

PREVENTATIVE STRATEGIES & PARTNERSHIP OPPORTUNITIES FOR: *(WRITE METRIC BELOW)*

Discharge from Emergency Department for Mental Health

ROOT CAUSE AND SYSTEMIC EVALUATION

What sequence of events lead to the problem?
What conditions allow the problem to occur?
What other problems surround the occurrence of the central problem?

PREVENTION	PRIMORDIAL & PRIMARY PREVENTION STRATEGIES <i>(How do we stop this problem from occurring in the first place?)</i>	SECONDARY PREVENTION <i>(What do we do now that this problem exists?)</i>	TERTIARY & QUATERNARY PREVENTION <i>(What long term responses can we take to mitigate and manage this problem and its affects?)</i>
What can your client do?	Answer screeners honestly	Talk to supports; follow up on referrals	
What can CBOs and other non-clinical partners do?	Education about mental health/C-SSRs; Outreach re: stigma [of mental health services]	Follow up on referrals; Transport to pharmacy, same-day appointments	
What can clinical partners do?	Education about mental health; Pay attention to the social determinants of health; [Provide] appropriate referrals	Socials works/mental health workers in ED (not crisis) to link, refer, and follow-up	
What opportunities for Partnership or Collaboration exist to support these strategies?	Support less restrictive options prior to hospitalization (e.g. HealthHomes; referrals)	Transportation/Pre-Manage; Follow-ups & call aheads for referrals; Communication from ED for non-crisis MH encounters	
What outside funding opportunities exist to support these strategies?	MCOs/Beacon - as preventative health?		
Which of the goals identified during the March 2018 meeting align with these strategies?	Better policies; Non-traditional partners; Connections; increasing resources and reduce barriers		