#### **ERE Evaluation**



#### CB

### **EMERGENCY ROOM**

ENHANCEMENT

Improving Access to Behavioral Health Care



# **Goals for Today**

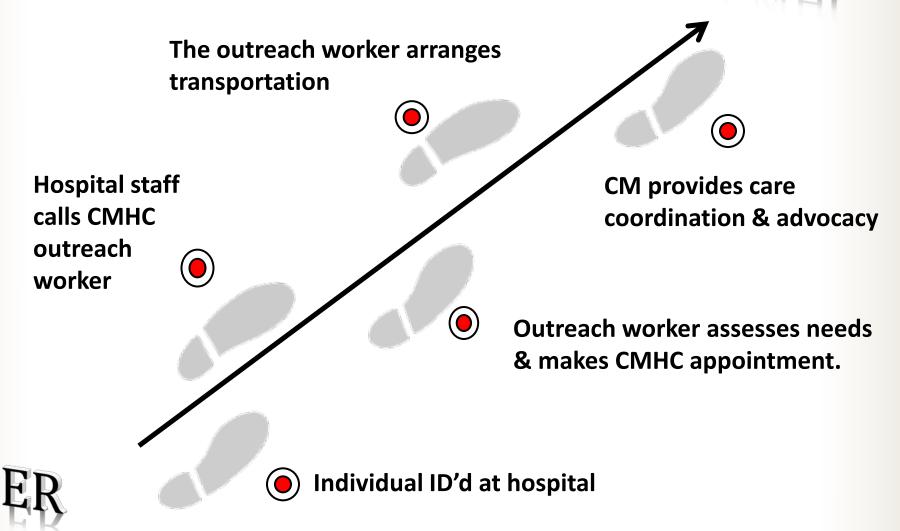


- Interviewing skills refresher
- Changes to the data entry system
- New incentive procedures
- Repository/Reports
- Outcomes



#### **Steps in ERE Process:**





# Importance of ERE Data Collection

- Is a significant component of ERE Program
- Ensures we achieve valid and reliable data



# Validity and Reliability

The two most important indicators for determining how well a project is working:

Reliable: Consistency in producing the same results every time we ask the questions.

**Valid:** the questions measure what it is supposed to measure.

For instance:

You weigh on your home scale 3 times:

1<sup>st</sup> time=125, 2<sup>nd</sup> time=128, 3<sup>rd</sup> time=131.

Your scale is not **reliable**. It is also not **valid**, as you actually weigh 127 pounds!



# Collecting Valid and Reliable Data

- Ask the standardized questions
- Ask and record in a standardized manner



#### **Interviewer Bias**

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Ask the questions with total objectivity.

Avoid giving clues to your own expectations, values or experiences.

#### **Avoid Creating Interviewer Bias**



Do not discuss your own experiences



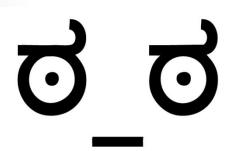


Do not read questions using your own words

#### **Avoid Creating Interviewer Bias**

Do not offer your own opinion during the interview





Do not display approval or disapproval through your tone of voice, facial expression, or side comments

#### When asking the questions:



- Read questions as they are worded
- ❖ Read question in the order in which they are presented with no additions, deletions or substitutions
- Ask every question
- Record answers accurately



#### **Keeping Participant On Track**



- "Let me make note of that we can talk about it after we get through these questions."
- "Could I read it again for you?"
- "I see, but have you(repeat the question)"





## Data Entry System

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- ❖ Web based
- Multi-layered security
  - ❖ SSL (https)
  - Authorized registration & password
  - Encrypted database
- Site specific access

# Register

 You must register at the ER Enhancement site (https://www.erenhancement.org/) before you can enter or access data. Click on "Register":



Register | Login



Home

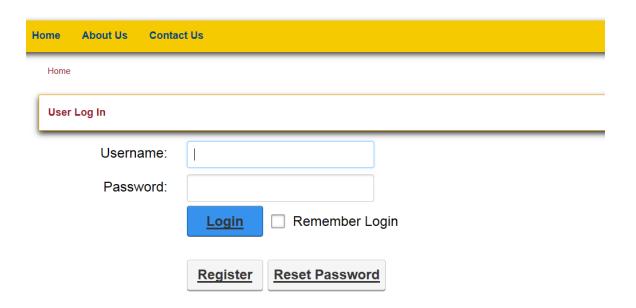
About Us

Contact Us

The Program Manager from each site must notify us of all staff that have authorization to access their site.

# Logging on the Site

- After you have received final permissions, log on to the system at <a href="https://erenhancement.org">https://erenhancement.org</a>
- Enter your user name and password.
- The program will open to the Home Page



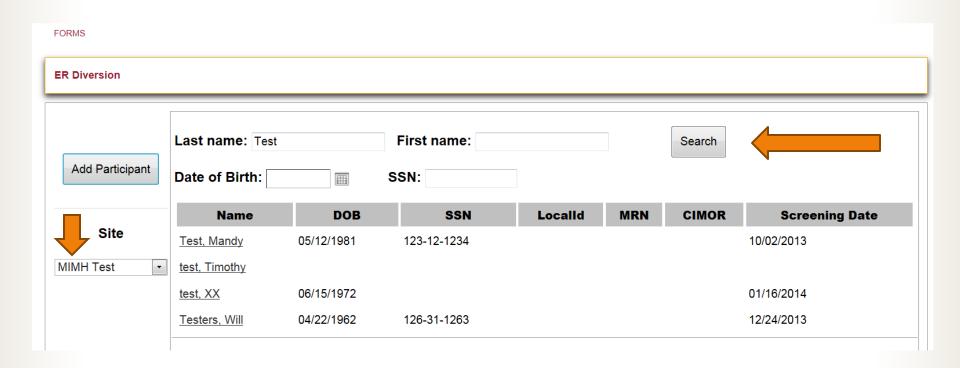
# Logging on the Site

- The program will open to the Home Page
- Click on the "FORMS" tab



# **Adding Participants**

 Before entering participant information, you must first search for an existing entry. If no name exists, you must add a new participant.



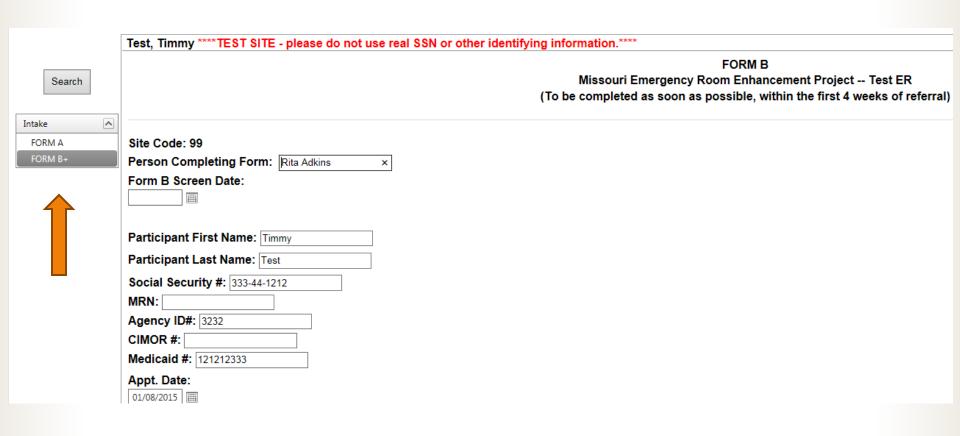
Intake		
FORM A+	Site Code: 99	
	Initial Screening Date: 01/16/2014	
	Referral Source (check all that apply):	
	✓ MIMH □ Other	
	Person Referring: Rita	<b>Ph #</b> : 3145168454
	Participant First Name: Timothy	Middle Name: E
	Participant Last Name: test	Alias/Maiden
	Date of Birth: 01/01/1979	
	Social Security #: 222446666	
	<b>MRN:</b> 126898Qr	
	Agency ID#:	
	Participant Address as of (Date): 01/16/2014	
	Street Address: 126 Elm	City: St. Louis
	State: MO	<b>Zip:</b> 63166

Search		FORM A Missouri Emergency Room Enhance (To be completed as soon as possible, witl			
Site Code:				DO FORM A last well-	
Initial Scre	ening Date:			xQ FORM A Instruction	
	urce (check all that apply):				
✓MIMH					
□ Other					
Person Re	erring: Rita Adkins				
Referred T	o:				
Test CMHC	~				
Participant	First Name: Timmy				
Participant	Last Name: Test				
Date of Bir	th:				
01/01/1990					
Social Soc	urity #: 333-44-1212				
MRN:	unity #. 333-44-1212				
Agency ID	<u> </u>				
Homeless					
OYes Of					
	ress: tt_test@hotmail.com				
	Address as of (Date):				
01/08/2015	mess: 123 Elm				

State: MO

- Itolasoa
5. Insurance Status as of Screen Date (check all that apply):
✓ Medicaid ID: 121212333
□ Medicare ID:
□ Private Insurance Co: ID:
□ Uninsured
□ DMH Client: CIMOR#
Refused
☐ Application in Process
6. Was there law enforcement involvement with this visit?
Yes
○ No
If Yes, Specify Police escort
7. Presenting Concern (check all that apply):
☑ Substance Use/Abuse
☑ Violent Behavior
✓ Psychiatric Disorder
□COPD
☐ Cardiovascular Disease
□Pain
□Suicide
☐ Physical Health Concern (specify):
☐ Other (specify):
□Unspecified

<ol><li>Was there law enforcement involvement with this visit</li></ol>	?
<ul><li>Yes</li></ul>	
○No	
If Yes, Specify Police escort	
7. Presenting Concern (check all that apply):	
✓ Substance Use/Abuse	
✓ Violent Behavior	
☑ Psychiatric Disorder	
□COPD	
☐ Cardiovascular Disease	
□Pain	
Suicide	
☐ Physical Health Concern (specify):	
Other (specify):	
Unspecified	
8. Presenting Notes:	
Police were called due to fight at bar. Timmy was acting out, had multiple contusions, so the police brought him to the ER.	
9. Program Participation:	
Participant to be engaged in ERE services	
O Participant is ineligible for ERE services	
O Participant refused ERE services	
(If participant is ineligible or refused services, please do not o	complete Form B)
	Click Save Incomplete to save incomplete data and Save Complete when finished entering all data on this Form.
	Cancel Save Incomplete Save Complete



umber of Emergency Room Visits in the Past 90 Days:   If the number of ER visits is unknown or missing, please enter -9.
umber of Hospitalizations in the Past 90 Days: 0 If the number of Hospitalizations is unknown or missing, please enter -9.
ow many were for Physical Health?
umber of Emergency Room Visits in the Past 6 months:   If the number of ER visits is unknown or missing, please enter -9.  www.many.were for Physical Health?
umber of Hospitalizations in the Past 6 months Days: 0 If the number of Hospitalizations is unknown or missing, please enter -9.

3. Number of Arrests	(If unknown or	r missing pleas	se enter -9).
----------------------	----------------	-----------------	---------------

Prior 30 days: 1

Prior 90 days: 2

Prior 120 days: 3

Prior Year: 6

#### 4. Are you currently on Probation or Parole?

- Yes
- $\bigcirc$  No
- Refused
- OUnknown

Currently enrolled in treatment program?	If yes, name of program
	Joe's Tx Place
Based on your clinical experience, how would you rate this individual's severity of symptoms at la contact?	est
○ None ○ Mild ● Moderate ○ Severe	
Referred to:	
☑ Case Management	
☑ SA Tx Program	
□ Physical Health	
☑ Psychiatry	
□ Psychotherapy	
□ Respite care	
☐ Short term housing	
□PCP	
□ Other	
DLA (mGAF) Score: 32 As of Date:	
01/04/2015	

# Summary

**ER Diversion** 



Test, Timmy \*\*\*\* TEST SITE - please do not use real SSN or other identifying information. \*\*\*\*

This concludes the initial intake. To review the intake FORM A or FORM B, simply click the desired option on the panel on the left hand side of this page.

#### What's Next?

A follow-up screening will be available 75 days from the participant's initial screening date. Inform the participant that you will be asking similar questions i \$10 gift card for their time.

A script that might be helpful:

I appreciate you taking the time to talk to me today, and wondered if you'd consider helping us by giving feedback on our new services. We'd like to chealth care services. It takes about 5-10 minutes, and you'll be given a \$10 gift card for your time. Please remember that all of your answers will be confident and not individually. So, the information reported in the results is about the group of answers, not about an individual.

### Form C

sed on your clinical experience, how would you rate this individual's severity of symptoms at last contact?
None ○ Mild ○ Moderate ○ Severe
A (mGAF) Score: As of Date:
mber of Completed sessions in the past 3 months:
Case Management:
SA Tx Program:
Physical Health:
Psychiatry:
Psychotherapy:
Respite care:
Short term housing:
PCP:
Other:
Specify:
inable to complete follow-up, please specify:
Unable to locate
Unable to locate, homeless
Located, but refused
Deceased at time of due date
Other, Specify:

#### **Incentives**

Н	ome	FORMS	Uploa	d Data	Repository	Reports -	About Us	Contact Us	MIMH Reports			
_	FORM	IS										
	ER D	iversion										
				test,	Timothy ****	TEST SIT	E - please	do not use	real SSN or other identifying information.**:	**		
		Search		Ince	ntive							
	Inta	ake lowup	<b>&gt;</b>	_	tive distribu							
	F	ORM C		_	n person Distributed:	<u>~</u>						
				01/09/	2015							
		New Episoo	de		of Incentive							
				Incen	tive Card Se	equence N	lumber:					
										Cancel	Save Incomplete	Save Complete

To order incentive gift cards, please contact Suzanne McCudden (<a href="mailto:suzanne.mccudden@mmh.edu">suzanne.mccudden@mmh.edu</a>) at least 2-3 weeks before you anticipate needing additional cards.

#### **Incentives**

	Card Vendor:	Wa	lmart		Date Received:
	Date Purchased:	12/	12/18/2014		SMS Requisition #:
EQ #	Card Serial Number	Ar	mount of Card	Date Issued	Recipient Name
1	610471012368	\$	10.00	1/8/2015	n/a
2	610471012369	\$	10.00	1/8/2015	n/a
3	610471012370	\$	10.00	1/8/2015	n/a
4	610471012371	\$	10.00	1/8/2015	n/a
5	610471012372	\$	10.00	1/8/2015	n/a
6	610471012373	\$	10.00	1/8/2015	n/a
7	610471012374	\$	10.00	1/8/2015	n/a
8	610471012375	\$	10.00	1/8/2015	n/a
9	610471012376	\$	10.00	1/8/2015	n/a
10	610471012377	\$	10.00	1/8/2015	n/a
11	610471012378	\$	10.00	1/8/2015	n/a
12	610471012379	\$	10.00	1/8/2015	n/a
13	610471012380	\$	10.00	1/8/2015	n/a
14	610471012381	\$	10.00	1/8/2015	n/a
15	610471012382	\$	10.00	1/8/2015	n/a
				1	

# Adding New Episode

Timmy Test comes back and you want to start a new episode.

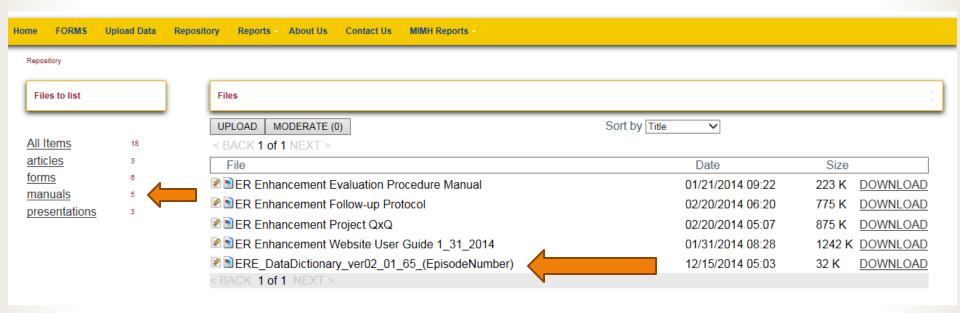


# Reports & Repository

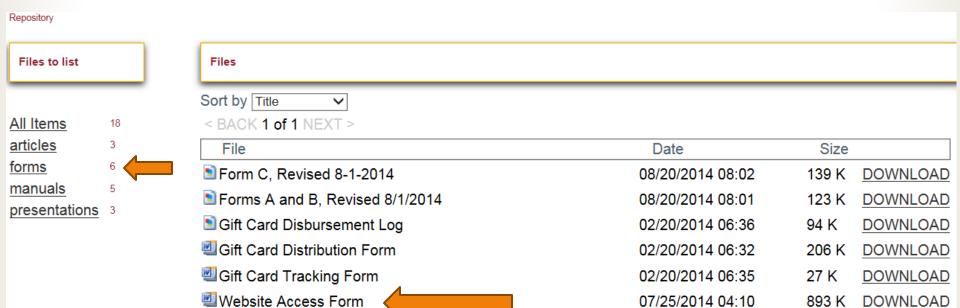




# Repository



# Repository



< BACK 1 of 1 NEXT >

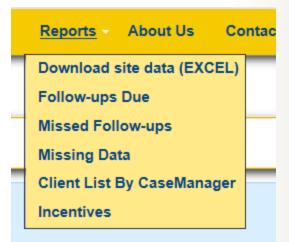
# Repository

Indicate if user is to be added or	Level of access		Title Name	Email Address	Phone Number				
removed.	Data entry & Reporting	Data download							
Add	×	x	Sr. Example Director	Justan Example	Justan Example @ Fake Email.com	000-111-2222			

# Reports



Home	FORMS	Repository	Reports -	About Us	Contact Us
Home			Follow-ups Missed Fol		
ER E	nhancemen	t	Missing Da		ger
Misso	ouri Eme	rgency Roo	Incentives		t





## **ERE Evaluation Goal**

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Assess the degree to which the project improves outcomes



Stuart Miles Freedigitalphotos.net

# Demographics

N = 1,500





# Demographics

N = 1,500

03

25% Homeless45% Uninsured43% with Medicaid

32% with Substance use disorder 24% Suicide attempt or ideation 20% with Physical health issue

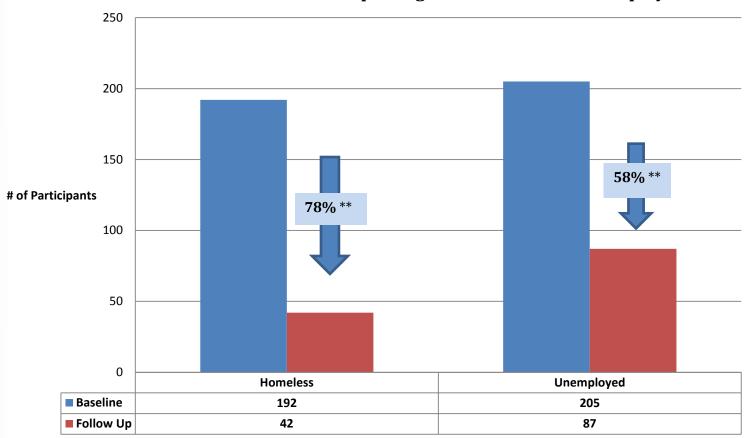


## **Outcome Evaluation**





#### **Number of Individuals Reporting Homelessness or Unemployment**

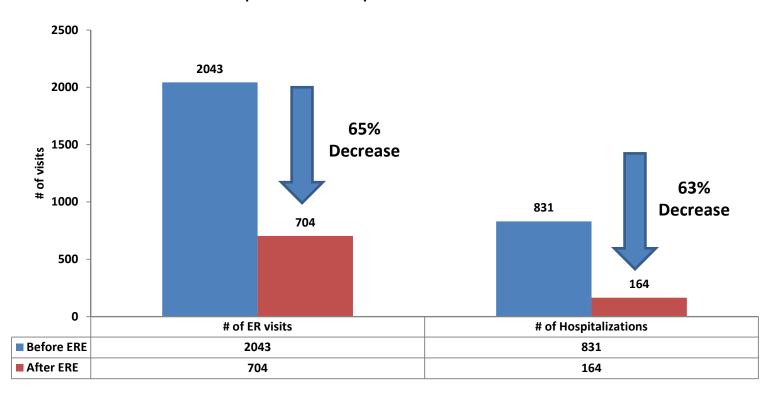


Based on 727 participants engaged in ERE who provided this information at baseline and 3 month follow-up. 62% response rate.

Follow-up responses from >300 individuals are missing and therefore these results may be overstated.

<sup>\*\*</sup>Percentage decreases are based on the number of individuals at baseline who reported they were homeless or unemployed

### Total Number of ED or Hospital Visits Baseline Compared to Follow-up



Based on 727 follow-up participants engaged in ERE who provided this information at baseline and 3 month follow-up. 68% response rate.

Follow-up responses from >250 individuals are missing and therefore these results may be overstated.

<sup>\*\*</sup>Percentage decreases are based on the number of individuals at baseline who reported they were Hospitalized or had ED use

### Results Thru December 31, 2014

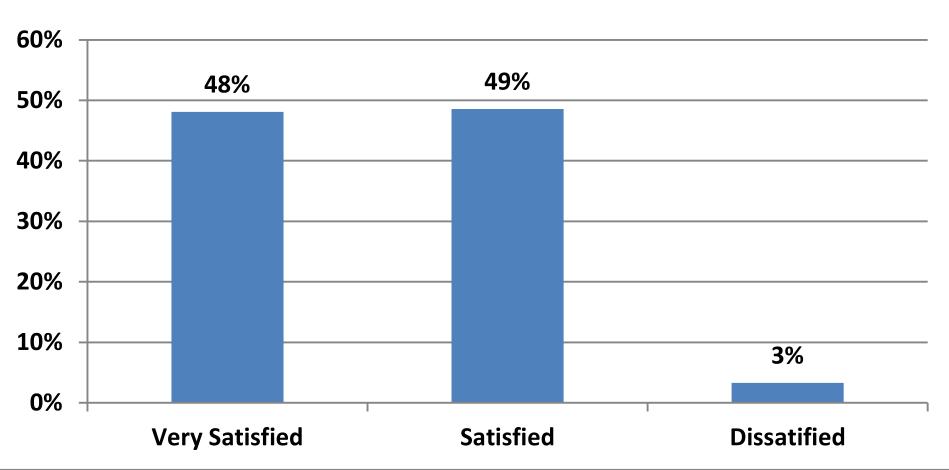
- 65% Decrease in ED Use
- 63% Decrease in Hospitalizations
- 65% Decrease in Homelessness
- 32% Decrease in Unemployment
- 75% Decrease in Prior 30 days Arrests



- 18% Increase in Employment
- 119% Increase in Treatment
   Program
   Enrollment

### **Satisfaction with ERE Program**

N = 424





# **Next Steps**

03

- **❖**Form D
- ❖ 2<sup>nd</sup> Round:
  - Collaborative Survey
  - Focus Groups
- Spring Institute









### **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

#### **Questions? Please call the following for:**

**ER Enhancement information:** Rita Adkins at (314) 516-8454, <a href="mailto:rita.adkins@mimh.edu">rita.adkins@mimh.edu</a>.

**ER Enhancement data entry system:** Keith Eldridge at (314) 516-8437, keith.eldridge @mimh.edu, or Jayne Callier at (314) 516-8447, Jayne.Callier@mimh.edu.

Collaborative survey information: Julie Matthews at (314) 516-8443, julie.matthews@mimh.edu.

**Evaluation and screening questions:** Jodi Heaps at (314) 516-8456, <u>jodi.heaps@mimh.edu.</u>

**Incentives:** Suzanne McCudden at (314) 516-8468, suzanne.mccudden@mimh.edu.

