

The impact of community-based mental health crisis stabilization

» Background

Mental illness affects millions of American each year. Using estimates from SAMHSA, it is estimated that 245,800 adults living in the east metro had a mental illness in the past year. An estimated 59,300 adults in the east metro had a serious mental illness, and 49,170 had a substance abuse problem in the past year. Serious mental illnesses (SMI) are diagnosable mental disorders that interfere with or limit one or more major life activities for adults. Conditions include bipolar disorder, dual diagnosis, major depression, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, and schizophrenia.

East metro services

The east metro of the Twin Cities metro area offers a robust service delivery system for adults living with SMI, including crisis services. Community-based crisis stabilization is one available service, which provides short-term, intensive support, education, and treatment to address a specific mental health crisis. Individuals are supported until they are linked with community resources to address longer term needs.

» Current study

The Mental Health Crisis Alliance was interested in exploring the impact of community-based crisis stabilization services on healthcare utilization. Specifically, to what extent does use of outpatient mental health services, inpatient hospitalization, and emergency department use increase or decrease following crisis stabilization. In addition, the current study explored the impact on the costs associated with inpatient hospitalization for patients who received crisis stabilization services. Wilder Research was contracted to obtain claims data from the Department of Human Services, and conduct the study on behalf of the Mental Health Crisis Alliance. The scope of this report is limited to claims data provided by DHS, which includes patients who were enrolled in state Medical Assistance (MA) programs between January 2008 and April 2010.

- The impact on service utilization was investigated for the overall patient population served during the identified time period, as well as those patients who were identified as “high-frequency” users. High-frequency emergency department patients were identified as those patients who had five or more emergency department claims in the six months prior to crisis stabilization. In contrast, low-frequency users are those who had fewer than five emergency department visits, including those who had no emergency department visits, in the prior six months.
- This study was approved by the DHS Institutional Review Board (IRB) in October 2011, and renewed in September 2012. A detailed methodology is available at www.wilderresearch.org.

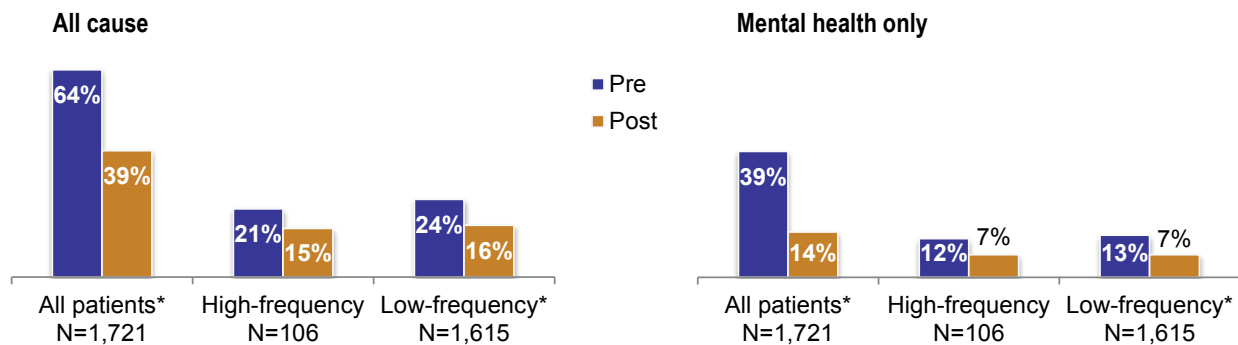
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» Key Findings

- Emergency department utilization decreased significantly post-crisis stabilization for all patients, including “high-frequency” patients.
- Use of outpatient mental health services increased significantly for low-frequency patients following stabilization; no statistically significant change in utilization was observed for high-frequency patients.
- All-cause inpatient hospitalization decreased significantly for all patients, including high-frequency patients. In addition, significant decreases in mental health-related admissions were observed for patients as well.
- A cost-benefit analysis found that for every one dollar spent on Crisis Stabilization services, there is a savings of \$2.00 - 3.00 in hospitalization costs.

Inpatient hospitalization: prior to and following crisis stabilization



» Cost implications

- Total costs for all-cause inpatient hospitalization decreased from \$2.9 million prior to crisis stabilization to \$1.7 million post-stabilization. This decrease was statistically significant.
- Total costs for mental health hospitalization decreased from \$2.0 million prior to stabilization to \$1.1 million post-stabilization. This decrease was statistically significant.
- The net benefit for all cause hospitalization patients after receiving mental health crisis stabilization services is nearly \$0.3 million, with a return of \$2.16 dollars for every dollar invested. Patients with mental health related services generate a little over \$0.3 million in net benefits with a return of \$3.19 for every dollar invested.

