Dauphin County MH Bridge Program Highlights

Why Bridge

- High use of emergency rooms
- High cost of inpatient care
- High rates of 30 day inpatient readmissions
- Individuals are not able to navigate the system
- Individuals don't get to less restrictive treatment
- Treatment can help persons understand recovery

What is Bridge

- Connecting individuals to case management services following inpatient that are not involved in treatment.
- Added support for individuals to engage in treatment services and supports.
- Addressing barriers to using community-based treatment

Bridge Target Population

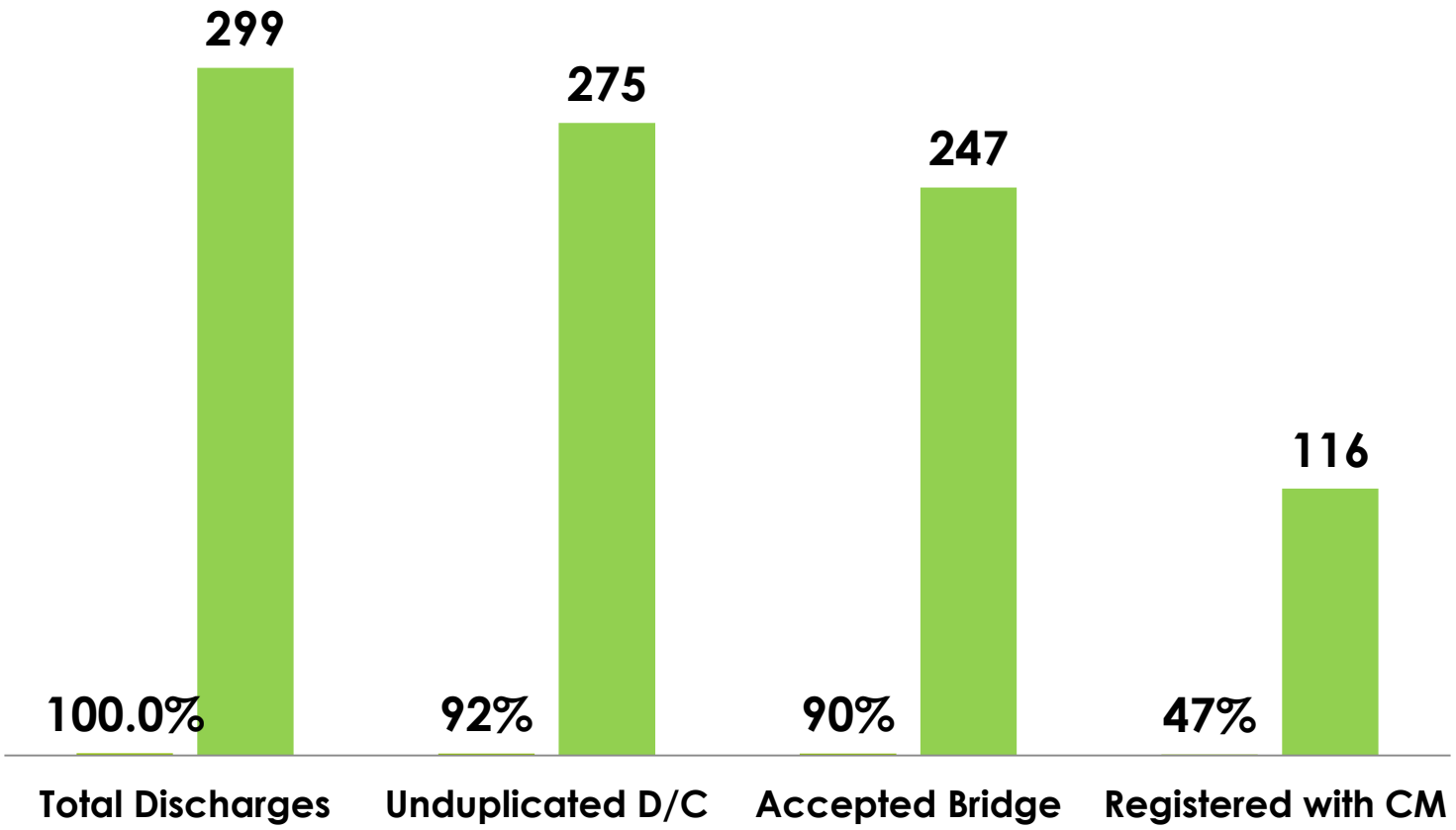
Individual is:

- at high risk for re-hospitalization.
- has no insurance or is Medical Assistance applied.
- not currently registered in the MH system
- not active in ongoing treatment or supports.
- willing to consent to ongoing contact by Crisis and/or CMU.

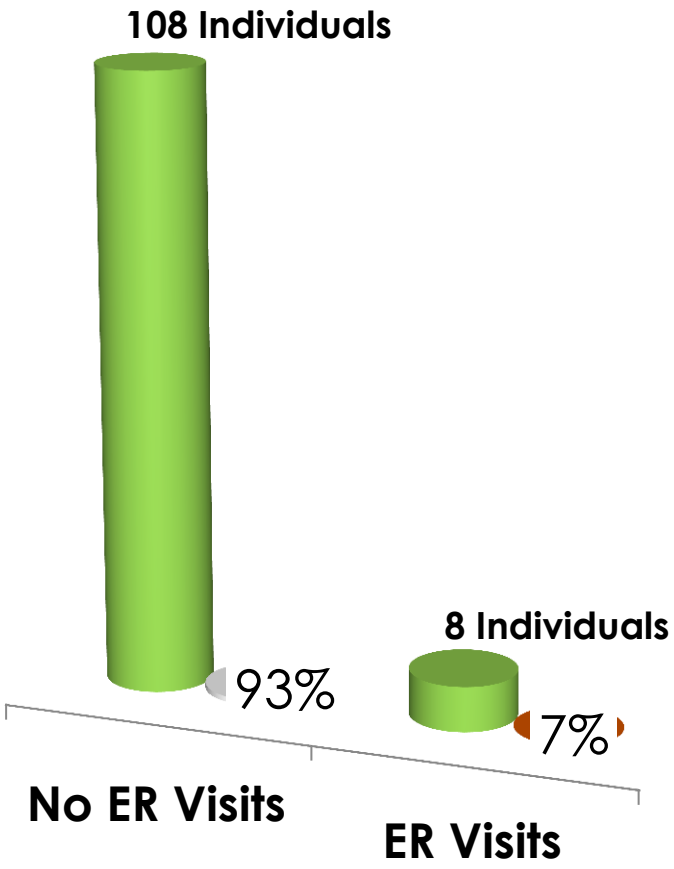
The Process

- PPI, CMU and Crisis Intervention are the partners involved in the Bridge Program.
- Individual consents to Bridge referral and agrees to be contacted by CMU and/or Crisis.
- Individual is assisted in registering with case management services.
- Individuals are assisted in following through with inpatient treatment recommendations for aftercare.
- Barriers to treatment and other human service needs are identified and addressed.
- Bridge success equals registration with case management and follow through with inpatient treatment recommendations to prevent re-hospitalization.

Bridge Referrals CY 2012



ER Visits Following Bridge Discharge CY 2012



Re-Hospitalization within 30 days

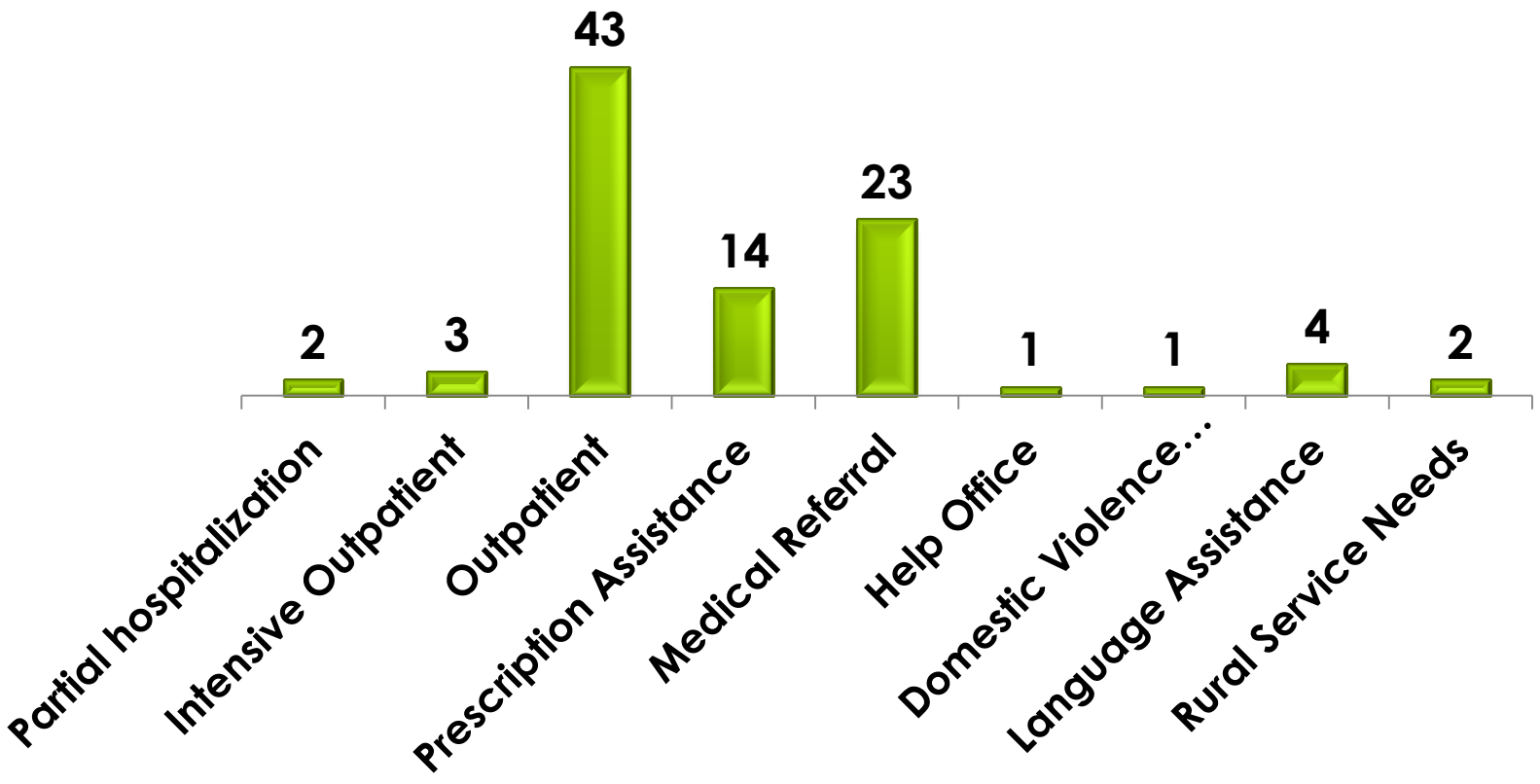
- Persons re-hospitalized within 30 days were primarily voluntary admissions

And

- 15.5 % of the individuals serve in Bridge were

hospitalized

Identified Service Needs of Individuals in Bridge CY 2012



Impact of Bridge

- Increased collaboration and coordination with PPI, Crisis Intervention and CMU.
- Increased amount of individuals enrolled in case management.
- New approach where Individuals are matrixed and fast tracked to targeted case management more efficiently.
- Reduced ER visits for individuals in Bridge.
- Low percentage of readmission within 30 days.

Next Steps

- Review Bridge goals and improve process of data collection among Bridge partners.
- CMU to review and develop policies and procedures for individuals already involved in administrative case management and experiencing high use of inpatient care.
- Develop a single data base for Bridge tracking.
- Continue efforts in identifying strategies to address high inpatient readmissions rates.

Comments & Questions

Frank Magel, Adult MH Specialist II
Joe Whalen, QA Specialist
Dauphin County MH/ID Program