Primary and Secondary Intervention: Supporting Individuals in New Hampshire to Divert Emergency Room Use and Psychiatric Hospitalization

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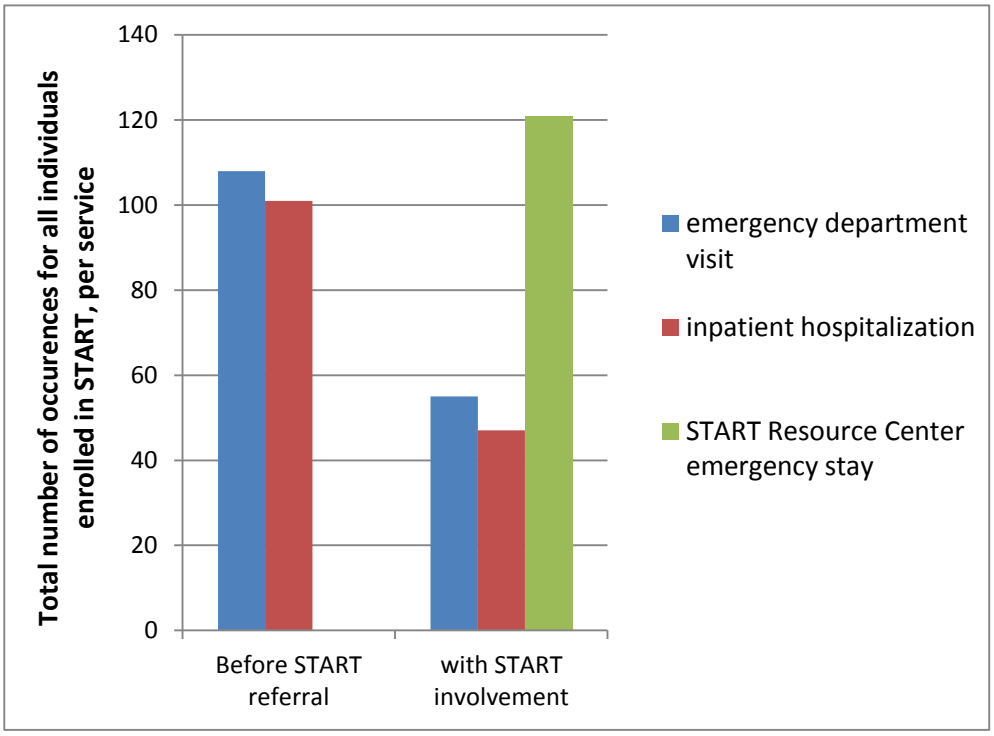
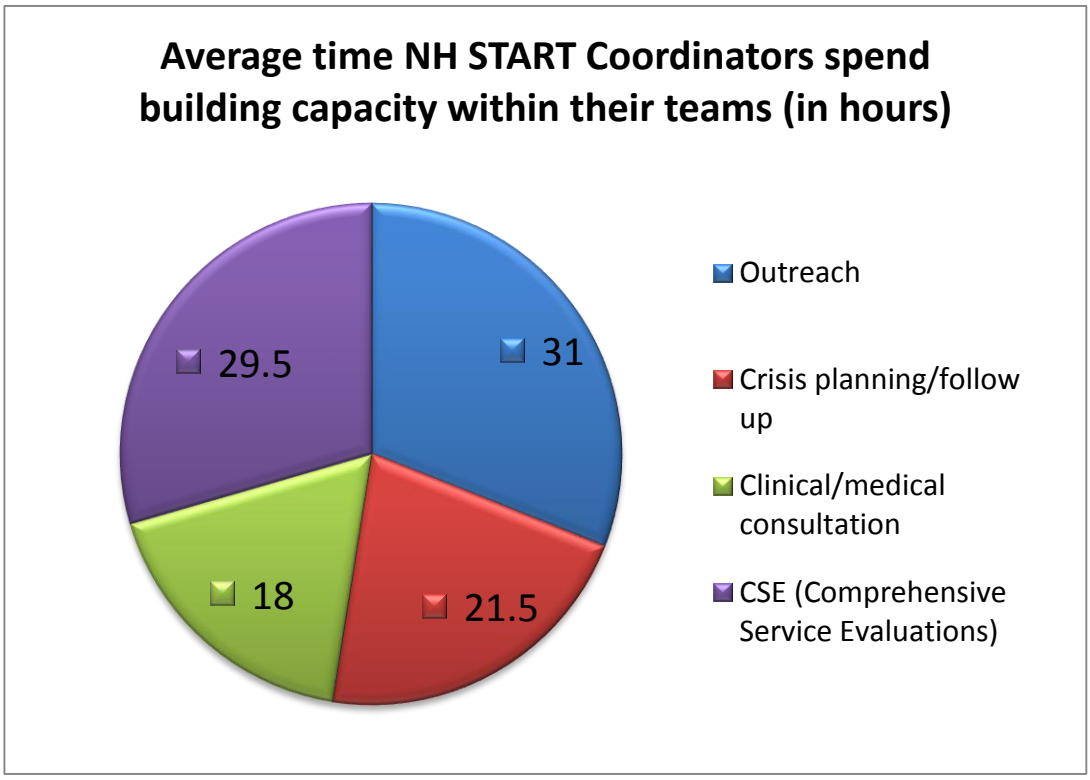
Abstract:

New Hampshire's START Coordinators support individuals with IDD/MH using a significant amount of time using Outreach, Training and Crisis planning. Our data regarding emergency room usage and psychiatric in-patient hospitalization demonstrates that this decreases significantly for individuals following enrollment in the program. We will provide data from SIRS demonstrating this trend as it is compared to our Outreach, Training, and Crisis work. This data is also helpful in looking at START Center emergency and planned stays. Many times, individuals step down from the intensive hospital level of support with an emergency stay at the Center prior to returning to their home environment. Additionally, planned stays at the Center appear to significantly reduce emergency room and in-patient psychiatric hospitalization as individuals with a history of frequent emergency response stay at the Center at regular intervals to prevent the need for emergency system use.

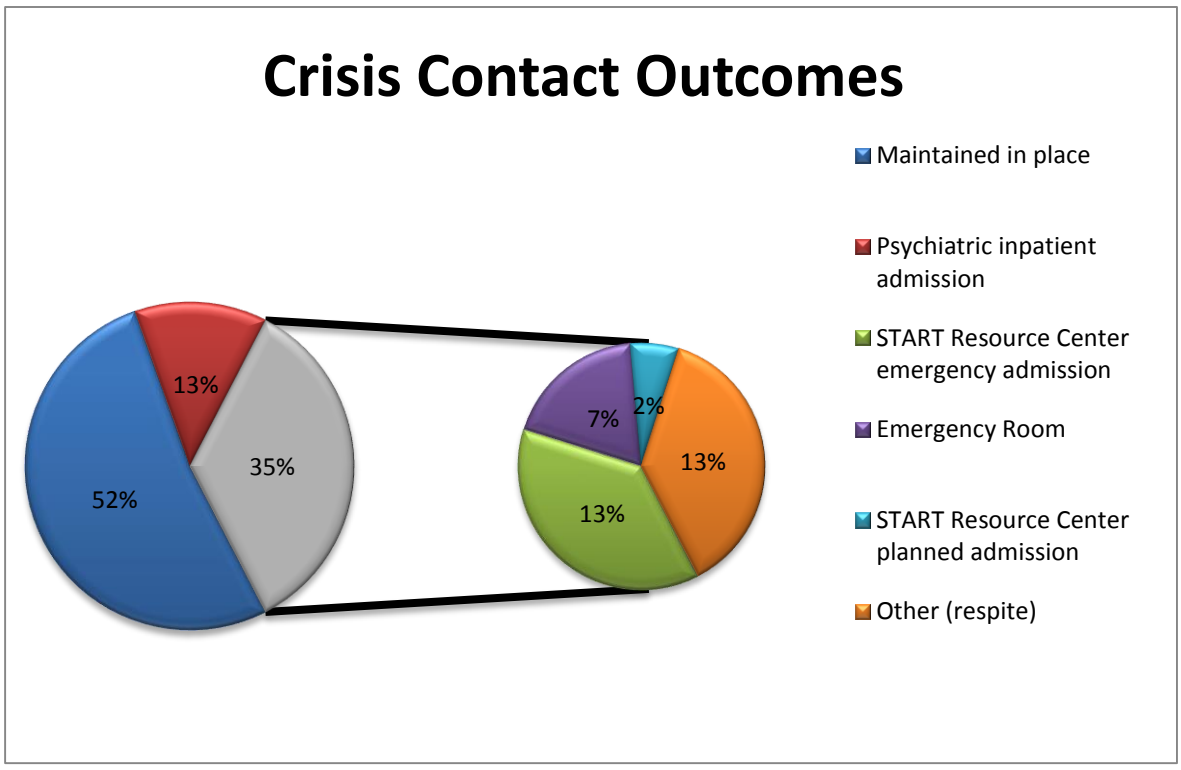


NH START focuses a great deal of time building capacity within teams and within the system, with an emphasis on outreach. The investment in outreach is beyond that of the national average. Capacity building, training and education build resiliency within the system, within the teams, and in the individuals we support. It is our experience that enhanced outreach activities allow for strategic, proactive intervention and result in a significant reduction in crisis contact and emergency service use.



This chart reflects the decline of emergency department and hospital use once individuals are referred to START, by 51% and 47.9% respectively. This is consistent with data provided nationally through the SIRS database. As indicated the START Resource Center plays an integral part in the reduction of emergency service usage.

It is important to note that of the 121 emergency admissions to the START Resource Center only 6 are the result of crisis contact. This supports our premise that through our enhanced outreach/capacity building efforts we are able to proactively access supports, avoid crisis contact, and reduce usage of emergency services.



When NH START is involved with an individual and their team, during crisis, their trajectory is positively affected. When a crisis contact occurs, the START coordinator has been able to avoid psychiatric hospitalization 87% of the time! In fact in 52% of the cases, we are able to support the individual to maintain in place. This is a truly remarkable number. This data supports that intervention provided by the START coordinator creates resiliency in the system.

When a NH START Coordinator receives a crisis contact, their intervention is likely to allow for the individual to remain in their current setting (52%). In instances that reach the point in which other interventions are needed, the START coordinators are often able to use the existing system resources to advocate for respite supports (13%), or utilize the START Resource Center (13% emergency, 2.2% planned).