

East Metro Adult Crisis Stabilization Program (EMACS)

Established in 2002, the EMACS Partnership is a private/public partnership.

It is composed of:

- Ramsey, Dakota and Washington counties
- Blue Cross/Blue Shield, Medica Health Plans/United Behavioral Health, HealthPartners, and UCare Health Plans
- State of Minnesota Department of Human Services Adult Mental Health and State Operated Services
- Regions, HealthEast and United Hospitals
- National Alliance for the Mentally Ill (NAMI), MN
- Ramsey County Adult Advisory Council
- Mental Health Association of Minnesota

EMACS provides community based crisis assessment, crisis intervention, crisis stabilization, rapid access psychiatry, and health care navigator services.

Mission

Mission of EMACS is to provide individualized, community based, mental health crisis stabilization services through an innovative public-private partnership.

Values

Values include a strong belief in and commitment to maintaining a vehicle for its membership to identify, discuss and seek resolution to mental health systems issues.

Focus

EMACS continues to focus its efforts to:

- Serve all people, despite ability to pay and payer status
- Provide the “Right Service at the Right Time” reducing utilization of costlier levels of care such as inpatient services
- Work in East Metro hospital emergency rooms
- Alleviate the psychiatric bed shortage through diversionary services (pre and post admission)
- Reduce prolonged hospital stays by improving community resources (i.e. transitional housing, short term intensive case management, emergency psychiatric services, and patient drug and funding assistance)

Note: Although the Minnesota Department of Human Services is a voting member of EMACS, as a State agency DHS has a formal process for responding to proposals of this type and, therefore, is abstaining from this matter.

EMACS
Study and Planning Process
2007-2008

INTRODUCTION

East Metro Adult Crisis Stabilization (EMACS) functions as a mobile crisis assessment and stabilization program in Ramsey, Dakota, and Washington Counties. The program seeks to resolve gaps in services including hospital beds. The EMACS Leadership Team represents counties, State DHS and SOS, hospitals, health plans, and consumers.

DHS awarded to EMACS a crisis infrastructure grant in 2006. The goals are to further develop and integrate the mental health crisis structure. Health Care Navigators and rapid access psychiatry are examples of needed services to strengthen the mental health infrastructure. An over-arching goal is the construction of a seamless mental health service system to include defining hospital bed and residential treatment service needs.

Efforts to move forward on the grant goals led to the establishment of a sponsor workgroup. This sponsor group convened a comprehensive group of providers, health plans, counties, State, hospitals and consumer groups that serve individuals experiencing a mental health crisis.

The mission is to further evolve an integrated community based mental health system in the East Metro. This is being achieved, in part, by engaging in a planning process to determine the adequacy of services and assess resource utilization across a continuum of care. The focus is on the services necessary to support individuals from the initial crisis incident through stabilization. The group is to assess the current system and suggest improvements based on current gaps, the area's changing demographics, and mental health trends.

The first meeting on June 27, 2007, brought over 40 representatives from counties, SOS, state services, DHS, non-profit providers, hospitals, Detox, health plans, and consumer groups together. The result was a commitment to an aggressive, time-limited study and evaluation process.

PROCESS

A broad consensus and a heightened interest in developing a single, comprehensive plan for improving the East Metro Adult Mental Health Continuum of Care emerged out of the large group meeting. Four workgroups were created to further develop a work plan:

- *Acute Inpatient Care* focused on determining how existing beds were being utilized, if any additional inpatient capacity was necessary, and how to improve the patient flow in to and out of the Inpatient Care System.
- *Community Services* focused on determining what community services exist, what is necessary, and how they could be integrated to provide for a better continuum of care
- *Housing* focused on the housing needs of individuals moving through the initial crisis to stabilization

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- *Resource/Data* served as a central repository for data from all the work groups and made this information available to the work groups to help inform their work

OUTCOME

Through a consensus process, each of the four work groups identified the primary focus areas to improve the system.

- *Acute Inpatient Care:*
 - Reducing non-acute days in existing inpatient units by improving access to community resources at time of discharge
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 - Shortening wait time in the Emergency Departments by improving access to existing services and creating additional community capacity.
 - Improving continuity of care by addressing community-to-hospital and hospital-to-community transfer of clients and information
 - Increasing the number of specialty beds that would be available to serve
 - MI-CD patients (intoxication and enhanced risk)
 - MI-Medically Complex
 - Behavioral Crisis in need of structured services
- *Community Services;*
 - Consolidating and integrating existing community crisis services into a centrally located Crisis Center that could work closely with the spectrum of services - both community and inpatient.
- *Housing:*
 - Short-term transitional housing for individuals who no longer need acute level of care
 - Long term supportive housing, both scattered site and site-based, that offers a spectrum of intensity of services
 - Integration of the existing housing resources available and improving access to supportive services

ACTION STEPS

Currently there are three work groups tasked with designing change in the mental health care continuum:

- *Crisis Center* group will focus on the services that are to be consolidated, integrated and located within a 24/7 Crisis Center that includes mobile crisis
- *Community Services* group will focus on the support services to be consolidated, integrated, and developed in the East Metro community to prevent the need for hospitalization and provide options for support when discharged
- *Fiscal and Policy* group will work on the fiscal notes, legislative and policy changes that will need to occur to allow this system integration and consolidation to take place

These groups committed to work through March 2008 to actively plan the next steps, including structural and financial details, and then develop an implementation schedule.

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Study and Planning

Community Need

- Inadequate crisis beds with programming (approximately 75 unnecessary admissions/year in East Metro)
- Inadequate detox for dual diagnosis (138 unnecessary admissions/year in East Metro)
- Inadequate immediate access to outpatient psychiatry (24 unnecessary admissions/year in East Metro)
- Increased housing with programming (would save 4,500 bed days/year in East Metro allowing existing beds to serve 500 more patients/year in East Metro)
- Increased dual diagnosis treatment (would save 1,620 bed days/year allowing existing beds to treat 180 more patients/year in the East Metro)
- Increased capacity of nursing homes able to work with mental health as well as patients/year in the East Metro)
- Increased access to services for the uninsured/underinsured

Meeting this community need translates to finding a way to sustain

- Increased outpatient emergency evaluations 24/7
- Increased outpatient crisis stabilization services
- Increased access to psychiatrists and advanced practice providers (such as CNS, NP, PA) 7 days/week
- Increased capacity of housing w/support services
- Increased services for patients with both mental illnesses and chemical dependencies (outpatient, intensive outpatient with lodging and inpatient)
- Increased inpatient psychiatric beds for patients with medically complex problems and medical co-morbidities
- Health Care Navigators to get patients appropriately enrolled in insurance programs

For further information, please contact:

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