

Bennett Child & Adolescent EmPATH Unit & PATHways Program

Mental Health Crisis

Subtitle here

- **18.1% of teens aged 12 to 17 had a major depressive episode in the past year**
- **40% of high school students reported persistent feelings of sadness or hopelessness during the past year.**
- **Suicide is the second-leading cause of death for teens**
- **20.4% of high school students reported having seriously considered suicide in the past year.**
- **16% of high school students reported making a suicide plan in the past year.**
- **9.5% of high school students attempted suicide in the past year**

Today's Challenges

Subtitle here

- **Longer LOS of psychiatric patients** prevents ED bed turnover
- **Financial Impacts of boarding psychiatric patients** including high resource utilization
- **Overstimulating Environment:** chaotic ED settings often worsen psychiatric symptoms and increase patient distress
- **System Gaps in Training & Tools:** frontline staff are not given the specialized training or resources needed to manage behavioral health crises effectively
- **Safety Risks:** overcrowding raises serious concerns for both patients and providers
- **Outdated Processes:** many EDs still default to medical clearance inpatient referral processes
- **Extensive Outpatient Wait Times:** >12 week wait times for outpatient behavioral health care following a crisis leaves the patient and family at higher risk for additional crises and distress

Emergency Psychiatric Assessment, Treatment & Healing

What makes the EmPATH Approach Different?

- **Designated destination for all medically-cleared patients in crisis** prior to determination of disposition or IP admission
- **“No Exclusion” Philosophy** – designed and staffed to treat all emergency psychiatric patients
- **Immediate patient evaluation and treatment** by a psych provider, constant observation and re-evaluation
- **Provides a calming, healing, comfortable setting** completely distinct from the Medical ED
- **Wellness and Recovery-oriented approach** minimizes cause of anxiety, frustration

Benefits

PATIENT BENEFITS

- **Trauma-Informed Unit:** home-like care setting that promotes relaxation, movement and recreation
- **Calming Environment:** meets the patients' needs including autonomy of serving snacks, beverages
- **Multi-disciplinary Treatment Team** involved from arrival to discharge
- **Constant Observation + Re-evaluation** leads to much higher diversion from hospitalization
- **Rapid Evaluation by Psych Providers** ensuring care integration with development of a comprehensive care plan
- **Restraint Elimination** typically used <1% of cases

HOSPITAL BENEFITS

- **EMTALA Compliant** for both voluntary & involuntary crises
- **Eliminate Unnecessary Admissions**
- **ED Capacity Creation** alleviating volume pressure in the ED and reducing psychiatric holds and boarding
- **100% reimbursed by all payors**
- **Up to 80% Reduction in Admission Rates**

Outcomes of EmPATH Units



Academic Emergency Medicine
A GLOBAL JOURNAL OF EMERGENCY CARE

Emergency Psychiatric
Assessment, Treatment, and
Healing (EmPATH) Unit
Decreases Hospital
Admission

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70% reduction

in ED length of stay from an
average of 16.2 to 4.9 hours



60% increase

in outpatient follow-up of
patients from 39.4% to 63.2%



53% reduction

of inpatient psychiatric
admissions



+\$861,000 increase

to ED bottom line in the first year by
moving BH patients out of ED to
targeted, timely, & better care



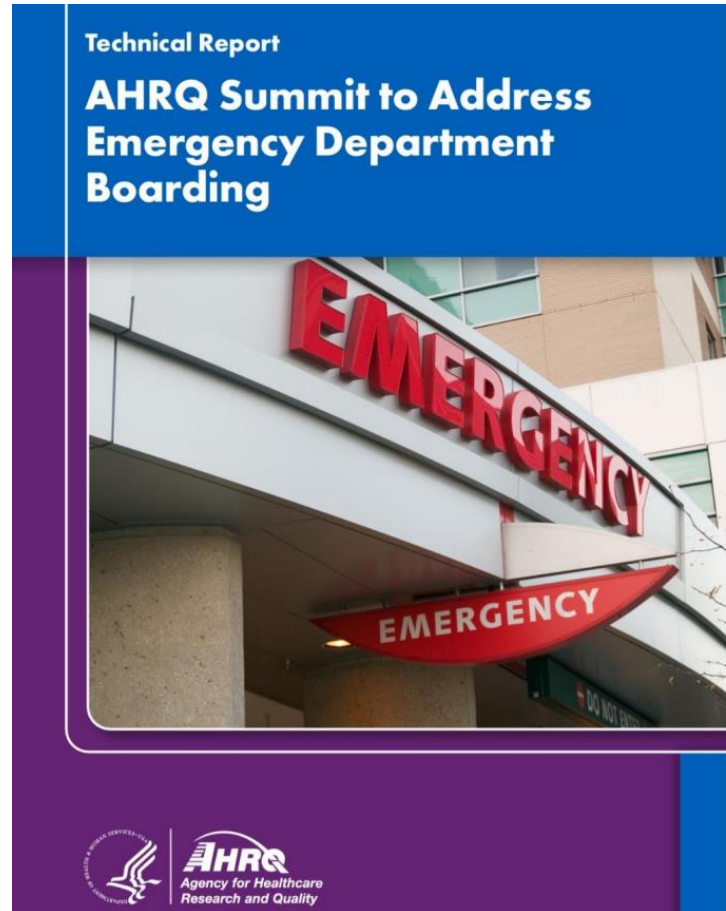
25% reduction

in 30-day psych patient return
to ED (Recidivism)



**Reduced Inpatient
Lengths of Stay**

for patients admitted from EmPATH



New Federal US Health and Human Services report out!

Centers for Medicare and Medicaid/Agency for Healthcare Research and Quality

The report specifically lists *EmPATH units* as their top recommendation to solve Emergency Department Behavioral Health patient boarding and calls for more funding and facilitation of EmPATH units in the states!

PATHways

What makes the PATHways Program Different?

- **A short-term outpatient program providing up to 12 weeks of care** after discharge from the Child & Adolescent EmPATH unit.
- **A child-friendly clinic environment for stabilization care**, located at 260 Long Ridge Road, designed to care for patients who do not have an established behavioral health provider.
- **Staffed by the same specialized team of child and adolescent psychiatrist and therapist** who will treat the patients in the EmPATH unit for continuity of care.
- Patients will leave the EmPATH unit **with a confirmed PATHways appointment**, supporting continuity of care.











