



Division of Behavioral Health Services

Targeting the Emergency Department (ED) to Reduce Suicide and Substance Abuse

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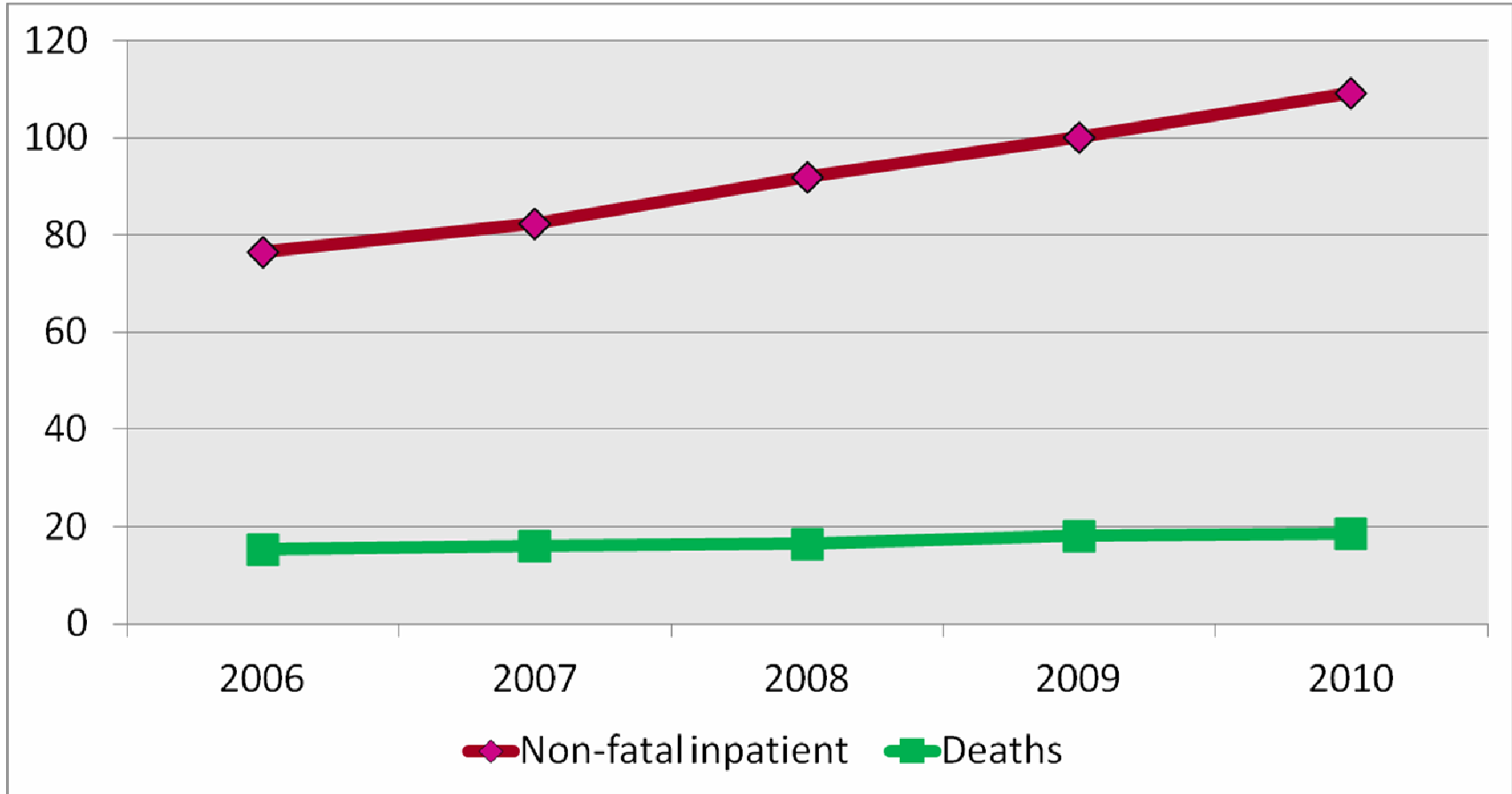
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Kognito Interactive

Presentation Overview

- The Need for intervention in the ED
- Planning
- Implementation
- Interactive Training
- Evaluation
- Next Steps
 - Sustaining outcomes

THE NEED FOR INTERVENTION IN AZ ED'S

Poisoning Rates (AZ)



Costs of Poisonings in AZ

Emergency Departments

- Average ED visit: \$3,950
- Total charges for ED visits: \$46.9 million
- 56% paid by Medicare, Medicaid, or AHCCCS = \$26.5 million

Inpatient Hospitalizations

- Average inpatient stay (3 days) = \$24,924
- Total charges for inpatient stays = \$80.4 million
- 65% paid by Medicare, Medicaid, or AHCCCS = \$52.4 million

The Catalyst

- January 2010 reduction in AZ state funds for behavioral health
- Hospitals concerned about increasing use of EDs by patients with behavioral health issues

Needs Assessments

- Survey of hospitals
- Key informant discussions
- Review of epidemiological indicators

Opportunities for Change

- “Don’t ask, don’t tell” practices
- Keeping patients who attempt suicide in the ED until a BH bed can be identified – long waits, disruptive to ED functioning
- Finding health issues to use to admit suicidal patients for general (non-BH) inpatient hospitalization
- Alcohol abuse considered normative and related accidents considered unusual
- Unawareness of Behavioral Health resources

PLANNING

Project Goals

Increase

- ED staff comfort with screening for BH
- Medical staff knowledge of referral resources
- Routine use of screening, intervention, referral in hospital EDs

Decrease

- ED readmission rates
- Costs to the public health care system
- Injuries and mortalities related to suicide and/or substance abuse

The Barriers

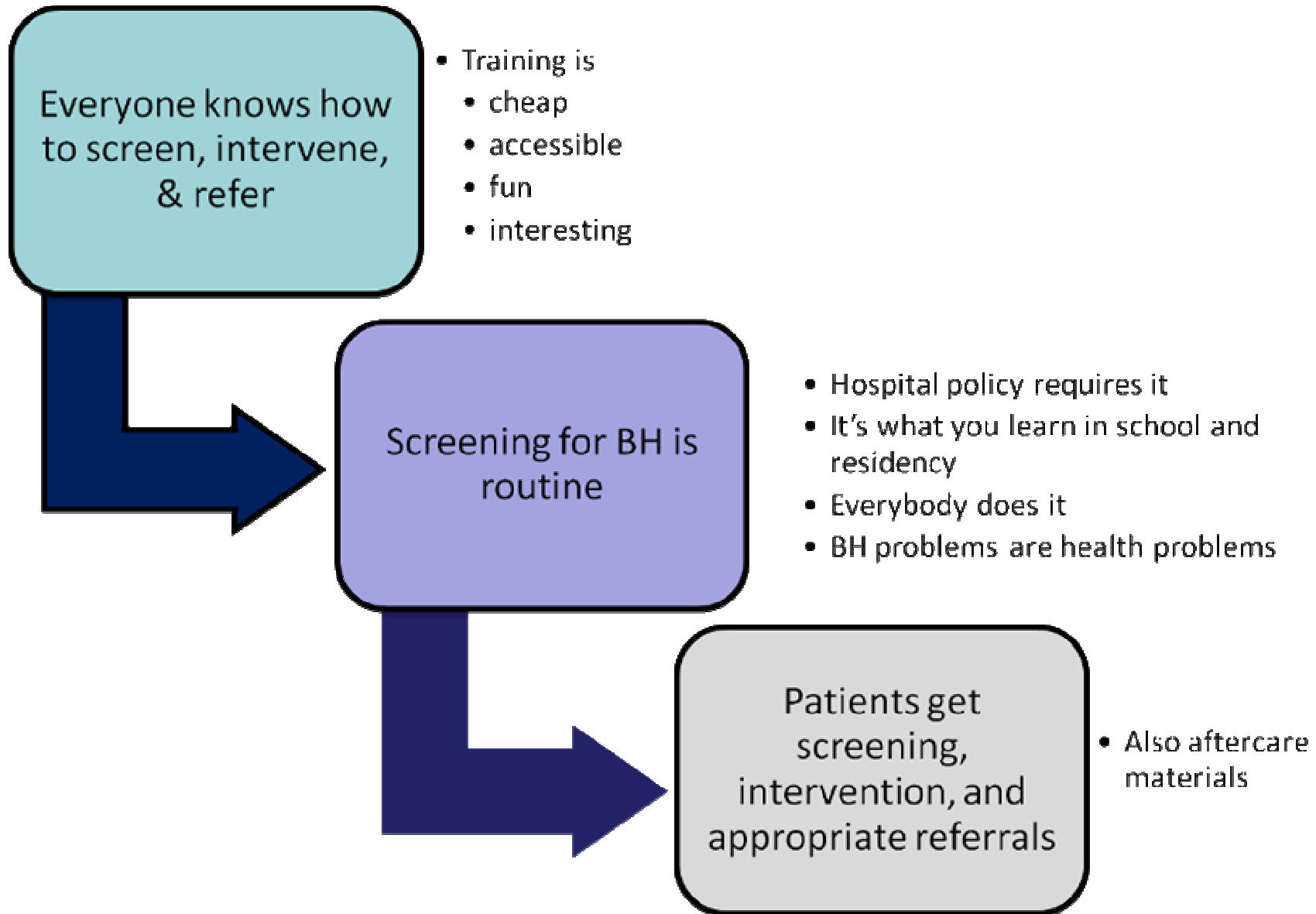
Challenge

- Stigma
- Fear of liability
- Time it takes
- Staff confidence/comfort
- High cost of training medical staff
- Money

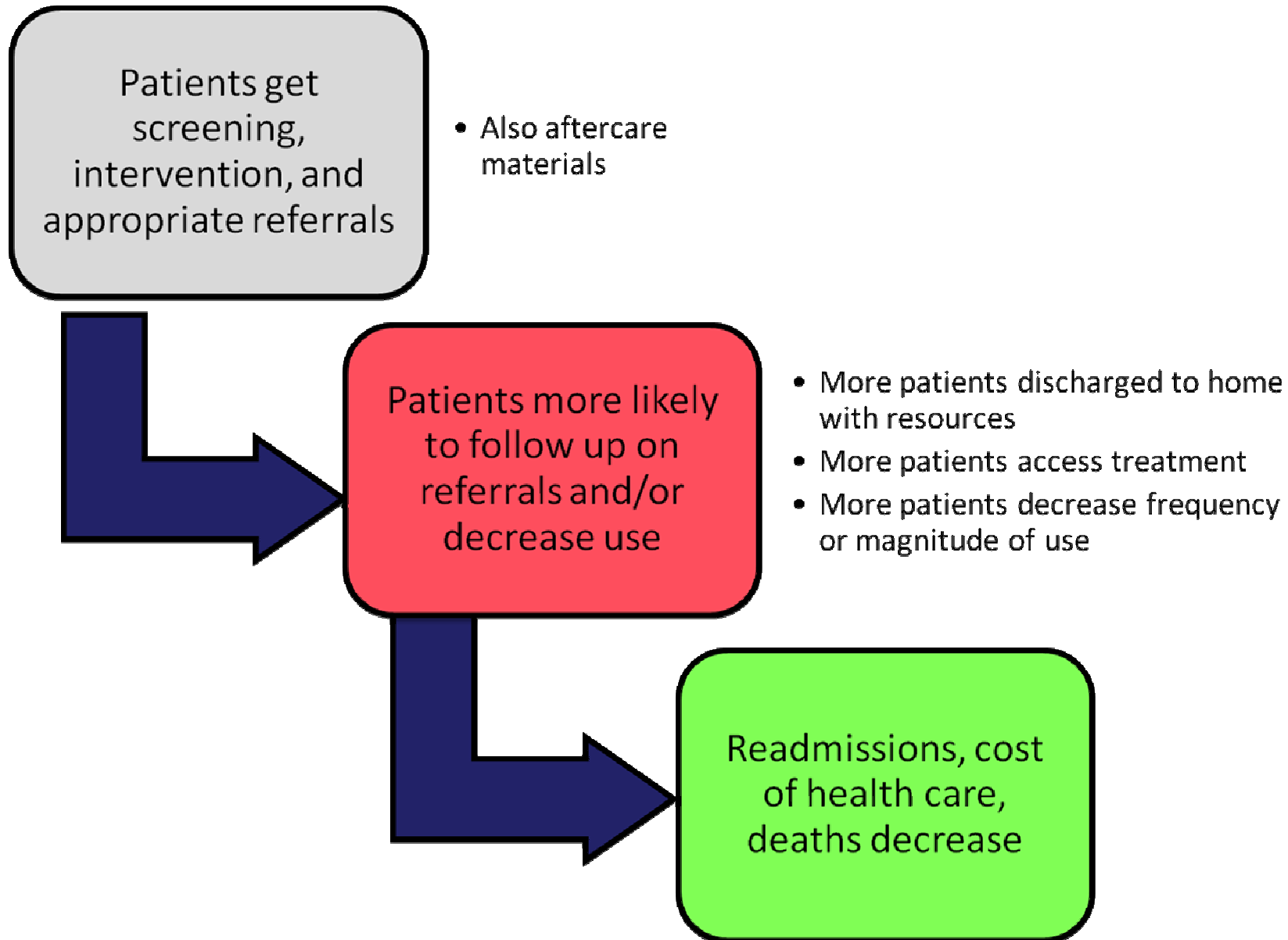
Strategy for overcoming

- Normalize the process
- Debunk myths
- Show how little time it takes
- Practice in a safe setting
- Make training cheap and easy
- Leverage funds & change policies

Our Logic...



Our Logic - continued



Funding

- Substance Abuse Prevention and Treatment Block Grant
- Garrett Lee Smith Suicide Prevention Grant

Health Care Reform

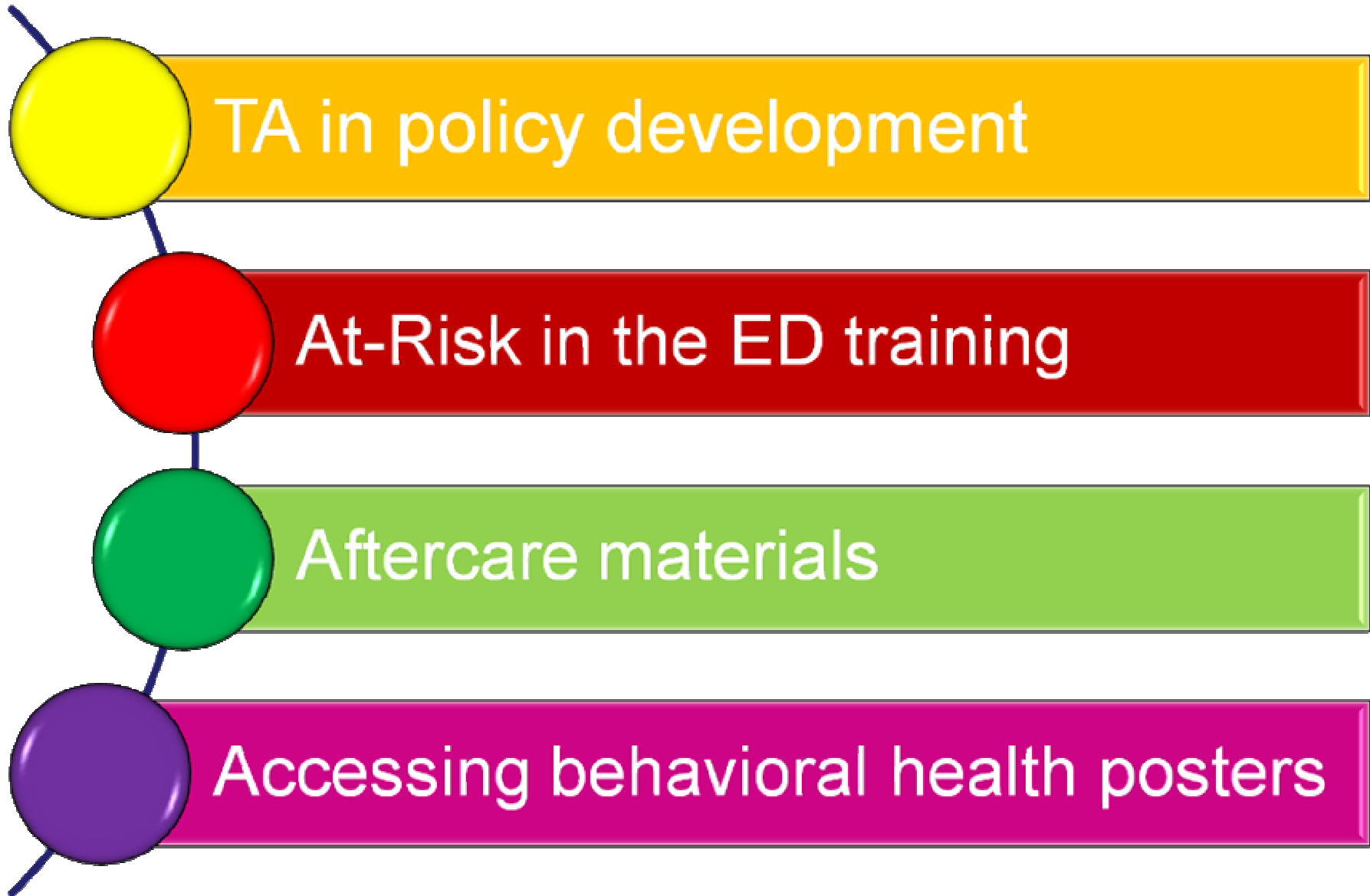
- Parity
- Reimbursement for screening and brief intervention

SBIRT

Screening, Brief Intervention, Referral to Treatment

- Easy
- Effective
- Reduces costs

IMPLEMENTATION



TA in policy development

At-Risk in the ED training

Aftercare materials

Accessing behavioral health posters

Accessing & Paying for Behavioral Health Services

Poster walks medical professionals through making a BH referral based on insurance status and other potential eligibilities

<http://www.azdhs.gov/bhs/pdf/AccessingBHSystem.pdf>

Online Interactive Training for ED Staff: *At-Risk*



- 1-hour, online 24/7
- Simulated conversations with 3 virtual patients
- Private practice and personalized feedback
- SPRC/AFSP Best Practice Registry
- 1.5 CMEs and CEUs for others in AZ
- Assessment underway
- Technical support for all users
- Live Demo: www.kognito.com/demos

Kognito *At-Risk* Gatekeeper Training Suite

- 8 programs and growing
- Tailored to education, military, clinical learners
- Freely available to over 1M in US and abroad
- Assessed in national studies, peer-reviewed journal article
- NREPP review ongoing, SPRC Best Practices Registry Listed



University Faculty & Students



Emergency Room Staff

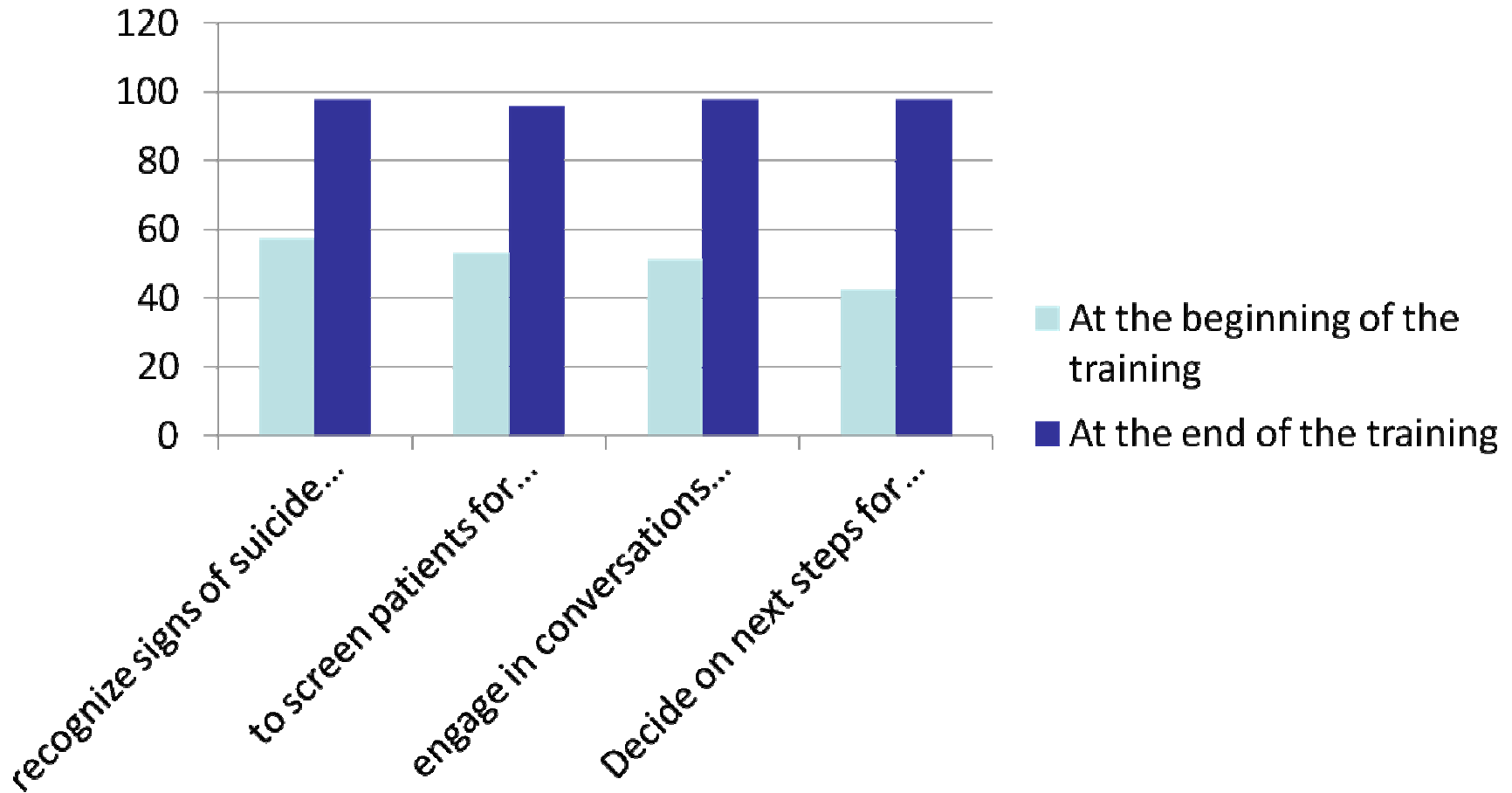


Families of Returning Veterans

Current Training Status

- 47 course completions
- 7 hospitals lined up to adopt the training
- Interest from IHS, Tri-West, Community Health Centers, Crisis and Behavioral Health Providers
- Free CMEs, CEUs, and certificates

Training Outcomes



Next Steps

- Revisit manual on establishing screening policies
- Post-cards pilot
- Collaboration with poison control for BH referrals
- Get training incorporated into residencies, medical training programs

Questions?

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