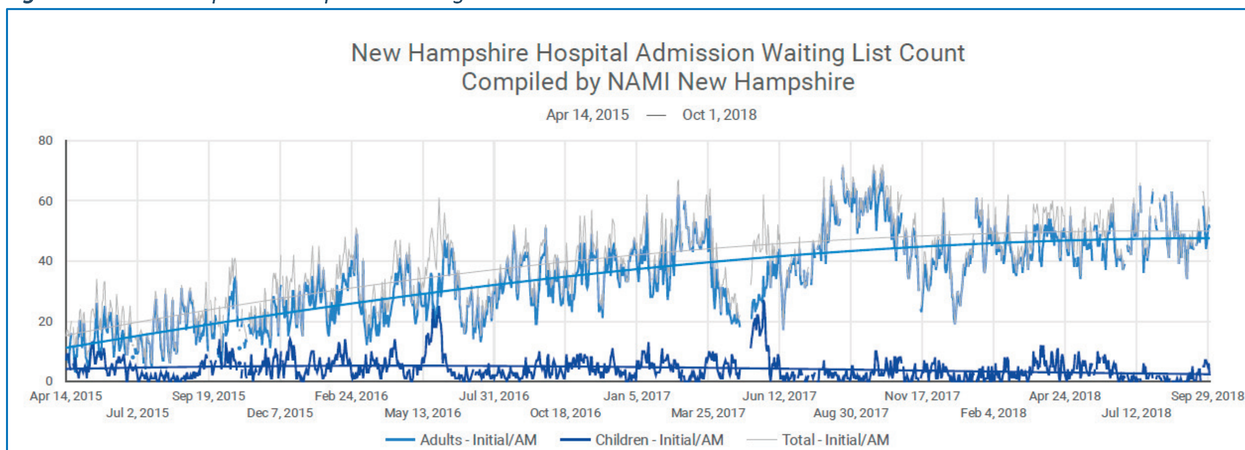
NH Community Behavioral Health Association
Issue Brief – September 2018
Findings and Recommendations of the Emergency Services Learning Collaborative

The Emergency Services Learning Collaborative (ESLC) was developed by the NH Community Behavioral Health Association (CBHA) to provide a quality and process discussion forum for members of CBHA, community Mobile Crisis Response Teams (MCRTs), and Designated Receiving Facilities (DRFs). This issue brief provides a summary of the ESLC's findings and recommendations. The full report and appendices can be viewed here.

NH citizens and their families are not receiving timely mental health crisis treatment, as evidenced by the crisis in emergency rooms (ERs) and the upward trend of adults waiting for beds at NHH (**Figure 1**):

- The wait list for beds since 2015 has reached one-day highs of 71 adults and 27 children;
- Three MCRTs have been established in Concord, Manchester and Nashua to help divert patients from ERs, but MCRTs have not been funded at a level to cover the real costs; funding has not been allocated to develop MCRTs in all 10 CMHC regions; and comprehensive emergency behavioral health services are not available in all areas of the state, resulting in different standards of care and lack of timely access for services; and
- Adding to this crisis is the fact that the total number of acute care hospital psychiatric licensed hospital beds in NH dropped from 238 in 2005, to 211 in 2018.

***Figure 1**: New Hampshire Hospital Waiting List Count*



ESLC participants identified three types of patient risk, followed by discussion of areas of need:

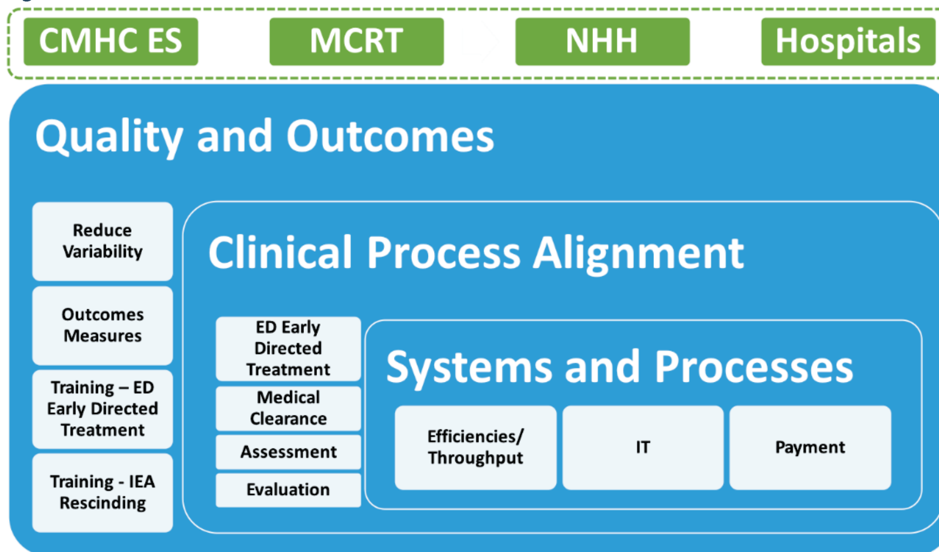
- Types of risk:
    1. Suicidal intent and rising rates of suicide;
    2. Homicidal intent; and
    3. The ability to care for oneself as well as compounding factors of substance use disorder (SUD), history of violence and conditional discharge (CD) revocations from NHH.
- Areas of need:
    - The need to reduce the variability in the care delivery system;
    - The need for outcomes measures related to emergency services (ES) provided;
    - The need for hospital boarding standards of care training;
    - The need for new IEA rescinding practices per SB 590, passed in the 2018 session;

- The need to leverage telepsychiatry to address workforce challenges and patient care; and
- The need to overcome information technology (IT) barriers. The lack of health information exchange (HIE) between providers in New Hampshire remains high, but the current 1115 DSRIP waiver/IDN structure offers the opportunity for shared care plan functionality across the state.

NEXT STEPS

The ESLC developed a process improvement framework to address three priorities: quality and outcomes, clinical process alignment, and systems and processes (**Figure 2**).

Figure 2*: ESLC Framework*



Actions stemming from the framework include:

- Conducting training in hospital EDs, with CMHC and hospital staff, to ensure consistent ED treatment for patients waiting for a bed, and that Senate Bill 590's IEA and revocation procedures are implemented correctly;
- Developing and implementing quality outcomes measures as a process improvement tool mechanism to ultimately reduce variability in the system;
- Aligning system-wide clinical process for ED early directed treatment, medical clearance, ES assessment, and ES evaluation;
- Improving clinical and IT processes; and
- Assessing telemedicine opportunities to support ES.

It is expected that later in 2018, three facilitated workgroups will be developed to begin the work for each of the three, identified priority areas. Additionally, the NH Hospital Association's Behavioral Health Professional Peer Group will continue to meet bimonthly with hospital staff, NHH, and DRF leadership to build on and support both the hospital and CMHC initiatives. By the end of 2018, CBHA and NHHA will develop a joint implementation and funding plan to integrate the work of both learning collaboratives and expand the learning collaborative membership.