EMERGENCY PSYCHIATRY UPDATE

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Endeavor BHT:
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Data by Amanda Zwirecki & Chloe Hurley
CPEP by the Numbers

• Over-reliance on CPEP for many non-emergencies: ~12,360 avg/yr

→ Collaborative Efforts

• Then there was COVID

→ 2021: 10,708 visits (~13% decrease)

BUT add consults: 359 in 2021 = 11,067 visits (~10%)

→ Total ER visits down 15% in 2021
ECMC CPEP Total Monthly Visits
Before there was COVID...

• Four corners of collaboration:
  Jacobs School of Medicine [Tori Brooks]
  University of Colorado, Denver Health [Scott Simpson]
  Columbia University, NY Presbyterian Hospital [Ryan Lawrence]
  University of North Texas at Fort Worth [Dustin DeMoss]

→*The Case for Fellowship Training in Emergency Psychiatry*

The Facts Support Specialized Training

- Annually 15 million ED encounters related to BH concern → diverting these allows ED providers to focus on medical emergencies

- In ED’s, psych pts have:
  - higher lengths of stay
  - higher hospitalization & boarding rates
  - greater mortality (including death by suicide)

→ dedicated space & staff facilitates a better approach to behavioral emergencies
→ comfort w/ broader range of illness acuity & expertise in lethality risk factors fine-tunes risk assessment, determination of least restrictive level of care
→ experienced emergency psychiatrists admit fewer, sicker pts; inpt = last resort
→ familiarity w/alternative tx resources can avert hospitalizations = less boarding, cheaper for healthcare system
→ community-based providers will have an increased comfort treating complex, sicker or high-risk patients in a less restrictive setting when robust emergency service available
Value of Specialized Training, cont’d

- ACGME requirement for a structured emergency psychiatry experience, but opportunities vary widely
  → a dedicated psychiatric emergency service & faculty is ideal model to improve the quality of Emergency Psychiatry experiences for all trainees
  → a well-circumscribed service w/ dedicated faculty best facilitates scholarship prioritizing unique topics [e.g. suicide prevention, tx of acute agitation, SUD’s, social determinants of disease, triaging psychotic symptoms in the ED setting, outcomes of crisis care, telepsychiatry, geriatric & medical comorbidities, diversion & collaboration with law enforcement]

- Lower quality emergency training associated w/ higher burnout, less interest in treating safety net populations
  → unique clinical setting to learn specific skills [e.g. nature of therapeutic relationship requires sharp rapport-building skills, navigate unique conditions (intoxication, delirium, etc), requiring familiarity with acute medical & CD pathology, crisis intervention, understanding systems of care, lethality assessment]
  → impacts accessibility of MH care for all pts

- Push toward community-based care by regulatory agencies (reduction of inpt tx)
  → success of community-based programming depends on appropriate triage, sound assessment of need
  → increased need for crisis care forcing development of specialized BH emergency services nationally
  → recent unfortunate outcomes—time to advocate for more effective management of BH emergencies
Exciting times in 2022

• 1st ever Jacobs School of Medicine Emergency Psychiatry Fellow coming in July: **Dr. Mark Sutton**
More Exciting Opportunities

- Not until July 2020 that 9.41’s >300 in a month: 312/1035
  - COVID?
  - bail reform?
  - despite CIT training
  - despite High Utilizer Task Force (fall 2020)
- October 2021: 317/908 = 35%

→ Opportunities for community partnerships:

Endeavor BHT
Behavioral Health Teams (BHT)

The Local Co-Response Model

Stefanie Matta, LMHC
Amanda Zwirecki
Began as Mid-Erie Mental Health Services; now Endeavor Health Services, having changed our name to reflect our continued growth, evolution, and expanded geography.

1972

213 Employees

9 Outpatient Clinics

34 Locations

5,000+ Active Clients

87,300 Services

32,900 PROS units of Service

$19.5 Million Annual Budget
Historical Context

• Crisis Intervention Team (CIT) training is an internationally recognized method of training law enforcement to recognize the signs and symptoms of mental illness.

• Erie County has adopted CIT training as the foundational mental health training for police officers
  • 32 hour in classroom training
  • Local subject matter experts participate in training law enforcement

• “CIT is more than just training, it’s a community program” (CIT International, 2018)
A main goal of CIT programs is to minimize the times that law enforcement are the first responders to citizens in emotional distress.

- If they are first on the scene - ensure that they are prepared with the knowledge, skills, and support to de-escalate situations and divert individuals from the criminal & juvenile justice systems, when appropriate.

CIT programs also aim to increase community safety for both the person experiencing a behavioral health crisis as well as the law enforcement officials, by increasing the understanding of the behavioral health system, while making the resources provided by that system accessible.
There has been substantial research on the effectiveness of the Co-Responder Model. This model benefits individuals living with mental health and addiction diagnoses.

The co-responder model leads to fewer:

- **Arrests**
- **Incarcerations**
- **Repeated cycles of arrest/incarceration**

Over time, the BHT Co-Responders will help to reduce the criminalization of the population of individuals diagnosed with mental illness, reduce poverty among this population, and reduce the racial inequity of those who are currently incarcerated.

(Behavioral Health Diversion Interventions, October 2019).
In 2019, the community of Cheektowaga requested a partnership with Endeavor to pilot a Co-Response Model. The clinician and police officer would respond to Mental Health 911 calls together.

This was the first time in Erie County that mental health clinicians were embedded within police departments.
**Scenario**

Ben is a veteran and has a diagnosis of Schizoaffective disorder. He is currently experiencing a crisis typified by inaudible speech, engaging with delusions, depressed mood and flat affect.

**Scenario**

Jane is a Police Officer in the city of Buffalo and she received the call from dispatch to respond to the crisis situation.

**Scenario**

Kellen is a Licensed Mental Health Counselor who works on BHT Team and responds to crisis.
Most Often Used Words to Describe Client Response During BHT Encounter, per BHT Staff
• Three clinicians and a supervisor (Jenna Colern, LMHC)
• Six (6) officers and two (2) Lieutenants on the team
• Police liaison: Captain Amber Beyer
• Team progress:
  • 63% of individuals are diverted from the hospital or CJ system
  • 59% of these individuals remain at home

Buffalo Police

• One full time clinician, Molly Morgan, LMHC
• Works with the entire department M-F
• Police liaison: Captain Joe Milosich
• Team Progress:
  • 64% of individuals are diverted from hospital or CJ system
  • 23 minutes is the average length of time spent on scene

Town of Tonawanda Police

• One full time clinician, Nicasio Renaldo, LMHC
• Works with the entire department
• Police liaison: Lt. Jeffery Schmidt
• Team Progress:
  • 60% of individuals are diverted from hospital or CJ system
  • 7 minutes is the average response times for all calls to the BHT

Cheektowaga Police

• One full time clinician, Marne Timon, LMSW
• Office is located out of the bus terminal and can respond to three counties
• Police liaison: n/a
• Newest to onboard, clinician began 1/10/2022

NFTA Transit Police

Local Municipalities
Demographics of Individuals Served by BHT, 2021

Race Distribution:
- White (44.87%)
- Black (23.95%)
- Unknown (18.72%)
- Hispanic (7.11%)
- Multi-racial (3.77%)
- Asian (1.15%)
- Native American (0.42%)

Gender Distribution:
- Female (48.95%)
- Male (49.16%)
- Other (1.88%)

Age Distribution:
- 0-17 (11.37%)
- 18-29 (26.11%)
- 30-39 (21.16%)
- 40-49 (12.84%)
- 50-59 (11.47%)
- 60-69 (10.74%)
- 70-79 (4.11%)
- 80+ (2.21%)
Total Number of BHT Staff across Western New York Communities, 2019-2021

- 2019: 1
- 2020: 4
- 2021: 10

Legend:
- Cheektowaga
- Buffalo
- Town of Tonawanda
- West Seneca
- NFTA
West Seneca BHT Outcomes

14 minutes is the average response time for all calls to the BHT in West Seneca.

32 minutes is the average amount of time the BHT Co-Response team is on scene.

59% of all Persons in Crisis remained in their homes at the end of the Diversion Encounter with West Seneca’s BHT Team.

77% Of all the BHT Encounters in West Seneca have led to a diversion from Arrest and/or Hospitalization.
West Seneca
BHT Projected Savings

JUNE - DEC 2021
$233,150
ESTIMATED COST SAVINGS ACROSS AMBULANCE, CPEP, AND INPATIENT STAYS.

The estimated savings are calculated for all diversions between the six months of June - December 2021.
Communication across systems is key!

Part of our internal policy is to ensure that clinicians relay what they observed to CPEP!
How Providers Can Contribute

• Law enforcement want to learn a better approach for serving this patient population

→ Information is power! If you can afford the time, then consider communicating with officers that bring someone in to CPEP

• Work with Discharge Planning to facilitate safe discharges where the patient has a stable environment to return to

• Lean on the clinicians in police departments that have a co-response model

• Please ask the clinicians questions about any interventions, screenings, etc. that may have taken place in the community
Linkage Efforts of the BHT

Linkage Opportunities after Crisis Co-Response

BHT Clinicians and Peer Staff work diligently to connect clients seen during crisis co-response to the services that they need. Endeavor offers the following programs and more. We will provide referrals to other services if needed.
BHT Response Diversion and Linkage Rates, 2021

1096
Unique individuals served by the BHT team in 2021.

73%
remained safely in the community after a BHT encounter.

22 minutes
is the average response time from 911 call to BHT team response.

64%
of all 2021 BHT Encounters are successfully diverted from arrest and/or hospitalization.

98%
of 2021 BHT Encounters have been diverted from Arrest.

20%
of 2021 BHT Encounters, who were not linked to any Behavioral Health Care were successfully linked to Endeavor for Services.
Any Questions?

Please Reach Out!

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Thank You!

Questions?