Emergency Room Enhancement Project

Year 1 Report

EMERGENCY ROOM ENHANCEMENT

Improving Access to Behavioral Health Care

UMSL | MIMH

Missouri Institute of Mental Health

June 30, 2014

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Missouri Institute of Mental Health

Emergency Room Enhancement
Evaluation Report, Year 1

The Emergency Room Enhancement program was made possible from funding through the Governor's Improving Access to Behavioral Health Initiative and the Missouri Department of Mental Health's Division of Behavioral Health. The Missouri Institute of Mental Health is evaluating the program. Contents do not necessarily represent the official views of DBH, DMH, or other collaborating partners. This report was prepared by Rita E. Adkins, MPA, Michelle Hendricks, PhD, and Julie Matthews, BS. For more information contact the author at (314) 516-8454 or rita.adkins@mimh.edu.

EMERGENCY ROOM ENHANCEMENT
Improving Access to Behavioral Health Care

ERE Program Highlights, Year One

Governor Jay Nixon recognized a need to help individuals experiencing a mental health crisis receive timely, effective treatment in their communities, and proposed the Strengthening Missouri's Mental Health System initiative. One component of the initiative is the Emergency Room Enhancement (ERE) Project. The intent of this initiative is to increase access to behavioral health care for those citizens that need treatment for psychiatric conditions or substance use disorders by improving the coordination of care between hospitals, community mental health centers and substance abuse providers, thereby preventing unnecessary and costly Emergency Room visits. The initiative officially started in October, 2013 at seven sites across the state. This report is based on data collected thorough June 30, 2014, with the following achievements:

- The 7 administrative agents have successfully developed a collaborative between area hospitals, local community mental health centers, substance misuse treatment providers, law enforcement, local social support agencies, and Department of Developmental Disabilities agencies.
- The 7 sites have engaged 852 participants in the program.
- MIMH developed a secure, web-based data collection system to standardize the data elements collected in the program.
- Demographics of participants include:
    - 52% Male, 48% Female
    - 75% White, 19% Black, 2% American Indian, 2% Other Race, and 2% Hispanic
    - The average age is 36, the range is 18-77
    - 24% are homeless
    - 42% are uninsured, 33% have Medicaid, and 9% have private insurance
    - Presenting concerns in the ER include: 80% psychiatric disorder, 33% SA disorder, 24% suicidal, 20% with physical health issues, 14% with pain and 10% violent behavior
- To measure the effectiveness of the ERE project, engaged individuals are asked to participate in a 3-month follow-up. As of June 30, 2014, 319 participants have completed the follow-up, with the following statistically significant outcomes:
    - 61% reductions in both ER visits and hospitalizations
    - 68% reduction in homelessness
    - 24% reduction in unemployment
    - 107% increase in treatment program enrollment
    - 62% reduction in number of arrests
- The ER Enhancement Project continues to work with community service providers, adding members to the collaborative in their respective areas.
- As the ERE program expands, greater numbers of participants are receiving needed services for their behavioral health needs, and are thereby experiencing an enhanced quality of life.

Emergency Room Enhancement Project

Background

In response to Governor Nixon's recommendations that Missourians should be provided with "timely and effective treatment in their own communities," the Department of Mental Health's (DMH) Division of Behavioral Health (DBH) received funds to make behavioral health more accessible to the citizens of the state. The DBH provided funding to seven sites across the state for an ER Diversion project designed to develop models of effective intervention for people in behavioral health crisis. The goal of this project, the Emergency Room Enhancement (ERE) initiative, is to create alternatives to unnecessary hospitalization or extended hospitalization. This is to be accomplished through the creation of an effective collaboration of stakeholders to coordinate care for the whole person by addressing behavioral health, physical health and basic needs, reducing unnecessary ER visits.

The objectives of this initiative include:

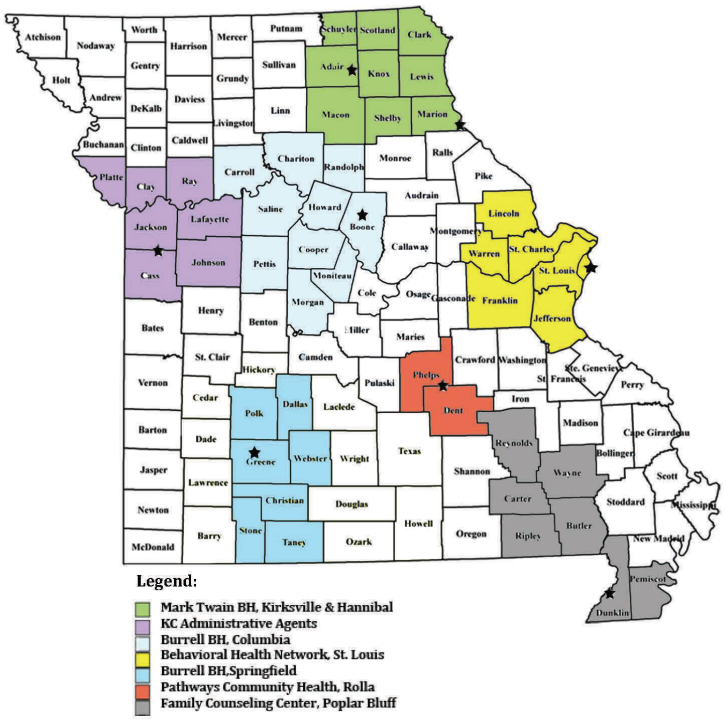
- Engaging target consumers into ongoing treatment
- Coordinating care for the whole person by addressing behavioral health, physical health and basic needs
- Reducing the need for future hospitalization
- Reducing hospitalization stays unnecessarily extended due to non-clinical factors

Project Sites

The seven service areas across the state (see Figure 1) selected by the DBH for the implementation of the ERE project is shown here. Before receiving funding, sites had to submit proposals to address how the project would be successful at meeting the following requirements:

- An effective **collaboration of stakeholders** to serve as partners (e.g., hospitals, law enforcement, treatment providers, Division of Developmental Disabilities Regional Offices, community- or faith-based organizations, etc.).
- An **organizational infrastructure** to support the initiative, including dedicated staff, administrative support, training for staff, internal and external coordination with programs, and a system of data collection and analysis.
- Use of a **community-based approach** via intensive outreach and engagement to reach the target population, which includes individuals with co-occurring mental illness and substance use disorders that may also have other chronic physical health conditions, who are high utilizers of the ER, and are not easily engaged in traditional community behavioral health care.

ERE Project Sites, by Administrative Agent and Counties Served



- Provision of **immediate response** to hospital requests for assistance by offering linkage with community-based behavioral health services, intensive case management, short- and long-term supports, and treatment retention strategies.
- Utilization of **flexible funding** to support services such as transportation, crisis beds, temporary housing, etc.
- Collection and maintenance of **consumer-specific and aggregate data** on those receiving services through the initiative.

Emergency Room Enhancement Project

Early Implementation

The program officially started in October, 2013. The two urban sites (St. Louis, Kansas City) that had previous ER diversion programs started engaging consumers right away, while other sites were slower to implement. Currently all sites are engaging consumers; however, some of these programs look much different from a traditional ER Diversion program originally envisioned. The DMH gave the sites latitude to design a program that fits their community, allowing for site specific engagement criteria. For instance, some sites have limited numbers of hospitals in their area, leaving the people in their area seeking help in unusual ways, such as turning themselves in at police stations. Therefore, some sites are receiving greater numbers of referrals from other sources (law enforcement, ACI) than from hospitals. As of June 30, 2014, there are 852 participants engaged in the program, with almost half having no previous history of ED use in the past 90 days.

Evaluation Purpose and Approach

The Missouri Institute of Mental Health (MIMH) is conducting the outcome evaluation that documents the implementation of the ER Enhancement Project at the 7 selected sites and assesses the degree to which the project improves outcomes for those patients needing care for psychiatric conditions or substance use disorders (SUD). The primary outcomes measured by the MIMH include the following:

- Number of ER visits (past 90 days)
- Number of hospitalizations (past 90 days)
- Employment
- Residential status and stability of housing
- Treatment program referrals and enrollment
- Law enforcement involvement (i.e., arrests)

The evaluation assesses the degree to which the ERE initiative achieves its goal of reducing ER utilization and lengths of stay by comparing utilization 3 months pre-intake to the ER utilization 3 months post-intake. Coordination of care for the target population is assessed by tracking referrals and enrollment in DMH treatment programs, (i.e., CPS, CSTAR, etc.), other behavioral health care, substance treatment and community programs within the area collaborative. Participants' housing and employment status and involvement with law enforcement is also collected at baseline and 3 months post-intake into the program. Outcome data is obtained through provider and patient surveys as well as existing data sets.

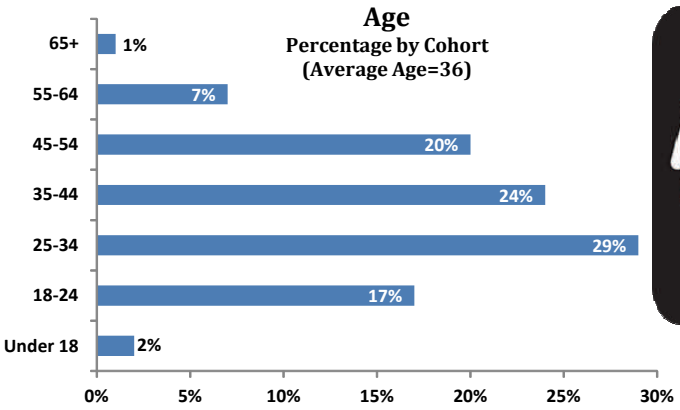
The CMHCs collect these outcomes from participants at program entry and at 3-months post-intake. All data is self-reported and participants receive a $10 incentive for completing the 3 month follow-up. MIMH also collects process data, including demographic information, program satisfaction, presenting concerns, law enforcement involvement with the ER visit, etc.

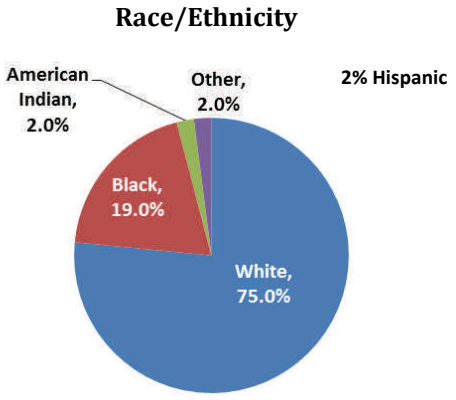
Process Evaluation

Improving the coordination of care for those needing psychiatric and substance abuse services is one of the central tenets of the ERE project. Collaboration between law enforcement, emergency rooms, community mental health centers, substance abuse providers, Department of Developmental Disabilities and other community services provides faster access to appropriate services, improving continuity of care and provides more effective service delivery and cost effectiveness.

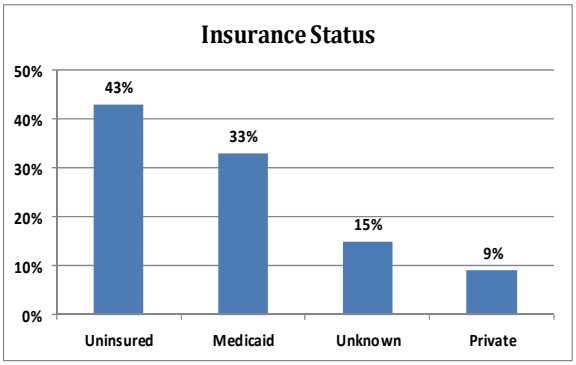
To determine the level of collaboration that exists between the proposed partnerships, stakeholders at each site were asked to complete a web-based questionnaire to measure the level of perceived collaboration at each of the 7 sites. The results of this survey can be found in Appendix1.

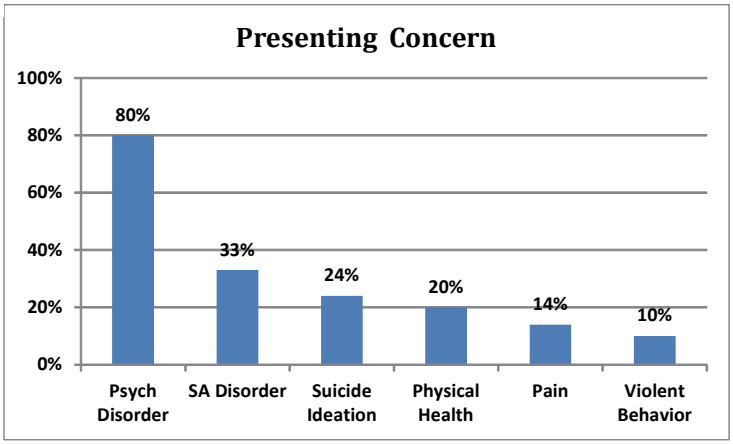
ERE Patient Demographics (N=852)





24% Homeless





Outcome Evaluation

The *outcome evaluation* assesses whether providers, patients and stakeholders benefitted from the ER Enhancement Project.

For the outcome portion of the evaluation, a literature review was conducted to determine valid and reliable instruments to determine changes in patient status. It was also important to be as succinct as possible to avoid adding undue burden to busy provider staff. Since many providers are familiar with the Addiction Severity Index[1] items used in the Government Performance Results Act (GPRA), MIMH selected those items to determine status changes. The data are collected at each site for all program participants at baseline and subsequent visits. These data are entered in a secure web-based data entry system designed by MIMH.

All data collectors received comprehensive training on study purposes, content of the survey instruments, and effective interviewing techniques through a live webinar conducted from MIMH and viewed by staff at each site. This webinar is available for review for new employees for registered users on the ERE website. A question-by-question (QXQ) document was developed and distributed to help clarify any lack of understanding of wording or phrases for use during the interviews. This document includes a review of proper interviewing techniques addressed in the webinar. The data collected includes:

Form A: Most of the questions on Form A are demographic questions, allowing MIMH to describe the participants in the program. Additionally, there are questions concerning services, including reasons for hospital ER visit, insurance status and whether law enforcement was involved with the visit. This form is usually completed by Outreach/CMHC staff.

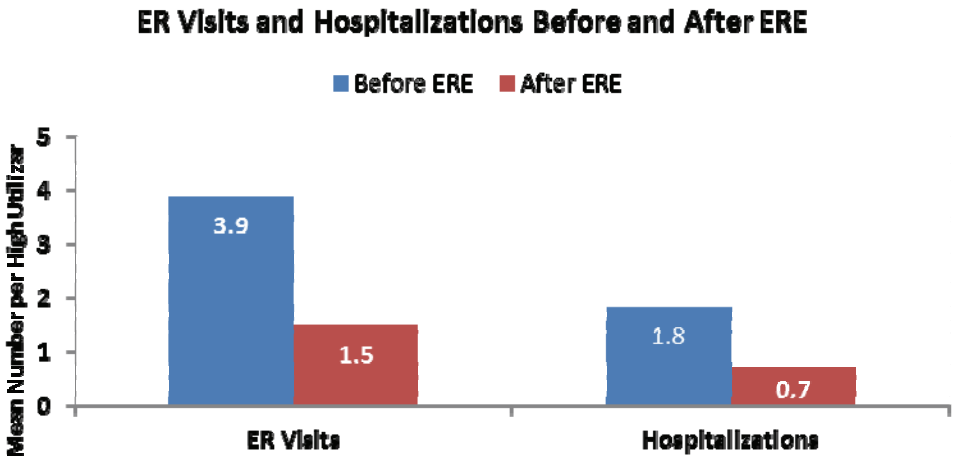
Form B: The questions on Form B are asked to determine baseline status in housing, employment, legal involvement, and prior ER visits and hospitalizations. This form is normally completed at the first visit to the CMHC, or at first contact from the Outreach/CMHC staff.

Form C: The questions on Form C are asked 3 months post intake to determine post-status in housing, employment, legal involvement, and prior ER visits and hospitalizations. The questions are similar to those asked at baseline, and should be asked by the Case Manager.

[1]McLellan, A.T., Luborsky, L., O'Brien, C.P. & Woody, G.E. (1980). An improved diagnostic instrument for substance abuse patients: The Addiction Severity Index. *Journal of Nervous & Mental Diseases, 168,* 26-33.

Three-Month Follow-Up Outcomes

To measure the effectiveness of the ERE project, individuals engaged in ERE services agree to participate in a 3-month follow-up. As of June 30, 2014 319 participants were asked the number of times they had gone to the ER or been hospitalized for behavioral health issues in the past 90 days. Results indicate that those receiving ERE services had decreases in ER visits and hospitalizations in the 3-month follow-up as compared to the 90 days prior to intake:



61% Reduction in ER Visits ($t(252) = 6.42, p < .001$)

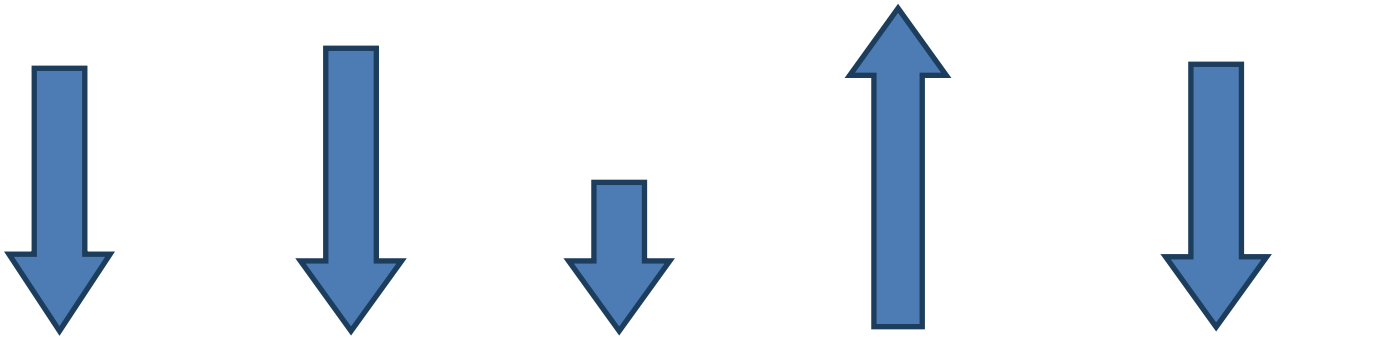
61% Reduction in Hospitalizations ($t(224) = 5.15, p < .001$)

"I was in a state of hopelessness when I was first admitted to the hospital—having suicidal thoughts, using IV drugs, and I found the whole ER experience traumatizing. I was referred to a provider in the ERE program. My case manager showed up out of nowhere and provided what I needed to live. They provided a firm foundation, a lifeline, giving me hope that I will make it."

Additional Three-Month Follow-Up Outcomes

The outcome measures track and determine real-life outcomes for people in recovery from mental health and substance abuse disorders. In addition to improvements in ER visits and hospitalizations in the past 90 days, ERE participants also experienced improvements in treatment program enrollment and reductions in number of arrests and unemployment. All outcomes are statistically significant results.

Additionally, preliminary results from the focus groups conducted with randomly selected ERE participants indicate that satisfaction with the program is high, with many feeling the program has been life changing.



61% Reductions each, in ER Visits & Hospitalizations

68% Reduction in Homelessness

24% Reduction in Unemployment

107% Increase in Tx Program Enrollment

62% Reductions in # of Arrests

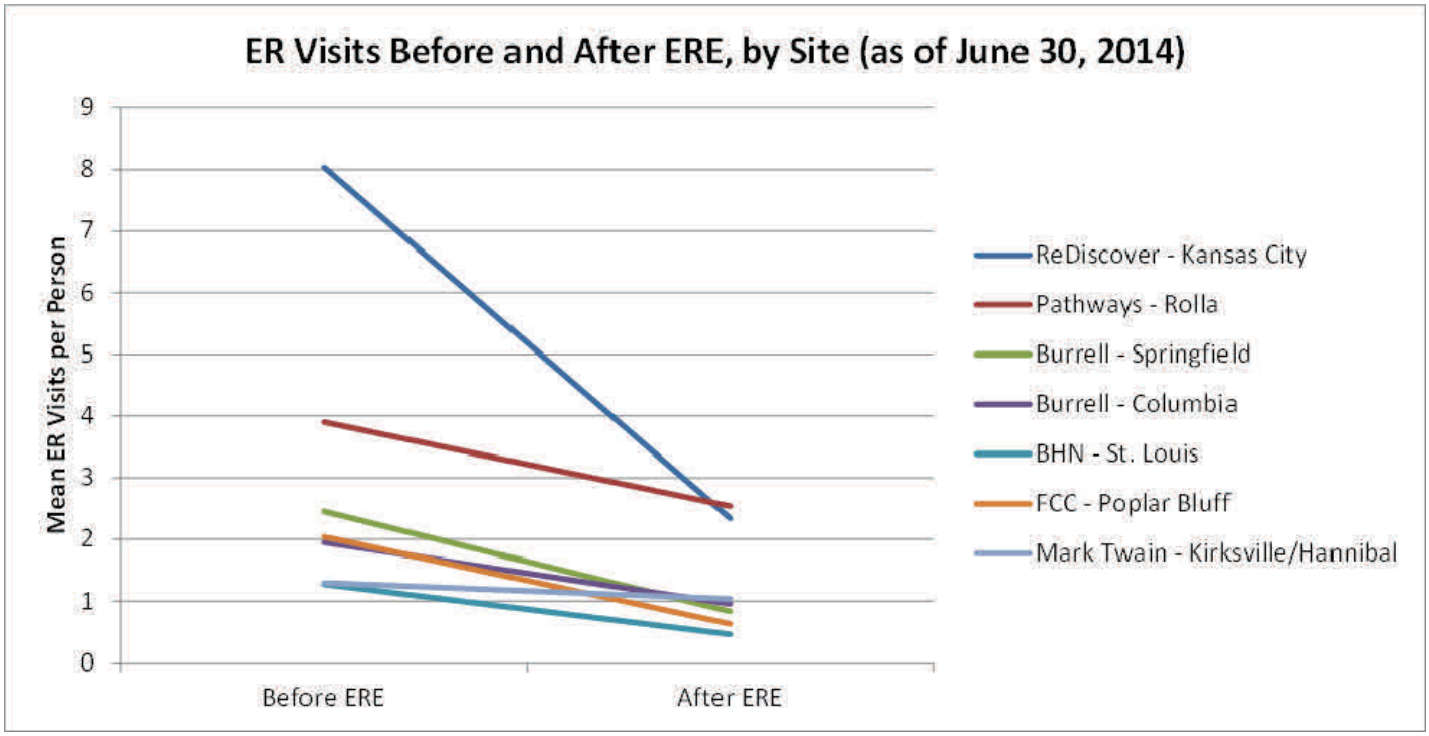
"I am so grateful for the ERE program. I looked for help before, but didn't get it. I'm me again thanks to the help I have received from the staff in this program"

Variability of Outcomes by Site

While overall there is a 61% decrease in ER visits, there are differences by site. The Kansas City site has program inclusion criteria of 6-8 visits in the past 90 days, allowing for greater reductions being exhibited than the other sites with less stringent eligibility criteria. Mark Twain Behavioral Health and the Family Counseling Centers both cover large geographic areas that have few hospitals, contributing to their lower reduction rates.

In the more rural areas with fewer hospitals, individuals experiencing behavioral health episodes often end up in the local jails. Additionally, law enforcement personnel are approached by individuals seeking help for their behavioral health needs. The administrative agents have worked proactively with the local law enforcement to inform them on how to connect these individuals with the community mental health agencies and other services needed, preventing excessive incarcerations.

The number of ER visits 90 days before receiving ERE services, and 90 days after receiving ERE services follows:



Differences in Follow-Up Rates

Each of the seven sites has agreed to provide MIMH with the data needed to determine any changes in ER usage, housing, employment, CJ involvement and enrollments in treatment programs. To measure the effectiveness of the ERE project, participants are asked to participate in a follow-up interview. There have been varying degrees of success in reaching those engaged in the ERE services for follow-up data collection as follows:

Site	Engaged	3 mo FUP Completed	% FUP Completed
Pathways	72	70	97%
KC	118	77	65%
Springfield	178	110	61%
St. Louis	131	41	31%
Columbia	82	47	57%
FCC	116	116	100%
Mark Twain	155	109	70%

"I give this program the highest praise. There are people out there that need the help—I'm one of them—and I'm thankful for the help my family and I receive."

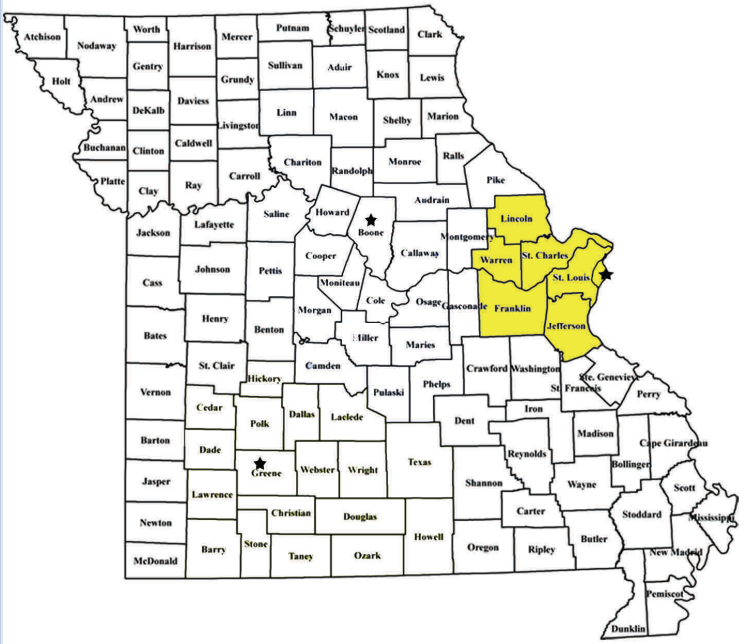
Eastern Region

The Behavioral Health Network of Greater St. Louis (BHN) manages the Emergency Room (ER) Enhancement project on behalf of the region's DMH Administrative Agents, which are the following Community Mental Health Centers (CMHCs): BJC Behavioral Health, Crider Health Center, COMTREA Comprehensive Health Center, and Hopewell Center. This project targets a defined population considered to be high users of ERs and inpatient settings, with the primary goal to reduce preventable ER and inpatient psychiatric readmissions across the region. This project aims to facilitate an integrated 24/7 region-wide approach by expanding the scope of BHN's successful Hospital-Community Linkages (HCL) project. The service delivery model is integrated with the Behavioral Health Response's (BHR) Access-Crisis Intervention (ACI) system and the St. Louis Integrated Health Network's (IHN) Community Referral Coordinator (CRC) program, and is based on the following:

- Rapid identification, assessment and referral at point of contact allows for effective triage.
- Critical care transitions are managed by providing time-limited community outreach, engagement, and crisis intervention services.
- Community supports are provided to address key social and environmental determinants of health.
- Clients are linked and engaged in care with existing Mental Health Providers and specialty services to address ongoing behavioral and primary health care needs.
- The regional infrastructure will continue to be expanded and enhanced to maximize system-wide collective impact of these new strategies and transform the workforce to collaboratively improve care, improve health outcomes and reduce costs.

Participant Characteristics	
Pts Engaged	131
Average Age	32
% Female	42%
% White	44%
% Black	45%
% Am Indian	0%
% Other Race	4%
% Hispanic	0%
% Homeless	4%

Administrative Agent: Behavioral Health Network



Collaborative Members:

Hospitals:
Barnes-Jewish Hospital
Christian Hospital
Mercy Hospital
Mercy Jefferson Regional Medical Center
St. Alexius Hospital
St. Anthony's Medical Center
St. Louis Regional Psychiatric Stabilization Center
St. Louis University Hospital
SSM DePaul Health Center
SSM St. Joseph's Health Center
SSM St. Joseph's Health Center-Wentzville
SSM St. Mary's Health Center

CMHC's:
Adapt of Missouri
BJC Behavioral Health Center
COMTREA Comprehensive Health Center
Crider Health Center
Hopewell Center
Independence Center
Places for People

Treatment Providers:
Bridgeway Behavioral Health
Preferred Family Healthcare
Queen of Peace Center

Local Law Enforcement CIT's
Franklin Co
Jefferson Co
Lincoln Co
St. Charles Co
St. Louis City
St. Louis Co
Warren Co

Division of Developmental Disabilities
Tri-County Regional Office
St. Louis Co Regional Office

Service Agencies:
Mental Health America of Eastern MO
NAMI St. Louis
Bridges to Care and Recovery

North Central Region, Service Area 12

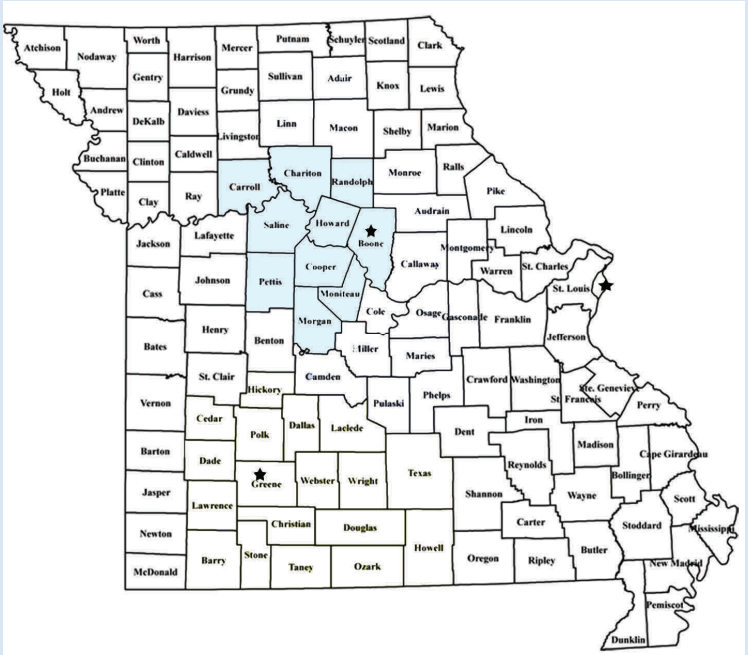
Burrell Behavioral Health in Columbia is the Administrative Agent for the ER Enhancement Project in Service Area 12. The project has moved from a stand alone initiative focused on access to care and identification of participants to a system which includes direct outreach, as well as levels of care based on client need and creating a system where clients can gain mental and/or physical health care in a timely manner in the community in which they live.

The increased relationships built through this project with hospitals, substance abuse treatment providers, community members and law enforcement has facilitated the need for additional adjustments to improve client outcomes. The goal is to focus the scope of services delivered and target high quality interventions in integrated behavioral healthcare with already established service providers who are situated to address the problem of high utilization and an overage of ER costs. This will be conducted through targeted interventions, skilled patient management, and continued expansion and availability of community resources.

Since the inception of the ER Enhancement Project, homelessness, being uninsured, experiencing a psychiatric disorder and a substance abuse/use disorder are among the top 4 presenting concerns. Based upon this data, focusing on these issues is a priority, along with securing stable and safe housing, assisting participants in pursuing a form of insurance, and receiving appropriate and timely treatment for their mental and/or physical health issues.

Participant Characteristics	
Pts Engaged	82
Average Age	36
% Female	54%
% White	67%
% Black	26%
% Am Indian	0%
% Other Race	4%
% Hispanic	2%
% Homeless	35%

Administrative Agent: Burrell Behavioral Health –Columbia



Collaborative Members:

Hospitals/Clinics:

Family Health Center
Katy Trails Community Health Center (FQHC)
University of Missouri Hospitals and Clinics
MUPC
Boone Hospital
Bothwell Regional Health Center
Golden Valley Memorial Hospital

CMHC's:

Burrell Behavioral Health

Treatment Providers:

Phoenix House
McCambridge Center

Local Law Enforcement CIT's

County Sherriff's Department
City Police Departments
County Jails
Probation and Parole
Boone County Mental Health Court

Division of Developmental Disabilities

Central Missouri Regional Center

Service Agencies:

County Domestic Violence Centers
Homeless Shelters
Basic Needs Agencies

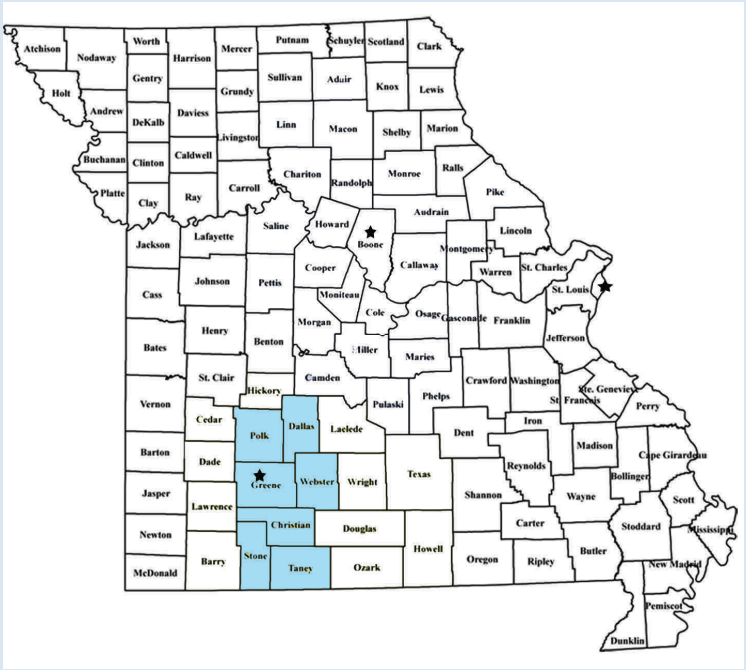
Southwest Region, Service Area 10

Burrell Behavioral Health in Springfield is the Administrative Agent for the ER Enhancement Project in Service Area 10. There is a continuous collaboration, bringing together behavioral health providers, hospitals, service providers for the homeless, social service organizations, law enforcement, and other community agencies that promote the coordination of services while addressing relative issues with the intent of making behavioral health care more accessible. A coordinated effort has been made, working directly with site hospitals to reduce the need for future hospitalizations by offering a single access point with same day screenings and support to those individuals being discharged from the hospital.

It is a goal that consumers be immediately linked and engaged with an ERE Community Support Specialist (CSS) upon referral from the hospital, clinic, or law enforcement. The consumer can receive an immediate screening with a licensed clinician or schedule an appointment if preferred. The CSS is able to provide intensive outreach and engagement and assist in linkage to other community based behavioral health services. They can provide short term intensive case management, transportation, aftercare planning, outreach, utilization of peer support services, and application processes for Medicaid, disability or housing. They are able to engage the client until their therapist, psychiatric, or other scheduled appointments. Clients are often engaged into community services such as CPRC, Bill's place, One Door, free clinic, The Kitchen, STEPS, ICRC, substance abuse treatment, other community behavioral health agencies, faith based organizations, etc.

Participant Characteristics	
Pts Engaged	178
Average Age	39
% Female	50%
% White	87%
% Black	10%
% Am Indian	5%
% Other Race	3%
% Hispanic	3%
% Homeless	30%

Administrative Agent: Burrell Behavioral Health –Springfield



Collaborative Members:

Hospitals/Clinics:

CoxHealth North/South Hospital , Springfield
CoxHealth Hospital, Branson
Citizens Memorial Hospital
Mercy Hospital
Ozarks Community Hospital
Jordan Valley Community Medical Center, Springfield
Jordan Valley Marshfield Clinic

CMHC's:

Burrell Behavioral Health

Treatment Providers:

Sigma House

Local Law Enforcement CIT's

County Sherriff's Department
City Police Departments
County Jails
Probation and Parole
Regional Law Enforcement Agencies
Green County Mental Health Court

Division of Developmental Disabilities

Springfield Regional Center

Service Agencies:

Community Partnership of the Ozarks
Family Violence Center
Isabel's House
Bill's Place
STEPS

Southeast Region

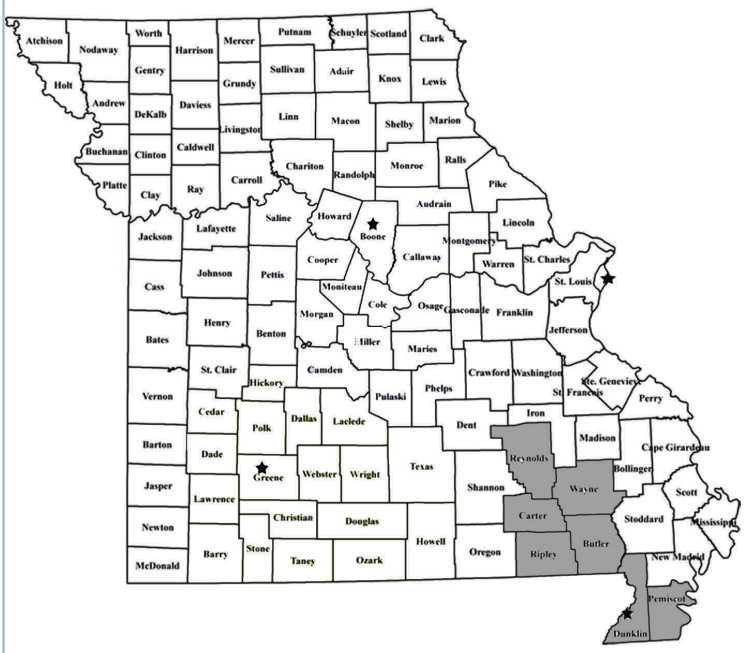
Service Area 19

Family Counseling Center, Inc. (FCC) is the Administrative Agent of the Emergency Room Enhancement Project in Service Area 19. The project continues to seek to address engaging target consumers into ongoing community-based treatment, coordinating overall wellness by addressing behavioral health, physical health, and basic needs to promote stable community-based living, reducing the need for hospitalization, and reducing the length of stay of hospitalization as a result of non-clinical factors.

A community–based approach is utilized to allow persons served to move along a continuum of care (CoC) to best meet their ongoing behavioral health needs. The ER Enhancement project team works with community partners and FCC service providers to streamline access to the local CoC and assure seamless transitions up and down the continuum to meet the ongoing service needs of persons-served. The goal is to provide outreach and link the target population with psychiatric and addiction disorders to less costly, more effective community-based services utilizing intensive community support specialists, who are qualified mental health professionals, in each area that will respond to emergency rooms, crisis teams, homeless shelters, addiction programs, law enforcement, and social service agencies to provide an immediate response that will include screening, assessment and linkage to the most appropriate level of care. The project is a true community effort, partnering with many providers to assure appropriate and seamless access to care.

Participant Characteristics	
Pts Engaged	116
Average Age	37
% Female	63%
% White	88%
% Black	7%
% Am Indian	0%
% Other Race	4%
% Hispanic	3%
% Homeless	24%

Administrative Agent: Family Counseling Center



Collaborative Members:

Hospitals:

Twin Rivers Regional Medical Center
Poplar Bluff Regional Medical Center
John J. Pershing Veteran's Hospital
Pemiscot County Memorial Hospital

CMHC's:

Family Counseling Center, Inc.

Treatment Providers:

Hayti General Comprehensive Substance Treatment and Rehabilitation (CSTAR)
Cape Girardeau Women's CSTAR program
Kennett Adolescent CSTAR program
SEMO CTC

Local Law Enforcement CIT's

County Sheriff's Offices in the 7 counties
Poplar Bluff Police Department
Kennett Police Department
Hayti Police Department

Division of Developmental Disabilities

Service Area 19 Regional Offices

Service Agencies:

HUD
Delta Area Economic Opportunity Corp (DAEOC)
Independent Living Center of Southeast Missouri
Butler County Vocational Rehabilitation Center
Missouri Career Center
United Gospel Rescue Mission
Haven House
Salvation Army
Child Concern Center
Missouri Highlands Health Care
SEMO Health Network
Area Housing Authorities
County Health Departments
Area Social Security Administration
Area Departments of Social Services
Area United Way Boards
Ripley County Crisis Center
County Transit Authorities

Western Region,

Service Areas 4, 2A, 5, & 3

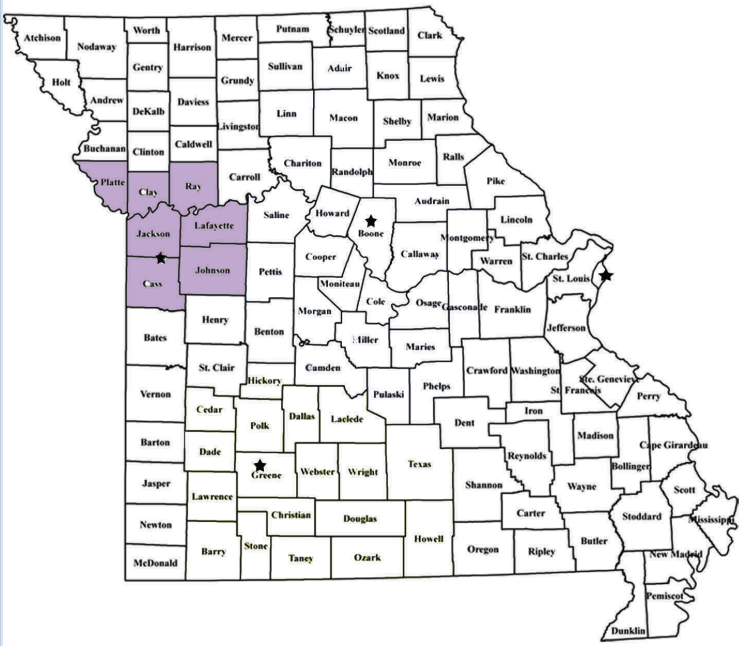
The Kansas City ER Enhancement project is a collaboration of safety net providers who have agreed to divert persons with psychiatric and addiction disorders from hospitals to alternative services. The target population includes uninsured and underinsured adults (18 and older) with co-occurring conditions who frequent emergency rooms and inpatient services. They are below the federal poverty level and more than half are homeless.

Outreach teams provide an immediate response to hospitals' requests for service including short-term, intensive response (stabilization, respite care, intensive case management) and longer-term supports that promote self-sufficiency (disease management, recovery, aftercare planning, housing, and transportation). Treatment retention strategies will include outreach, assertive engagement, support services and family member involvement.

Individuals are engaged quickly and effectively through immediate response via telephone and/or mobile staff, respite, crisis residential, intensive case management, shelter, and numerous other services. Staff connect clients with CPS and ADA funded community services, using existing funds as appropriate. Most clients will be eligible for long-term supports and will be connected with those services. CMHCs will continue to prioritize this population. The philosophy of engagement includes continued & follow-up contact with any clients who may disengage at any point even after connected to long-term support services. Staff have the philosophy of never giving up on the individual and re-evaluating engagement methods if the individual does not respond to services.

Patient Characteristics	
Pts Engaged	118
Average Age	39
% Female	34%
% White	58%
% Black	38%
% Am Indian	2%
% Other Race	1%
% Hispanic	4%
% Homeless	44%

Administrative Agent: Kansas City Administrative Agents



Collaborative Members:

Hospitals:

Truman Medical Centers
St. Luke's Hospitals
HCA Hospitals
North Kansas City Hospital
Liberty Hospital
St. Joseph

Administrative Agents::

Comprehensive Mental Health Services
ReDiscover
Swope Health Services
Tri-County Mental Health Services
Truman Behavioral Health
Pathways

Treatment Providers:

Pathways Community Health
Comprehensive Mental Health Services
ReDiscover
Swope Health Services

Local Law Enforcement CIT's

Regional Law Enforcement

Division of Developmental Disabilities

Regional Office

Service Agencies:

CommCare
NAMI
ReStart
Moses-Salvation Army
Homeless Coalition
Artists Helping the Homeless

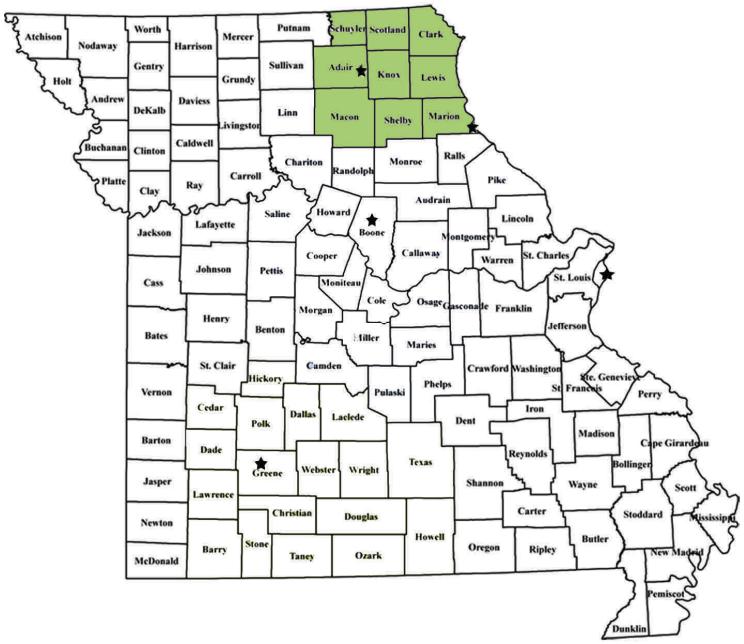
Northeast Region, Service Area 14

Mark Twain Behavioral Health (MTBH) is the Administrative Agent for the ER Enhancement Project for Service Area 14. Services encompass the Division of Behavioral Health's project goals of engaging consumers in treatment, coordinating whole person care, and reducing the need for future and unnecessary hospitalizations. MTBH is involved in a comprehensive campaign to educate the community and various behavioral, substance abuse, and physical health service related organizations about available services.

MTBH is coordinating with partners for an easier flow of information to address high risk consumers that are not already engaged in services, reaching out to healthcare providers who provide sliding fee scale services to assist in engaging consumers with more affordable health care, and enhancing existing mental health services and build on the safety net for at risk consumers in need of acute psychiatric care. Consumers are assisted in applying for Medicaid to enable them in enrolling in more long-term based mental health services. Drug assistance services will be managed internally with a part-time nurse and medication services for ERE consumers will be provided by working with pharmacists and providers to assure that the clients are on medications that they can sustain cost-wise in the future. Services also include intensive case management, supportive transportation, co-pays for emergency psychiatric medical services for medication management, emergency funds for psychotropic medications, psychiatric appointments and observation beds for short-term stabilization.

Patient Characteristics	
Pts Engaged	155
Average Age	35
% Female	52%
% White	90%
% Black	8%
% Am Indian	2%
% Other Race	1%
% Hispanic	0%
% Homeless	19%

Administrative Agent: Mark Twain Behavioral Health



Collaborative Members:

Hospitals:

Truman Medical Centers
St. Luke's Hospitals
HCA Hospitals
North Kansas City Hospital
Liberty Hospital
St. Joseph

CMHC's:

Pathways Community Health
Comprehensive Mental Health Services
ReDiscover
Swope Health Services

Treatment Providers:

Pathways Community Health
Comprehensive Mental Health Services
ReDiscover
Swope Health Services

Local Law Enforcement CIT's

Regional Law Enforcement

Division of Developmental Disabilities

Regional Office

Service Agencies:

CommCare

NAMI
ReStart
Moses-Salvation Army
Homeless Coalition
Artists Helping the Homeless
Bridges to Care and Recovery

South Central Region, Service Area 17B

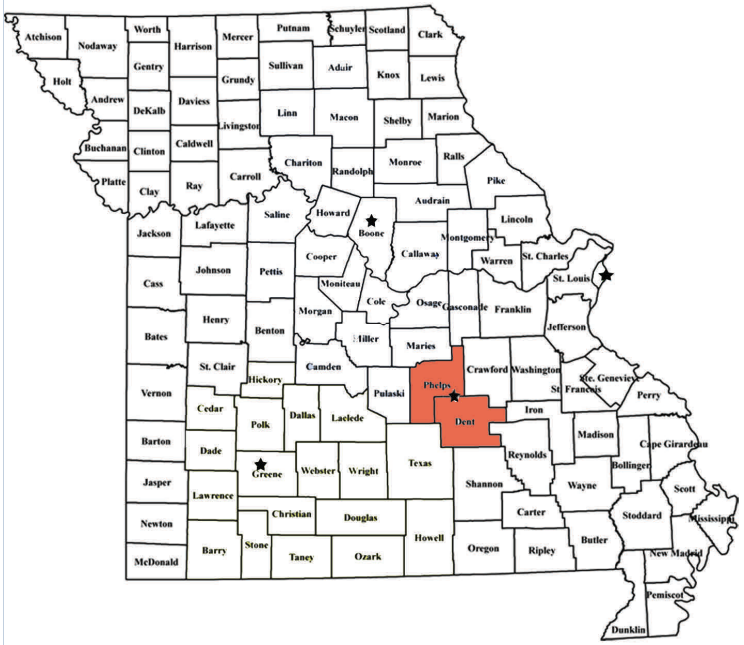
Pathways Community Health (Pathways) is the Administrative Agent for the ER Enhancement project for Service Area 17B. Pathways uses a comprehensive system to support the ER Enhancement Project serving consumers with complex health conditions plus behavioral health and addictive disorders by utilizing Psychiatrists, Qualified Mental Health Professionals (QMHPs) and Community Support Engagement Specialists for direct care.

Pathways provides outreach to engage identified consumers who have multiple Emergency Department visits and symptoms of behavioral health or addictive disorders into community based case management to assure they have or develop the skills and resources they need to get and stay healthy. They develop collaborative arrangements with each Emergency Department to identify persons with repeated Emergency Department visits and symptoms of behavioral health and/of addictive disorders and also develop collaborative arrangements with specialty care providers such as SEMO-CTC, dialysis clinics, primary care, etc. to assure ease of service access for the consumer and reimbursement for the providers to assure follow-up from the Emergency Departments and development of appropriate care to prevent repeat Emergency Department visits. Assistance is provided for persons to develop long term supports and to achieve recovery.

Anticipated outcomes include: improvements in access to immediate psychiatric, addiction and physical health screenings and crisis services; improvements in treatment engagement in high-risk individuals; and improvements in health and behavioral health outcomes.

Participant Characteristics	
Pts Engaged	72
Average Age	38
% Female	51%
% White	95%
% Black	1%
% Am Indian	0%
% Other Race	2%
% Hispanic	1%
% Homeless	13%

Administrative Agent: Pathways



Collaborative Members:

Hospitals:

Hermann Area District Hospital

Salem Memorial District Hospital

Phelps County Regional Medical Center

CMHC's:

Pathways Community Health

Treatment Providers:

SEMO-CTC

Local Law Enforcement CIT's

City and County Law Enforcement

Division of Developmental Disabilities

Rolla Regional Office

Service Agencies:

Local Food Banks

Faith Based Support Programs

Community Partnerships

ERE Evaluation Year 1 Accomplishments

- Developed a logic model and a process logic model for the project, along with a flowchart of anticipated patient flow
- Met with all sites either in person or via videoconferencing
- Developed a spreadsheet documenting eligibility criteria and other site specific information on each of the 7 sites
- Developed a website (EREnhancement.org) for informational purposes
- Obtained IRB approval for data collection from the 7 sites
- Developed an intake form for all data requirements for the evaluation portion, revising based on input from the sites
- Developed a secure, web-based data entry system based on the intake forms to collect evaluation data for all participants
- Developed and distributed an Evaluation Procedure Manual and Question by Question manual explaining the intent of each of the data elements the sites are collecting
- Continue to refine and maintain data entry system
- Developed a user's manual to be used as a guide for the web-based data entry system
- Conducted a webinar to introduce effective interviewing skills and the web-based data entry system
- Developed a Repository on the website for all registered users to access project-related documents and articles of interest
- Developed and distributed a web-based collaboration survey for the initiative partners from each site to complete online
- Obtained IRB approval for the collaborative survey
- Held calls with each of the sites to determine the status of their experiences with the data entry system
- Based on input from the KC site, additional fields added to the data entry system, requiring additional programming, testing and documentation.
- Developed a follow-up protocol and documents to monitor the distribution of the gift cards used as incentives for the 3 month follow-up for the program participants
- Developed reporting capabilities on the website for the program managers at each of the 7 sites, including the ability to download site specific data for internal reports.
- Developed a data dictionary for use with the downloaded data.
- Developed program to import data collected through the ETO system for St. Louis, as well as for importing an Excel spreadsheet from KC
- Developed focus group questions for ERE participants
- Obtained IRB approval for focus groups with ERE service participants
- Introduced the ERE program at the Healthy Lives Healthy Communities conference in Columbia, MO.
- Presented the ERE program at the Spring Training Institute at TanTarA at Lake Ozarks, MO.
- Organized a meeting at STI with attendees from 5 of the 7 sites.
- Produced a report of the results of the web-based collaboration survey completed by 78 collaborative partners.
- Abstract accepted by the American Public Health Assn to present ERE program at the 2014 conference.
- Maintain contact with sites on a regular basis to determine any technical assistance needed
- Completed monthly evaluation reports
- Provided information requested from DBH for project status/reports to legislature

Next Steps

EMERGENCY ROOM ENHANCEMENT
Improving Access to Behavioral Health Care

In Year 2, MIMH Evaluation staff propose to do the following:

- Add a 6 month follow-up screen to the data collection site to measure the stability of status changes
- Implement incentive distribution tracking on the data entry website
- Complete focus groups with participants
- Produce report on focus group findings
- Enhance the existing EREnhancement.org site with more information on individual sites, including links to collaborative agencies
- Work with sites to increase the follow-up rates
- Hold calls with each of the sites to monitor their experiences with the data entry system
- Continue to submit monthly status reports
- Continue to monitor site numbers
- Continue to respond to site requests for specialized data reports
- Continue to provide technical assistance to sites on the ERE data collection system
- Continue to provide information requested from DBH for project status/reports to legislature
- Conduct a refresher webinar to introduce effective interviewing skills and the web-based data entry system
- Submit a proposal to the Spring Institute, to include a rural and urban site to discuss barriers and successes of program implementation
- Continue to work with the St. Louis site refining the importation of data collected through the ETO system
- Organize quarterly meetings with sites in Jefferson City
- Distribute a second web-based collaboration survey for the initiative partners from each site to complete online

"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 every-one suffering from mental illness can live meaningful lives in their communities."
– Rosalynn Carter

Appendix 1

Results of the Collaborative Survey

May, 2014

EMERGENCY ROOM ENHANCEMENT

Improving Access to Behavioral Health Care

Prepared by: Mary C. Dugan, PhD
Julie Matthews, BLS
Rita E. Adkins, MPA

DEDICATED TO IMPROVING BEHAVIORAL HEALTH
MIMH
MISSOURI INSTITUTE OF MENTAL HEALTH
University of Missouri–St. Louis

Highlights of Emergency Room Enhancement Project
Community Collaboration Survey

The 17-Indicator Collaboration Scale identified by Thomson, Perry, and Miller (2007) was used to assess the level of collaboration among each of the 7 regions implementing the Emergency Room Expansion project. The scale assesses the concept of collaboration plus five key dimensions: Governance, Administration, Autonomy, Mutuality and Norms (Thomson & Perry, 2006, Thomson et al., 2007) and consists of 17 items using a 7-point scale. Respondents are asked to rate how much they agree or disagree with each of the statements. Responses ranged from "Not at All" (1) to "To a Great Extent" (7). Each of the administrative agents provided contact information for the individuals at each of the agencies in its collaborative. An email was distributed inviting participation in an anonymous web-based survey. Due to low response rates from some regions, results are in aggregate, and summarized below:

- Of the 130 invitations that were distributed, 78 respondents completed the questionnaire.
- Sixty percent (60%) worked for their agency for more than 5 years, and 91% had worked in their respective fields for more than 5 years.
- Almost half reported the primary service offered was for mental health services, with a quarter providing substance abuse treatment services.
- The majority (88%) reported attendance at a meeting with the regional collaborative partners, with over half (70%) reporting communicating with the lead agency once a month or more.
- On the "Governance" scale, 85% tended to agree that their opinions are considered in the collaborative decision-making process.
- Almost all (94%) of the respondents state understanding the scope of their role on the "Administrative" scale, with slightly less agreement (78-86%) that tasks with other agencies are well coordinated and in agreement with the collaborative goals.
- For the "Autonomy" scale, 93% feel that being part of the collaborative did not interfere in keeping their organizational goals, and 82% feel that meeting both agency and ERE goals did not present a conflict.
- Almost 75% of respondents feel that partners work together in combining resources on the "Mutuality" scale, with 86% agreeing that working together will strengthen their program.
- There is weaker agreement on the "Norms" scales, with 61% feeling other agencies in the collaborative are trustworthy and 57% feeling they can count on other agencies. However, 62% feel it is worthwhile to stay in the collaborative.
- The survey will be repeated in subsequent years to compare results and identify changes overtime.

Emergency Room Enhancement Project
Community Collaboration Survey

Overview

Improving the coordination of care for those needing psychiatric and substance abuse services is one of the central tenets of the Emergency Room Enhancement project (ERE). Collaboration between stakeholders such as law enforcement, emergency rooms, community mental health centers, substance abuse providers, Department of Developmental Disabilities and other community services provides faster access to appropriate services, improved continuity of care, more effective service delivery and cost effectiveness. A web-based questionnaire was developed and distributed to stakeholders in February 2014 to determine the perceived level of collaboration that exists between the proposed partnerships. This report addresses the results of the questionnaire.

Sample

Each of the regional administrative agents provided contact information for the individuals at each of the agencies in its collaborative. An email was distributed inviting participation in an anonymous web-based survey. Stakeholders were invited to participate via an email that contained a link to the questionnaire. Due to the low response rates from some regions, results are reported in aggregate, . A total of 130 invitations were distributed and 78 respondents completed the questionnaire. The chart below displays the number of invitations sent and the number of questionnaires completed by each region.

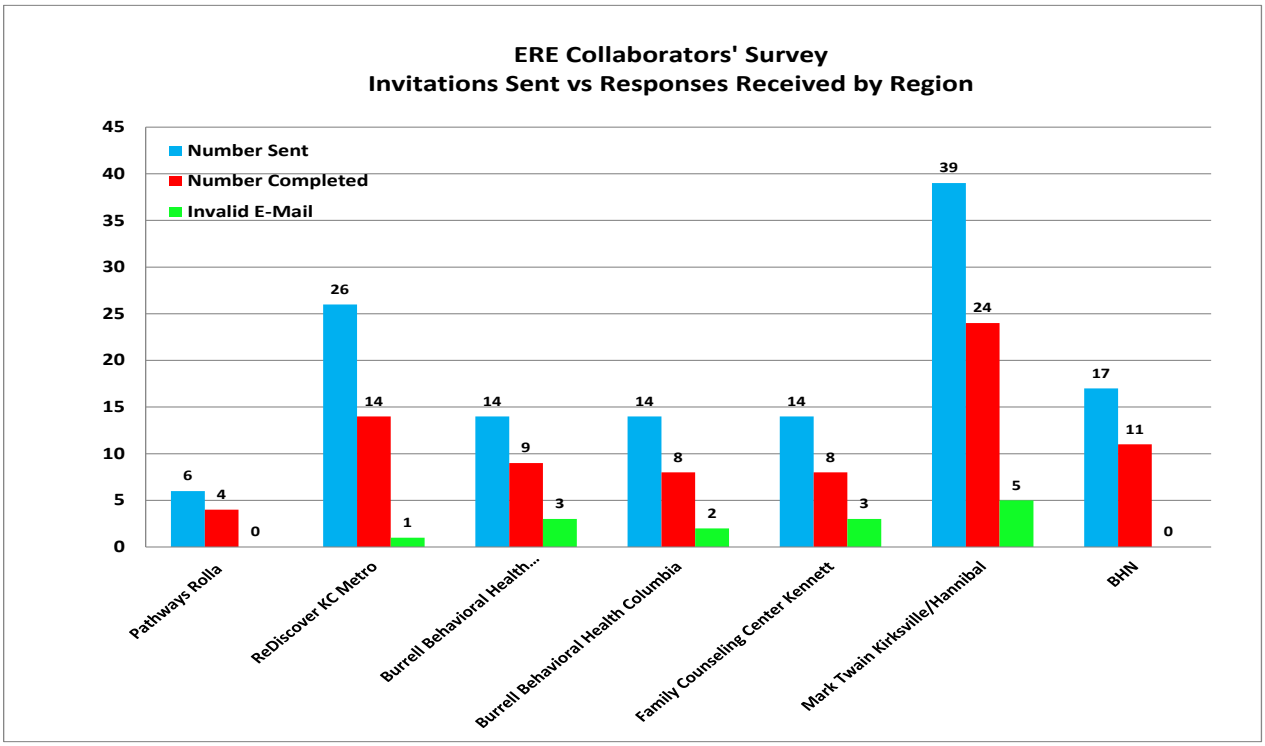


Figure 1. Responses by region.

Respondents reported the approximate number of years they worked for their agency and in their respective fields. Sixty percent (60%) have worked for their agency for more than 5 years and 91% have

worked in their fields for more than 5 years. Responses are shown in table 1and 2. Of those who responded (N=40), 75% stated they were in a managerial or directorial position within their agency.

Table 1. N=76

Approximately how many years have you worked for your agency?		
	Number	Percent
Less than one year	2	3%
1 year to 3 years	19	25%
4 years to 5 years	9	12%
6 years to 10 years	23	30%
11 years to 15 years	7	9%
16 years to 20 years	9	12%
More than 20 years	7	9%
Total	**76**	**100%**

Table 2. N=76

Approximately how many years have you worked in this field?		
	Number	Percent
Less than one year	0	0%
1 year to 3 years	4	5%
4 years to 5 years	3	4%
6 years to 10 years	11	14%
11 years to 15 years	11	14%
16 years to 20 years	15	20%
More than 20 years	32	42%
Total	**76**	**100%**

Agency Characteristics

When asked what the primary service or services their agency provides, 48% percent of respondents stated mental health treatment, 22% substance abuse treatment, 21% social services, 18% primary care/physical health services, 7% education, and 4% treatment specific to psychological trauma. Thirty nine percent (39%) responded “other” (see Table 3). Of those who answered the item relating to employees N=18), it was reported that 94% of those employed at their respective agencies are full-time employees and 6% are part-time employees.

Table 3. The percentages (and number of responses) total is greater than 100% as respondents were allowed to choose more than one service.

What is the primary service or services your agency provides?	Number	Percent
Mental Health Treatment	32	48%
Other (please specify):	26	39%
Substance Abuse Treatment	15	22%
Social Services	14	21%
Primary Care/Physical Health	12	18%
Education	5	7%
Treatment Specific to Psychological Trauma	3	4%

Over half of respondents stated they personally communicated with the lead agency in their regions ERE project approximately once a month (36%) or less than once a month (23%). Eighteen percent (18%) communicated 2-3 times a month and 16% of respondents communicated with the lead agency once a week or more. Seven percent (7%) reported never communicating with the lead agency in their region (see Table 4). The majority (88%, N=40) of respondents answered they had attended a meeting with the collaborative partners in their region.

Table 4. N=56.

Approximately how often do you personally communicate with the lead agency in your regions ERE project?	Number	Percent
Never	4	7%
Less than Once a Month	13	23%
Once a Month	20	36%
2 - 3 Times a Month	10	18%
Once a Week	5	9%
2 - 3 Times a Week	1	2%
Daily	3	5%
Total	56	100%

Trauma Practices

Respondents were asked if their agency implemented trauma informed practices or policies. Trauma informed agencies assess and potentially modify every part of its organization, management and service

delivery system based upon an understanding of how an individual who has experienced psychological trauma and is seeking services would be affected. Twenty five (25) respondents reported that their agencies did implement trauma informed practices or policies including trainings for clinicians and staff, trauma informed assessments, screenings, and referrals, trauma informed care and treatment, education, and individual and group therapy specializing in trauma. Some respondents also stated implementing models of counseling developed for trauma such as Seeking Safety, Risking Connection, Language of Caring, and the Trauma Recovery and Empowerment Model.

Collaboration

Description of Survey Tool

The 17-Indicator Collaboration Scale identified by Thomson, Perry, and Miller (2007) was used to assess the level of collaboration among each of the 7 regions implementing the Emergency Room Expansion project. The scale assesses the concept of collaboration plus five key dimensions: Governance, Administration, Autonomy, Mutuality and Norms and consists of 17 items using a 7-point scale. Respondents are asked to rate how much they agree or disagree with each of the statements. Responses ranged from "Not at All" (1) to "To a Great Extent" (7). In addition to the 17 items, an additional open-ended question was asked so that respondents could provide comments, concerns, or suggestions. The responses to the qualitative questions will be summarized and coded for any theme(s) that may emerge. The survey will be administered again to compare results and identify any changes over time in subsequent years. Mean scores from baseline and follow-up year(s) will be compared for Thomson's 17-Indicator Collaboration Scale and outcome measures will be compared with the scale to assess the relationship between collaboration and the project outcomes. Permission was obtained from Dr. Ann Marie Thomson to use the tool provided appropriate credit/citation of her work is included in any publications. Dr. Thomson also expressed interest in the hearing how our project develops and any results we would be willing to share.

Results

Governance (See Table 5).

Governance is defined (Thomson & Perry, Thomson et al. 2007) as the group jointly making decisions and arriving at outcomes through group consensus rather than coercion or control.

For the item "Partner organizations take your organization's opinions seriously when decisions are made about the collaboration" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 84.6 % of the time, with only 13% being neutral (choosing 4), and 2.8% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "Your organization brainstorms with partner organizations to develop solutions to mission-related problems facing the collaboration" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 86.0% of the time, with only 8.3% being neutral (choosing 4), and 5.6% "Not at All" agreeing (choosing 1, 2 or 3).

Table 5: Governance.

Choose the number that best indicates how much….	Not at All 1	2	3	4	5	6	To a Great Extent 7
Partner organizations take your organization's opinions seriously when decisions are made about the collaboration (N=72)	0.0% (0)	1.4% (1)	1.4% (1)	12.5% (9)	20.8% (15)	44.4% (32)	19.4% (14)
Your organization brainstorms with partner organizations to develop solutions to mission-related problems facing the collaboration (N=72)	1.4% (1)	1.4% (1)	2.8% (2)	8.3% (6)	20.8% (15)	44.4% (32)	20.8% (15)

Administration (See Table 6).

Administration is defined (Thomson & Perry, Thomson et al. 2007) as structure that includes clear roles and responsibilities, an ability of the group members to set boundaries, identifying concrete achievable goals, and good communication. Collaboration of different organizations requires administrative abilities and building relationships.

For the item "You, as a representative of your organization in the collaboration, understand your organization's roles and responsibilities as a member of the collaboration" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 94.4% of the time, with only 4.2% being neutral (choosing 4), and 1.4% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "Partner organization meetings accomplish what is necessary for the collaboration to function well" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 77.5% of the time, with only 11.3% being neutral (choosing 4), and 11.3% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "Partner organizations (including your organization) agree about the goals of the collaboration" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 85.8% of the time, with only 10.0% being neutral (choosing 4), and 4.3% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "Your organization's tasks in the collaboration are well coordinated with those of partner organizations" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 78.9% of the time, with only 9.9% being neutral (choosing 4), and 11.3% "Not at All" agreeing (choosing 1, 2 or 3).

Table 6: Administration.

Choose the number that best indicates how much….	Not at All 1	2	3	4	5	6	To a Great Extent 7
You, as a representative of your organization in the collaboration, understand your organization's roles and responsibilities as a member of the collaboration (N=72)	0.0% (0)	0.0% (0)	1.4% (1)	4.2% (3)	18.1% (13)	44.4% (32)	31.9% (23)
Partner organization meetings accomplish what is necessary for the collaboration to function well (N=71)	0.0% (0)	2.8% (2)	8.5% (6)	11.3% (8)	28.2% (20)	32.4% (23)	16.9% (12)
Partner organizations (including your organization) agree about the goals of the collaboration (N=70)	0.0% (0)	2.9% (2)	1.4% (1)	10.0% (7)	22.9% (16)	44.3% (31)	18.6% (13)
Your organization's tasks in the collaboration are well coordinated with those of partner organizations (N=71)	2.8% (2)	0.0% (0)	8.5% (6)	9.9% (7)	29.6% (21)	36.6% (26)	12.7% (9)

Autonomy (See Table 7)

Inherent in any collaboration is the tension between the group interests and the individual organization's interest. The dimension of autonomy acknowledges this and relates to finding that balance between the two roles (Thomson & Perry, Thomson et al. 2007). As a result, members of a collaborative where autonomy is important will tend not to agree with the statements of this subscale, unlike the other subscales.

For the item "The collaboration hinders your organization from meeting its own organizational mission" most respondents tended to choose "Not at All" (1, 2, or 3) 93% of the time, with only 7% of the participant choosing Neutral (4) or To a Great Extent" (5, 6, or 7) responses.

For the item "Your organization's independence is affected by having to work with partner organizations on activities related to the collaboration" most respondents tended to choose "Not at All" (1, 2, or 3)

88.8% of the time, with only 11.3% of the participant choosing Neutral (4) or To a Great Extent" (5, 6, or 7) responses.

For the item "You, as a representative of your organization, feel pulled between trying to meet both your organization's and the collaboration's expectations" most respondents tended to choose "Not at All" (1, 2, or 3) 81.8% of the time, with only 18.3% of the participant choosing Neutral (4) or To a Great Extent" (5, 6, or 7) responses.

Table 7: Autonomy

Choose the number that best indicates how much….	Not at All 1	2	3	4	5	6	To a Great Extent 7
The collaboration hinders your organization from meeting its own organizational mission (N=71)	62.0% (44)	22.5% (16)	8.5% (6)	5.6% (4)	0.0% (0)	1.4% (1)	0.0% (0)
Your organization's independence is affected by having to work with partner organizations on activities related to the collaboration (N=71)	63.4% (45)	15.5% (11)	9.9% (7)	9.9% (7)	1.4% (1)	0.0% (0)	0.0% (0)
You, as a representative of your organization, feel pulled between trying to meet both your organization's and the collaboration's expectations (N=71)	60.6% (43)	12.7% (9)	8.5% (6)	8.5% (6)	7.0% (5)	1.4% (1)	1.4% (1)

Mutuality (See Table 8)

Mutuality (Thomson & Perry, Thomson et al. 2007) refers to the process of the collaboration encompassing relationships that are mutually beneficial where they are interdependent in regards to the identified purpose of the collaborative.

For the item "Partner organizations (including your organization) have combined and used each other's resources so all partners benefit from collaborating" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 74.7% of the time, with only 16.9% being neutral (choosing 4), and 8.4% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "Your organization shares information with partner organizations that will strengthen their operations and programs" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 86.0% of the time, with only 11.3% being neutral (choosing 4), and 2.8% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "You feel what your organization brings to the collaboration is appreciated and respected by partner organizations" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 77.8% of the time, with only 15.3% being neutral (choosing 4), and 7% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "Your organization achieves its own goals better working with partner organizations than working alone" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 77.8% of the time, with only 13.9% being neutral (choosing 4), and 8.4% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "Partner organizations (including your organization) work through differences to arrive at win–win solutions" most respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 85.9% of the time, with only 8.5% being neutral (choosing 4), and 5.6% "Not at All" agreeing (choosing 1, 2 or 3).

Table 8: Mutuality

Choose the number that best indicates how much….	Not at All 1	2	3	4	5	6	To a Great Extent 7
Partner organizations (including your organization) have combined and used each other's resources so all partners benefit from collaborating (N=71)	0.0% (0)	4.2% (3)	4.2% (3)	16.9% (12)	29.6% (21)	35.2% (25)	9.9% (7)
Your organization shares information with partner organizations that will strengthen their operations and programs (N=71)	0.0% (0)	1.4% (1)	1.4% (1)	11.3% (8)	26.8% (19)	40.9% (29)	18.3% (13)
You feel what your organization brings to the collaboration is appreciated and respected by partner organizations (N=72)	0.0% (0)	1.4% (1)	5.6% (4)	15.3% (11)	25.0% (18)	27.8% (20)	25.0% (18)
Your organization achieves its own goals better working with partner organizations than working alone (N=72)	0.0% (0)	4.2% (3)	4.2% (3)	13.9% (10)	13.9% (10)	27.8% (20)	36.1% (26)
Partner organizations (including your organization) work through differences to arrive at win–win solutions (N=71)	1.4% (1)	0.0% (0)	4.2% (3)	8.5% (6)	32.4% (23)	33.8% (24)	19.7% (14)

Norms (See Table 9)

The last dimension, norms, measures trust and reciprocity among the members (Thomson & Perry, Thomson et al. 2007). Trust referring to the degree that members believe others will honor commitments and not take advantage of them while reciprocity rests on the belief that contributions and efforts of individuals will even out over time.

For the item "The people who represent partner organizations in the collaboration are trustworthy" respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 61.1% of the time, with only 4.2% being neutral (choosing 4) and 34.7% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "My organization can count on each partner organization to meet its obligations to the collaboration" the respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 57.1% of the time, with only 8.3% being neutral (choosing 4) and 34.8% "Not at All" agreeing (choosing 1, 2 or 3).

For the item "Your organization feels it worthwhile to stay and work with partner organizations rather than leave the collaboration" the respondents tended to agree "To a Great Extent" (choosing 5, 6, or 7) 62.5% of the time, with only 4.2% being neutral (choosing 4) and 33.4% "Not at All" agreeing (choosing 1, 2 or 3).

Table 9: Norms

Choose the number that best indicates how much….	Not at All 1	2	3	4	5	6	To a Great Extent 7
The people who represent partner organizations in the collaboration are trustworthy. (N=72)	9.7% (7)	19.4% (14)	5.6% (4)	4.2% (3)	11.1% (8)	33.3% (24)	16.7% (12)
My organization can count on each partner organization to meet its obligations to the collaboration. (N=72)	5.6% (4)	15.3% (11)	13.9% (10)	8.3% (6)	13.9% (10)	29.2% (21)	13.9% (10)
Your organization feels it worthwhile to stay and work with partner organizations rather than leave the collaboration. (N=72)	15.3% (11)	13.9% (10)	4.2% (3)	4.2% (3)	12.5% (9)	20.8% (15)	29.2% (21)

Finally, respondents were asked to provide any additional comments regarding the ERE project. Responses were positive about the collaborative efforts being made and the improvement of services as a result of these efforts. Here are some examples:

"I feel like this is a very needed service for this area since we have no in-patient mental health services. Any additional services provided to individuals to enable them to live safe and productive lives are always needed"

"The personnel hired to lead and provide the ERE services are excellent. It is the professional attitude and experience of these staff members that has led to the excellent provision of services and the positive collaborative effort that has occurred in the community."

"The ERE Project has been a great addition to meeting the mental health needs of our region. The willingness of the team to assist in providing services to our hospital and ED patients has been a great benefit."

"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!"

Conclusion

Overall, the collaborative groups are doing well. As might be expected with the new coalitions or for existing coalitions with a redefined purpose, the dimensions of governance and administration would be the first to develop in order for the coalitions to function as a collaborative group. The higher degree of agreement with the items on the governance and administration scales compared to the other scales reflects this. Norms, which reflects the degree of trust and reciprocity, would be the last to develop as it takes time and the experience of being part of the coalition for this dimension to develop. Additionally, autonomy was rated as the strongest dimension with nearly 88% not agreeing with the items, also as might be expected for a newer working collaborative.

Four of the five dimensions were scored in the positive direction, meaning a higher level of agreement represents a higher level of the measured dimension as it relates to the collaborative. Those dimensions of collaboration are Governance, Administration, Mutuality and Norms. The average percentages for agreeing to a great extent on these positive dimensions ranged from 60.2% to 85.3%. See Table 10: Collaboration Dimensions for the specific percentage of each dimension. For the dimension of Autonomy, where not at all agreeing reflected higher autonomy, 87.8% responded in the not at all agreeing range for the dimension.

Table 10: Collaboration Dimensions

Construct	Response: Not at All (1, 2, or 3)	Response: Neutral (4)	Responses: To a Great Extent (5, 6, or 7)
Governance (2 items)	4.2%	10.4%	85.3%
Administration (4 items)	7%	8.8%	84.2%
Autonomy (3 items)	87.8%	8%	4.2%
Mutuality (5 items)	6%	11.6%	80.4%
Norms (3 items)	34.2%	5.6%	60.2%

The additional survey item related to trauma is also very encouraging as one could easily assume that frequent users of emergency departments are likely to have been traumatized. Over a third of the respondents stated their organizations implemented a trauma informed practice or policy. While there is certainly room for further education and implementation, incorporating trauma informed policies and practices is not the focus of this project.

Finally, when asked if there were additional comments, all of the respondents were positive and reported valuing the project and finding it extremely helpful for the populations they served.

Next Steps

It will be important to administer this survey in future years to capture changes and developments in the process of collaboration. Follow-up should include additional items to measure outcomes of the collaboration (i.e. do the individuals participating believe stated goals are met) and determining the relationship between the process and outcomes. As addressing trauma issues of clients/patients is important, finding appropriate items regarding the use and implementation of trauma practices and policies will also be helpful. Finally, it will enrich the information if qualitative data can be collected in the future, via interviews or focus group, to augment the survey data.

References

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