

# IMPACT OF EMERGENCY RESOURCE CENTER ADMISSIONS ON SUBSEQUENT CRISIS UTILIZATION

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# ABSTRACT

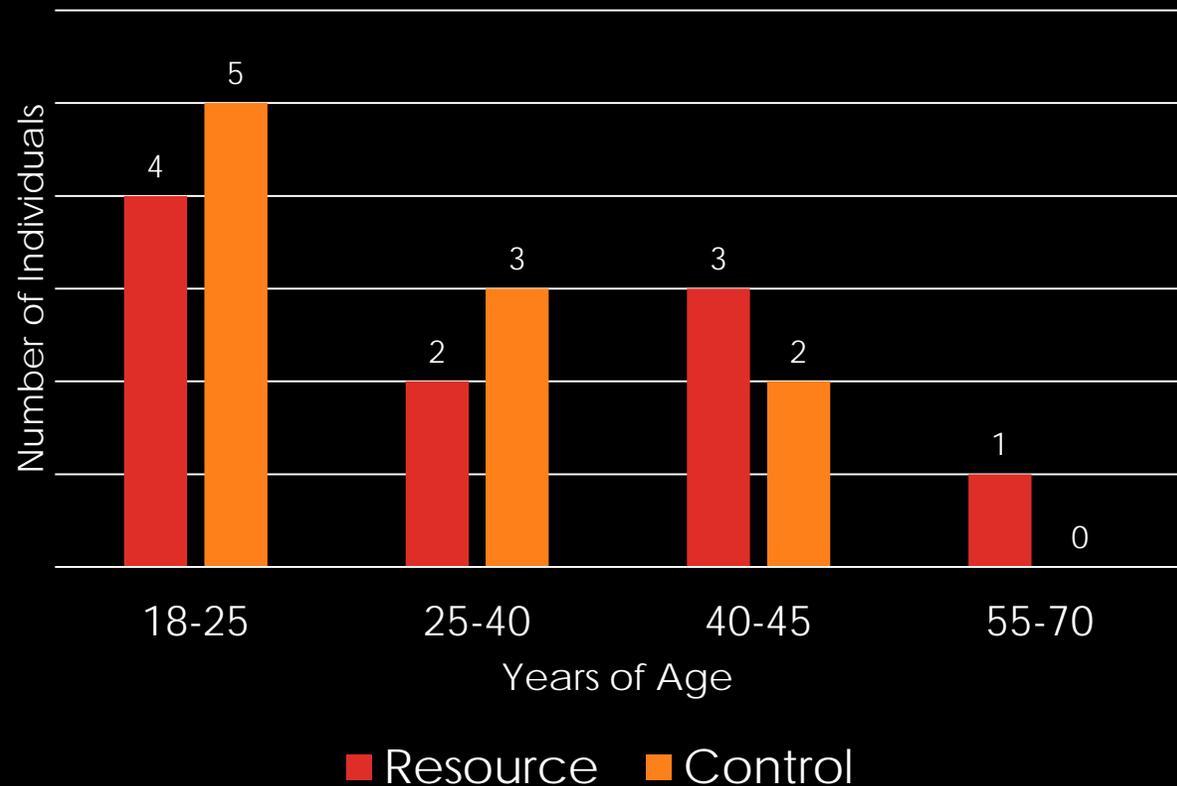
- **START Resource Centers are often utilized to divert hospitalization or as an alternative to other tertiary levels of care for individuals experiencing a crisis event. The START Resource Center provides assessments, stabilization, and therapeutic supports that are highly specialized for individuals with co-occurring conditions. The VA START Region 1 program identified the trend of lower crisis utilization in the next few months after an emergency admission to the Resource Center. This poster presentation will compare subsequent crisis utilization and disposition for individuals that had an emergency admission to the Resource Center to individuals that were recommended after coordinator assessment to be admitted, but did not admit. Individuals did not admit as recommended for a variety of reasons, including the Resource Center being at capacity, individual did not wish to be admitted, challenges in obtaining medication and health documentation, and or family/caretaker preferred for the individual to remain in current setting. SIRS crisis utilization data for the three month period after discharge from the Resource Center was analyzed. A three month period post initial crisis event was utilized for data analysis for individuals that did not admit to the Resource Center.**

# DATA COLLECTION METHODS

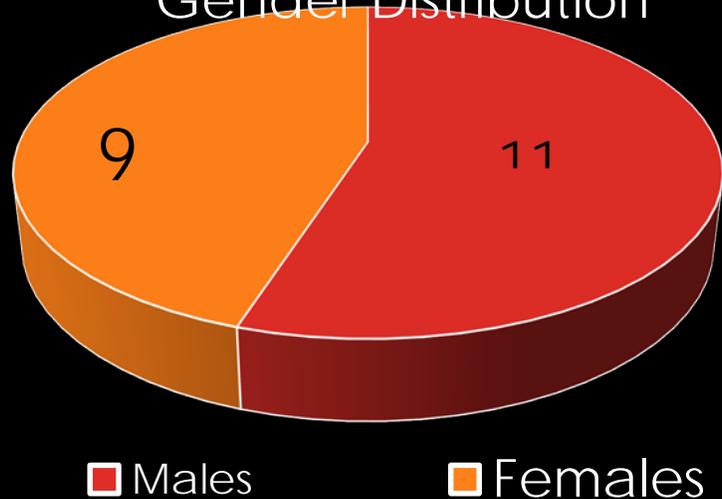
- Sample Size-20 Individuals
  - 10 individuals that accessed the Resource Center in an emergency capacity (referred to as “resource group” throughout presentation)
  - 10 individuals that were recommended to be admitted upon clinical assessment, but did not admit (referred to as “control group” through presentation)
- Individuals were selected at random from 2014 to 2017 within parameters
  - Active involvement in START services for at least 3 months after discharge from the Resource Center or at least 3 months after initial crisis event
  - Individual was assessed to be clinically appropriate to admit to the Resource Center
  - Only Resource Center admissions that ranged from 15 days to 40 days were included

# SAMPLE DEMOGRAPHICS

## Age Distribution of Sample



## Gender Distribution



Slightly more males than females were in the sample

Transitional aged young adults represented about half of the sample. High crisis utilization in this age group has been identified throughout the program via SIRS.

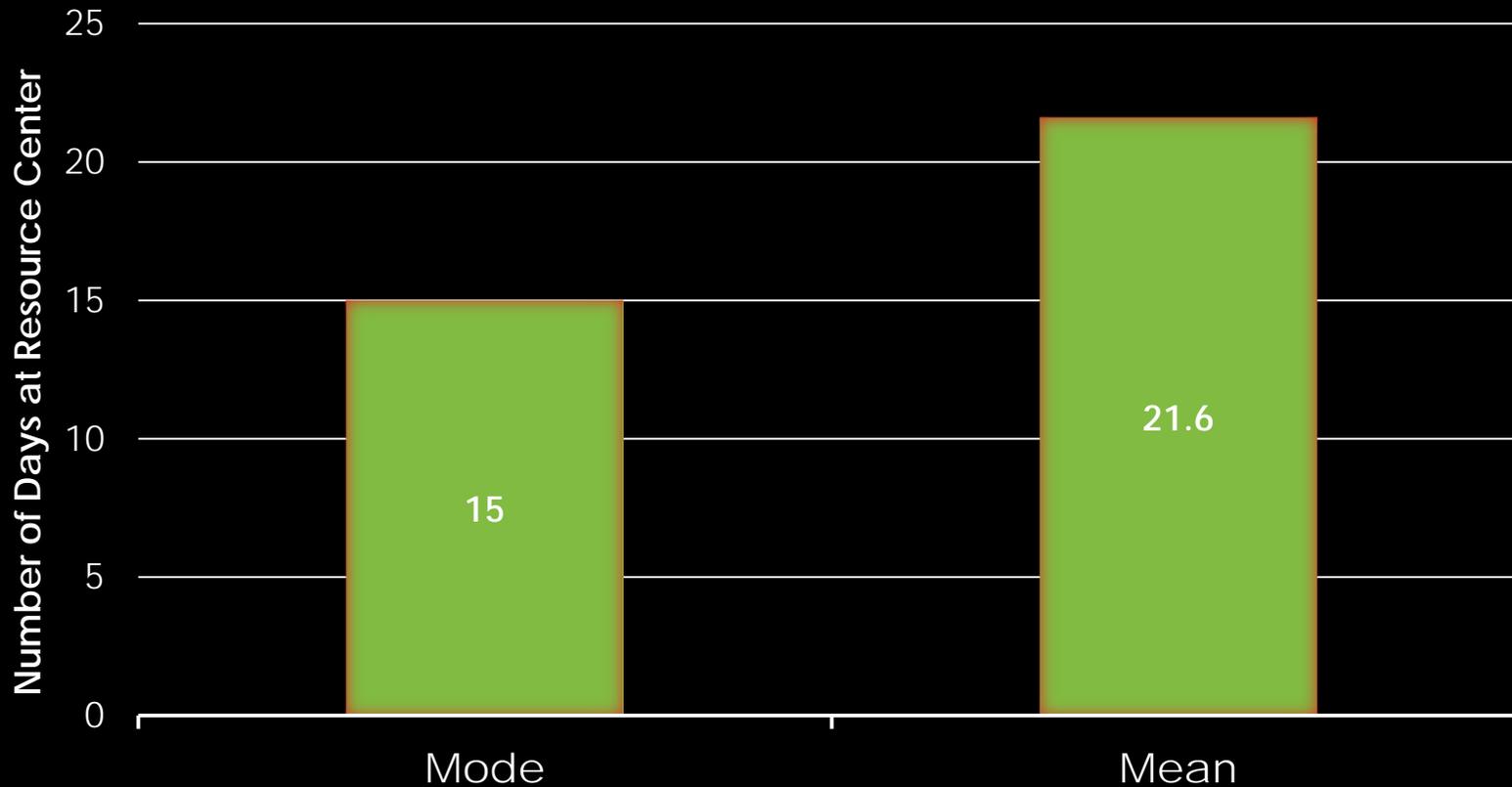
# DEMOGRAPHICS CONTINUED

## Residential Setting Distribution



- 40% of individuals included lived with their families
- There were twice as many individuals that lived in sponsored placement homes for individuals that accessed the Resource Center as those that did not

# RESOURCE CENTER LENGTH OF STAY FOR EMERGENCY ADMISSIONS

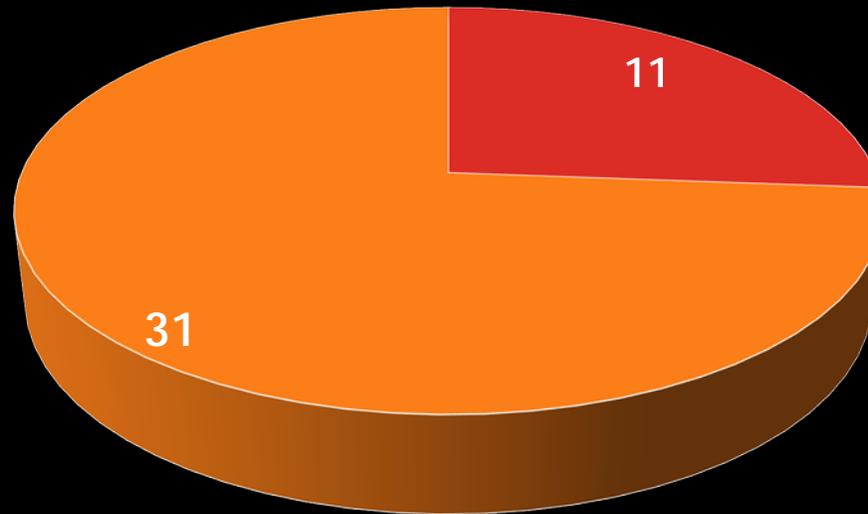


For individuals admitted to the Resource Center, length of stay ranged from 15-39 days

Average length of stay was 21.6 days, while 15 days was the most common length of stay. Half of the sample (5) had a length of stay lasting 15 days

# OUTCOMES

## Number of Crisis Events



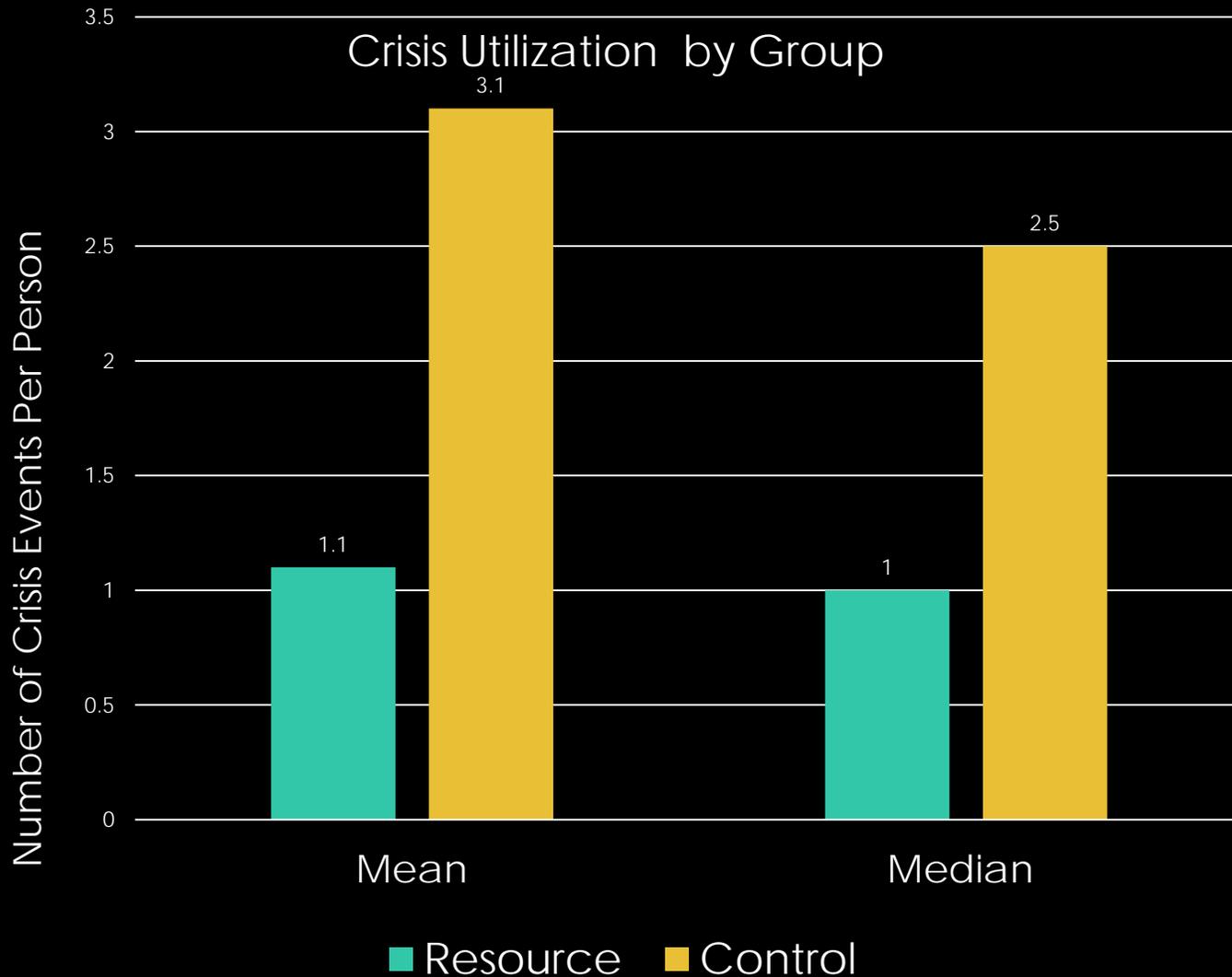
■ Resource

■ Control

- 74% of the crisis events were regarding individuals that were not admitted to the Resource Center
- The majority of crisis events (all but one) were reported to the START Program via accessing the crisis line

- 42 total crisis events occurred for the 20 individuals in the sample
- Crisis events occurred within 3 months of discharge from the Resource Center or within 3 months of receiving the initial crisis call for the control group
- Only 26% of the crisis events were from the resource center group

# OUTCOMES



## Range

Resource group- 0-4 crisis events per person  
Control group-1-6 crisis events per person

Mode (number of crisis events that occurred most frequently)

Resource group-0 and 1 crisis event per person  
Control group-1 crisis event per person

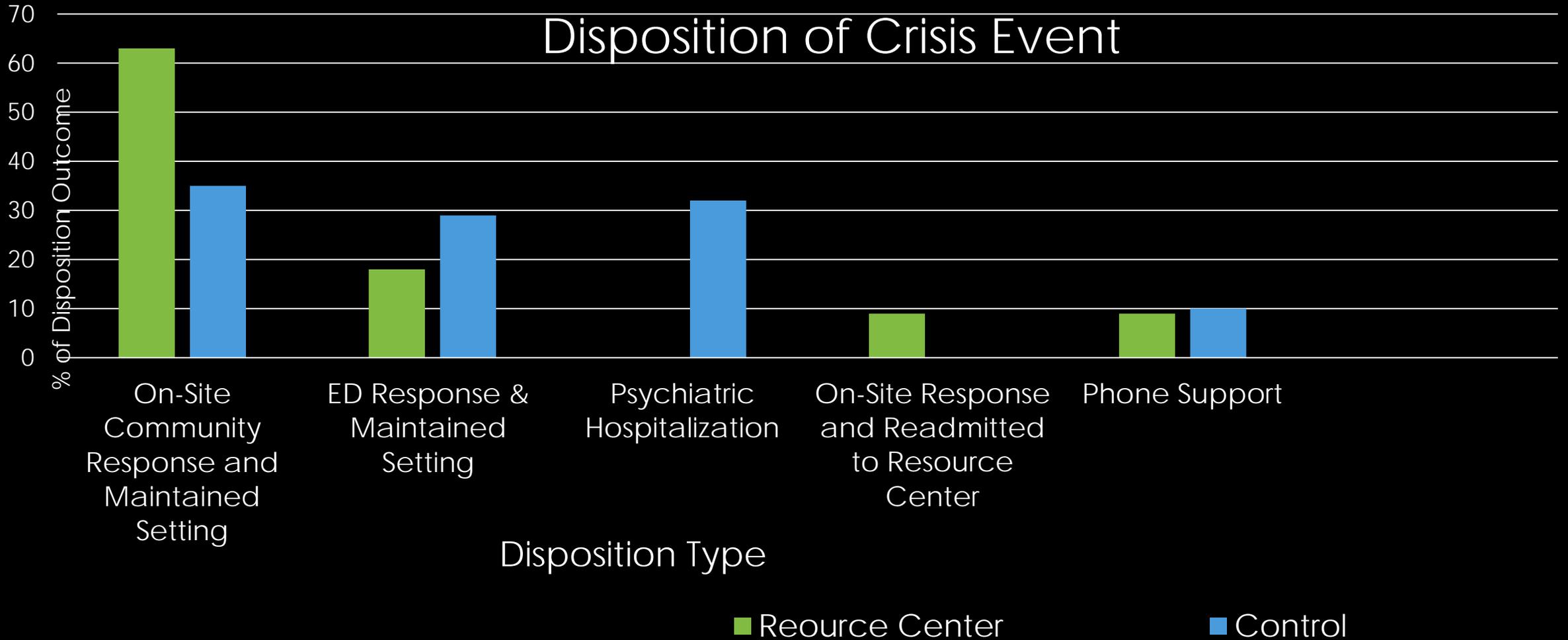
## Average (mean)

Resource group-1.1 crisis events per person  
Control group-3.1 crisis events per person

## Midpoint (Median)

Resource group- 1 crisis event per person  
Control group-2.5 crisis events per person

# OUTCOMES



# OUTCOMES DISCUSSION

- Data analyzed demonstrates a significant difference between the resource group and the control group in terms of the average number of crisis events
- Individuals that did not access the Resource Center in an emergency capacity experienced subsequent crisis events at the rate of three times as often on average
- The location of the crisis event also differed significantly between the two groups. Individuals that had been admitted to the Resource Center were much more likely to call for crisis support while still in a community setting vs. those that had not. It is hypothesized that early calls for crisis support reduced the need for higher levels of assessment and stabilization (e.g. emergency department visits and hospitalizations).
- For the control group, a crisis event resulted in a psychiatric hospitalization admission 32% of the time. The resource center group had zero psychiatric hospitalizations. \*\*\*Some individuals had more than one psychiatric hospitalization.

# OUTCOMES DISCUSSION AND NEXT STEPS

- Based upon this small sampling, an admission to the Resource Center in an emergency capacity reduced the frequency of subsequent crisis events, in addition to needing lower levels of crisis intervention upon response to the crisis call.
- Outcomes identified in this sample will drive more intensive efforts to better understand the impacts of emergency Resource Center utilization on long-term stability.
- Results also indicate that the program should complete a larger data analysis of the barriers for emergency admission for those individuals that were recommended for Resource Center admission. These findings would assist in programmatic changes that could potentially result in greater rates of admission to the Resource Center when appropriate.