



EmPATH Units

A crucial link in the chain of mental healthcare

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Prevalence of Mental Health Related ED Visits



12-15%

- Approximately **1 in 7** of all emergency department (ED) visits nationwide are mental health related
- At least **7-8 million** emergency psychiatric assessments are made each year in the US
- The prevalence is continuing to grow after the pandemic



EmPATH units are **physical environments** designed for **acute psychiatric patients** to receive assessment and evaluation in a therapeutic and least restrictive setting.

Complementing the emergency department, the units provide a calm and comforting environment for patients, allowing movement and, more importantly, human interaction that is vital in the first 24 hours of treatment, something often not available in the emergency department.

EmPATH units streamline emergency department assessment of the health needs of mental health consumers and **quickly transitions them out of emergency departments** into a calming space that allows for the rapid assessment, support of behavioral health needs, and linkage to other services.

EmPATH units are **a** crucial link in the chain of mental healthcare delivery.



Inpatient Care

Residential Care

Partial Hospitalization

Intensive Outpatient Care

Outpatient Therapy

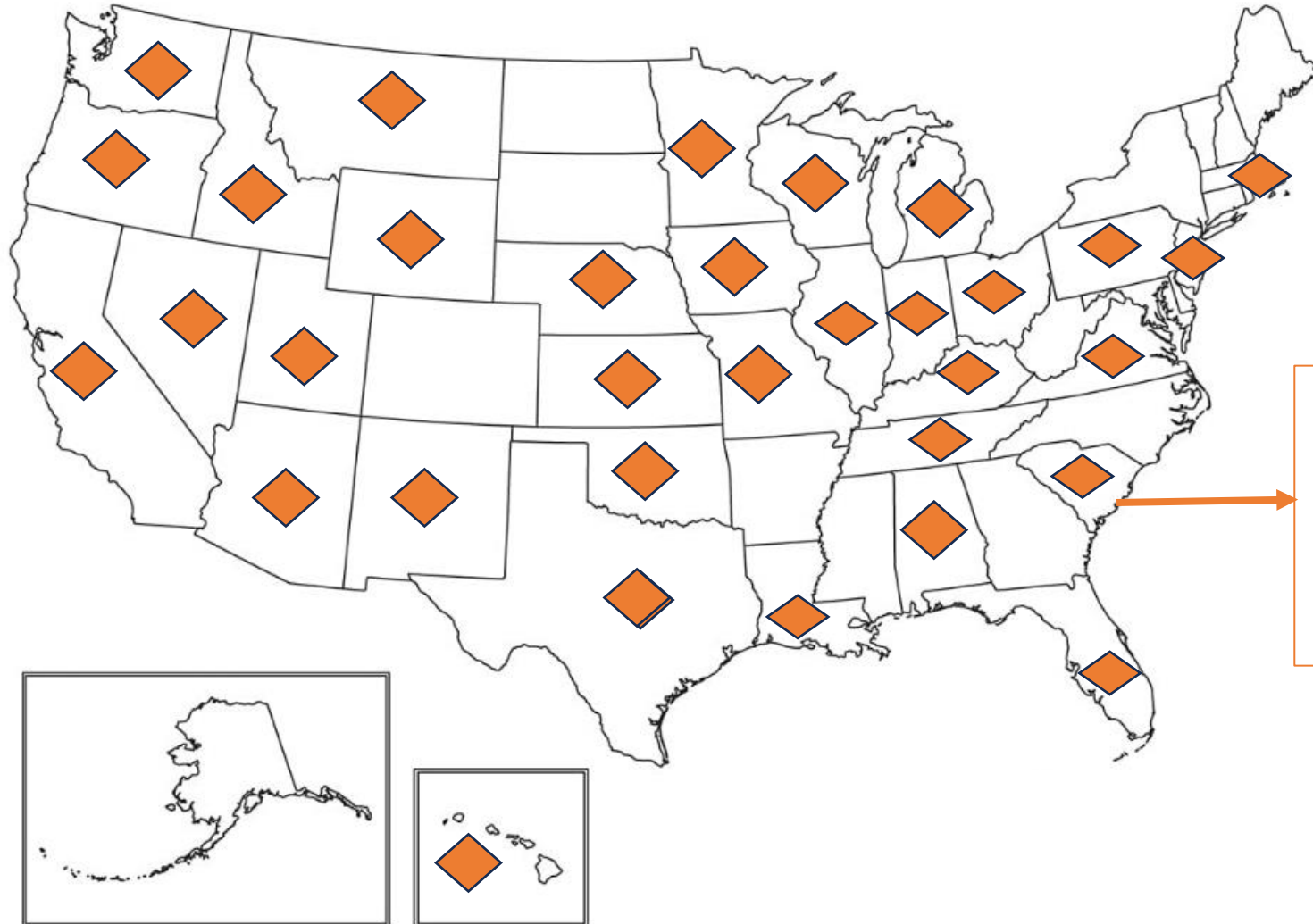
Provider and Patient Collaboration



EmPATH units are not **the** answer to all mental healthcare access challenges.

More Than 30 States Have EmPATH Units

Including Alabama, Florida, Kentucky, Louisiana, Oklahoma, South Carolina, Tennessee, and Texas



A grant program implemented by South Carolina in 2023 provided \$35 million to establish 13 EmPATH units in the state

EmPATH is the acronym for **E**mergency **P**sychiatric **A**ssessment, **T**reatment and **H**ealing.

EmPATH units are physical environments designed for acute psychiatric patients to receive assessment and treatment, and to begin the process of healing.

EmPATH units have been recognized and recommended by The Joint Commission and the National Council for Behavioral Health.



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH



Elements of EmPATH Units

- Rapid evaluation and comprehensive treatment planning by a psychiatrist or psychiatric prescribing provider
- Constant observation and re-evaluation
- Ligature safe—bathrooms, door handles, etc.
- Large, open milieu with fold-flat recliner chairs with a minimum of 80 sq. ft. total per client, including 40 sq. ft. around each chair
- Open nursing station with intermingling of staff and clients to facilitate socialization, discussion, interaction, and therapy
- Voluntary calming rooms with elimination of locked seclusion rooms or restraints

EmPATH units by the numbers

Treatment Times

- Treatment at an EmPATH unit is initiated within **one hour** of arrival.
- The great majority of psychiatric emergencies, like other medical emergencies, can be resolved in less than **24 hours** with prompt, appropriate intervention.
- Patients typically get better within **14-18 hours**. The goal of an EmPATH unit is to keep stays shorter than **24 hours**.

Length of Stays; Inpatients Admissions; and Return Rates

- ED length of stay dropped from an average of **16 hours** to **5 hours** when patients were transferred to an EmPATH unit.
- Inpatient psychiatric admissions dropped from **57%** of patients in the psych ED to **27%** of patients in the EmPATH unit, significantly reducing demand for inpatient beds and overall costs.
- The 30-day rate of psych patients returning to the ED dropped by **25%**, and outpatient follow-up of patients improved by **60%**, from **39%** to **63%**.



Seclusion and Restraint Usage

Use of seclusion and restraint in EmPATH units is low, even though most patients are on psychiatric holds. The rate is less than **1%**, which is significantly less than the approximate **14%** rate in traditional psychiatric EDs.

EmPATH Unit Goals

Prevent unnecessary admissions – frees up inpatient beds for those most in need and, in turn, reduces payer denials

Provide more compassionate care – though these units serve high-risk populations, less than 1% of patients require restraint, sedation, or other coercive treatments

Improve emergency department throughput – reduces boarding for participating hospitals, freeing up beds to improve throughput and reduce the number of left-without-being-seen patients

Increase patient and provider satisfaction – caring for patients in a supportive setting apart from the emergency department speeds recovery and reduces the likelihood of aggressive behavior toward staff



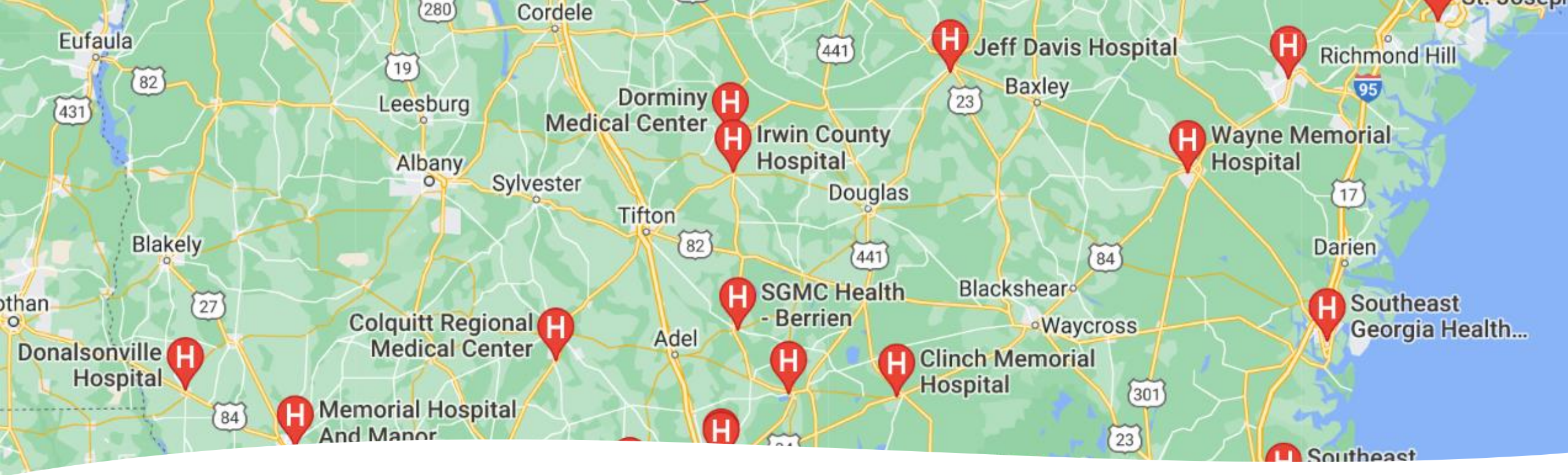


EmPATH Unit Outcomes

- Hospitalizations for patients with acute psychiatric needs have dropped **70-80 percent**.
- Boarding for this patient population in the emergency department has dropped by **90 percent**.
- Average length of stay for patients with acute psychiatric needs has dropped to **16 hours**.
- Recidivism rates for patient population have **dropped** significantly.

At one institution, nearly \$1 million was added to the ED's finances by the addition of an EmPATH unit, making ER beds available for other patients presenting with physical ailments and traumas.

Source: Kim AK, Vakkalanka JP, Van Heukelom P, et al.: Emergency psychiatric assessment, treatment, and healing (EmPATH) unit decreases hospital admission for patients presenting with suicidal ideation in rural America. Acad Emerg Med 2022; 29:142-149 [Crossref](#), [Google Scholar](#)



Options for EmPATH Units Serving Rural Georgians

- EmPATH Unit Additions to Existing Hospital Facilities
- Freestanding ED/EmPATH Units (Rural Healthcare Clusters*)
- Collaboration between two or more hospitals for one unit

*As the CON law is currently drafted, the Rural Healthcare Clusters do, and the EmPATH Unit Additions may, require a certificate of need.

South Carolina EmPATH Grant Program

South Carolina's Department of Health and Human Services (SCDHHS) identified the state's lack of behavioral health crisis stabilization services as a clear area of need. To address this need, SCDHHS created a **\$35 million** grant opportunity to increase crisis stabilization services in hospitals across the state. **13 EmPATH units** were funded by the 2023 grant program.

Key features of the grant program include

- **One-time funding** to establish EmPATH units in hospitals in return for hospitals' agreement to operate the EmPATH units for at least three years
- Operate as a "No Wrong Door" facility
- Provide psychiatric evaluation, diagnosis, and initiation of treatment, to include assessment, stabilization, treatment, referral for substance use disorder/chemical dependence
- Provide crisis stabilization, intervention, and mental health counseling
- Provide peer support as part of the EmPATH services
- Coordinate with community providers to ensure continuation of care after leaving unit
- Discharge and/or transfer patient to the appropriate level of care

For additional
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EmPATH units,
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