supports (e.g., ACT).”

Emergency Depts and Suicide

- The risk of a suicide attempt or death is highest w/in 30 days of d/c from an ED or inpatient psychiatric unit.¹
- Up to 70 percent of patients who leave the ED after a suicide attempt never attend their first outpatient appointment.¹
- Approximately 37% of individuals without a mental health or chemical dependency diagnosis who died by suicide make an ED visit within a year of their death.²

Recognizing the Problem!

Recent Efforts in NH

- Currently DRFs located at NHH, Franklin Regional, Cypress Center, Portsmouth HCA, Elliot-Geriatric and Elliot- Pathways.
- Last winter the Governor convened a roundtable on ER Boarding crisis
- Various efforts resulted in legislation to improve access to beds and emergency services: HB 400
- DHHS developing data system to include important information about patients in crisis
- DHHS and NHHA engaged in a due process plan required by HB 400 to allow for probate hearings for patients waiting in certain ERs within 72 hours – pilot program at several sites

Ongoing Efforts

- Goals of DSRIP and IDNs: DSRIP 1115 waiver outcome measures tied to ER rates and follow-up.
- Next Steps:
 - A Plan To Relocate The Children's Anna Philbrook Center
 - And Then Expand NHH Beds
 - Plan To Assure Patient Rights In ED/IEA Procedures For Involuntary Commitment.
 - Commissions to Study the SPU and Related Forensic Capacity at NHH
 - An Evaluation of The Gap In Needed Services
 - A Ten Year Behavioral Health Plan
 - Ongoing integration of behavioral health and physical health

What Can Be Done

- Integrated care for crisis patients
 - Re-envisioning something NH used to do well
- Prevention: Prevention and wrap around care at the right time before and during the crisis
- Education and Outreach: Educate patients and staff about the IEA process and alternatives
- Best Practices: Continue efforts to implement best practices for patients in crisis through team based care
- Care Coordination: Ensure every patient with acute episode has mental health care coordinator; Improve communication between inpatient, outpatient and community services, and insurance companies!
- Policy and Legislation: Help figure out gaps and fill them