Emergency Psychiatric Care: A Community Crisis

The LIP Council
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The Florida Council for Community Mental Health
The Issue

- 7.1 million ED visits in Florida; 1.3 million resulted in hospital admissions (2004).
- Between 1994-2004, ED visits in Florida grew by 40.9%; the rate per 1000 grew by 12.9%.
- Florida’s rank on access to emergency care: C- [41st in nation]; overall Florida ED Rank: C-.
- ED use by those with psychiatric/substance abuse disorders constitutes a significant and growing burden on hospital EDs.
- In a 2004 ACEP survey, 60% of physicians reported that the increase in psychiatric ED patients is negatively affecting access to emergency medical care for all patients; causing longer wait times; fueling patient frustration; limiting the availability of hospital staff; and decreasing the overall availability of ED beds.
- Significant predictors of high ED utilization: prior number of ED visits, prior number of hospitalizations, and history of depression, psychoses, alcohol abuse, and homelessness.
- At a 6.4% prevalence rate, Florida’s EDs treat an estimated 1,245 patients with psychiatric disorders every day or more than 454,000 visits/year.
Factors Affecting ED Use

- Lack of Community Based Treatment
- Lack of Alternative Emergency Care Sites/Models
- Homelessness/Lack of Stable Housing
- Frequent Flyers – SPMI
- ED “Revolving Door” – Lack of Post Discharge Services
- Co-morbid Conditions; Co-occurring Disorders
A Growing Crisis

- Individuals with Severe and Persistent Mental Illness
- Hospital Emergency Department
- Hospital Inpatient

Recurring, Expensive Care at the Wrong Place
A Psychiatric Emergency Response System
Hospital ED Referral and Diversion

- Hospital ED
  - On-Site or Off-Site Mobile Outreach/Crisis Team
  - In-ED Triage and Referral
  - On-Site or Off-Site Urgent Care/Treatment Center
- SPMI Individual
  - Central Receiving Center
  - Specialized Case Management High ED Users
Model Programs

- San Francisco General Hospital Frequent User Program/ED Case Management Program/Crisis Resolution Team
- Boston Health Care for the Homeless Project
- Comprehensive Psychiatric Emergency Programs (Maryland, New York)
- Psychiatric Emergency Response Team/Services (Multiple Sites)
- Orlando Community Receiving Center
- Mobile Crisis Teams (Multiple Sites)
- Crisis Care Center (San Antonio)
- Assertive Community Treatment (Multiple Sites)
Recommendation

- Establish Psychiatric Emergency Response Pilots Using Small Portion of LIP Funds
- $2.5 Million – 2-3 Sites
- Hospital-County-Community Mental Health Agency Partnerships
- Goals: (1) Reduce Unnecessary, Uncompensated ED Use by SPMI Population and (2) Reduce ED Crowding