Community Metrics

2014 Summary Statistics

Executive Summary

Project description

The East Metro Mental Health Roundtable is a collaboration of law enforcement, social service agencies, health systems, hospitals, and others who address mental healthcare in the Twin Cities east metro in Minnesota. A subcommittee of the Roundtable, the Measurement Committee, was charged with quantifying the effects of the Roundtable's efforts to reduce barriers to patient flow between hospitals and community services, better match available resources to needs, and reduce gaps in the continuum of care.

The subcommittee identified key community metrics to track quarterly progress toward the above goals. Data collection for most metrics began January 1, 2010. This summary briefly highlights key findings from data collected through December 2014.

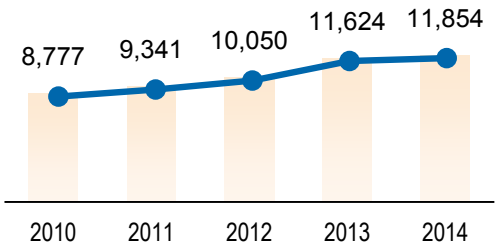
The data suggest there are increased demands on the East Metro mental health system and capacity is not meeting this demand

Summary of key trends

Each of the community metrics describes an important piece of information that can be used to better understand the availability of mental health services and overall capacity of the adult mental health system in the east metro. However, this report does not explore potential reasons for changes in referral patterns and wait times.

Since 2010, the overall number of emergency department behavioral health visits has increased. Regions and United Hospitals had complete records on behavioral health patient visits in emergency departments through 2014, and both have reported consistent increases each year. In 2010, their combined number of visits was 8,777 and in 2014 it rose to 11,854.

Total behavioral health patient visits in emergency department: Regions and United Hospitals



APRIL 2014

Wilder Research

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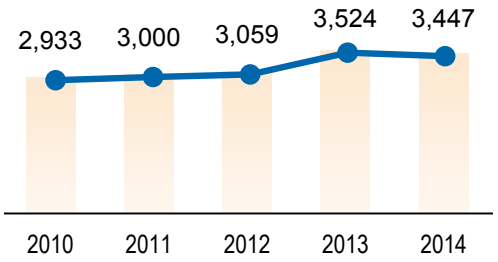
Regions reported a steady increase in the number of behavioral health admissions from the emergency department until 2014, when the number decreased slightly. The total number of Non-Qualified Admissions (NQAs) for behavioral health is relatively low (<1%) at Regions Hospital; however, the number of NQAs increased (from 5 to 19) in 2014.

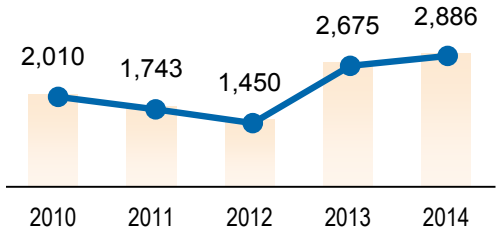
Number of behavioral health admissions from ED: Regions Hospital



Service utilization at the Urgent Care increased from 2012 to 2014. Assessment, stabilization, psychiatry, and peer support all increased during this time period. At intake, staff reported that 31 percent of consumers would have likely needed to go to the emergency room if they had been unable to access psychiatric services from the Urgent Care.

Patients tend to stay in the hospital longer. Regions Hospital also tracks the total number of Potentially-Avoidable Days (PADs) attributed to behavioral health inpatient stays. The number of Potentially-Avoidable Days has increased, though the percentage of hospital days that were potentially avoidable dropped from 2013 (20%) to 2014 (17%). The most common reasons for delays were attributed to delays with outside social service or government agencies (e.g., waiting for a CADI waiver, GRH waiver, or other outside agency delay), the commitment process, and lack of available bed space.

Potentially-Avoidable Days for behavioral health patients: Regions Hospital

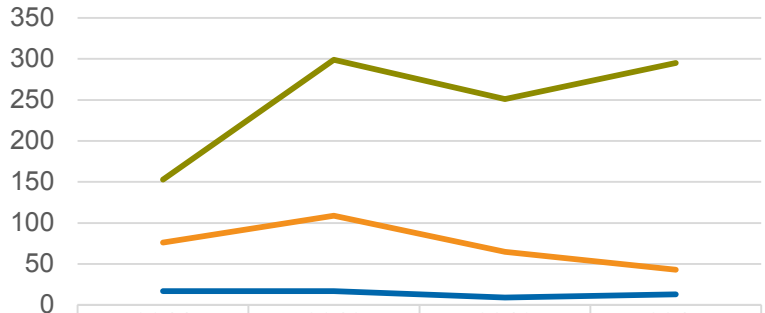


Individuals referred to AMRTC from East Metro counties had to wait more than one month before being admitted, and those referred from St. Paul hospitals had to wait a month and a half, on average.

Suicide calls to law enforcement

The number of police calls that are suicide-related threats, attempts, and completions are tracked and reported by the Saint Paul Police Department. Information about the number of calls devoted to emotionally disturbed persons is not readily available and has not been tracked. Local data suggests suicide-related calls dipped in 2013 and then rebounded in 2014, though the number of suicide attempts continued to decrease in the last two years (Figure 1). Since 2011, the total number of suicide-related calls accounts for approximately one call per every 1,000 St. Paul residents.

1. Saint Paul Police Department suicide and suicidal behavior tracking: 2011 – 2014



	2011	2012	2013	2014
Completed suicide	17	17	9	13
Suicide attempt	76	109	65	43
Suicide threat	153	299	251	295

Suicide rates

According to the Minnesota Department of Health Natality and Mortality data, the suicide rate has remained relatively stable in Minnesota over time. The rates for the East Metro counties tend to be slightly lower than the state overall, with the notable exception of Dakota County in 2011 (Figure 2).

2. Suicide rate per 10,000 population

	2009	2010	2011	2012	2013
Minnesota	1.1	1.1	1.3	1.2	1.3
Dakota County	1.1	1	1.6	1.1	1
Ramsey County	0.9	1	1.1	1	0.9
Washington County	1	0.9	1.2	1	1.1

Behavioral health-related emergency department (ED) visits

Data collected from East Metro hospitals showed an increase in the total number of behavioral health-related emergency department visits over time, particularly for Regions and United Hospitals, the hospitals that have complete data through 2014 (Figure 3). The Urgent Care opened in 2011. While the need for emergency department visits continued to increase after that time, the impact of the Urgent Care can be found in Figure 7.

Although there are some data limitations to consider, the data reported by hospitals demonstrates that average wait times for behavioral health emergency department visits also increased during that time period (Figure 4).

3. Total behavioral health patient visits in emergency department: 2010-2014

Hospital	2010	2011	2012	2013	2014
Regions – ER Crisis Program	6,664	6,903	7,034	7,482	7,550
St. Joseph's	1,119	1,463	1,424	1,343[a]	-
United	2,113	2,438	3,016	4,142	4,304
Combined	9,664	10,704	11,156	N/A	N/A

[a] *December data may be incomplete*

Note: *The totals refer to the number of patient visits, not unique patients seen at each hospital. The Regions data reported is from their "ER Crisis Program" report, a different source than used in previous reports. Totals are different than in past reports, but follow the same consistent trend.*

4. Average or median time behavioral health patients spent in emergency departments: 2010-2013

Hospital	2010	2011	2012	2013	2014
Regions[a]	8.0 hrs	8.6 hrs	9.3 hrs	9.1-12.5 hrs (varies by month)	10 hrs
St. Joseph's[a]	3.8 hrs	4.4 hrs	4.6 hrs	5.4 hrs	-
United[b]	4.8 hrs	4.9 hrs	5.8 hrs	4 hrs	4.5 hrs

[a] *Regions Hospital and St. Joseph's Hospital provided average length of stay rather than median length of stay.*

[b] *United Hospital provided median length of stay rather than average length of stay.*

Note: *Time spent in the ED was not collected and reported for all patients; patients with invalid or illogical dates/times were excluded from the average. Due to concerns about the integrity of this data point, this observed change should be interpreted with caution by an internal audience only.*

Crisis services

Crisis services were provided to 3,254 adults in the East Metro in 2014. Crisis services include crisis assessment (N=1,476), crisis intervention (N=1,181), and crisis stabilization (N=597). Seventy-two percent of adults who received crisis services in the East Metro in 2014 were from Ramsey County (Figure 5). Of note, a 2014 Wilder Research study found that 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.

5. Number of adult crisis clients in Dakota, Ramsey, and Washington counties 2014

County	Crisis Assessment	Crisis Intervention	Crisis Stabilization	Total
Dakota County	293	165	103	561
Ramsey County	1,043	879	421	2,343
Washington County	140	137	73	350
Total	1,476	1,181	597	3,254

Department of Human Services Mental Health Information System (MHIS)

Urgent Care utilization

Service utilization at the Urgent Care increased from 2012 through 2014. Assessment, stabilization, psychiatry, and peer support all increased during this time period (Figure 6).

6. Services received at the Urgent Care

	2012 total	2013 total	2014 total
Assessment	1,500	1,358	1,503
Stabilization	360	500	520
Psychiatry[a]	677[b]	642	733
Peer support[c]	23[b]	236	357

[a] *Psychiatry appointments were difficult to track in 2012 and 2013. Differences in changes from year to year may be a reflection of differences in how these appointments have been counted/collected, rather than true changes in the amount of service provided.*

b Does not include November-December 2012

c Peer support includes only face-to-face services provided for stabilization clients. Phone contacts and support for walk-in clients are not included in these totals.

Impact of Urgent Care services

One of the key outcomes of interest is to determine, to the extent possible, likely outcomes for patients had they not accessed the Urgent Care. This information is gathered using a brief written survey which

asks consumers what they would have most likely done if they were unable to receive Urgent Care services. Overall, a smaller proportion of consumers (14%) reported they would have gone to the emergency room if the Urgent Care was not available in 2014 than in previous years. The proportion who reported they would have called 911 has stayed relatively stable over time (Figure 7).

7. Number and percentage of people who would have gone to an emergency room or called 911 if the Urgent Care was not available

If this person had not been seen by staff from the Urgent Care Center, they would have:	2012 total (N=540) N (%)	2013 total (N=794) N (%)	2014 total (N=962) N (%)
Gone to the emergency room	139 (26%)	137 (17%)	130 (14%)
Called 911	35 (6%)	15 (2%)	36 (4%)

Note: *Other possible response options included: Gone to a therapist/other mental health provider, gone to a primary care physician, other, done nothing/don't know. Consumers could select multiple response options.*

Another key outcome is to assess potential alternative outcomes for patients who access psychiatry services through the Urgent Care. At intake, staff reported that 31 percent of consumers would have likely needed to go to the emergency room if they had been unable to access services from the Urgent Care, a 14 percentage point reduction from 2013 (Figure 8).

8. Access to psychiatry services from Urgent Care 2013 - 2014

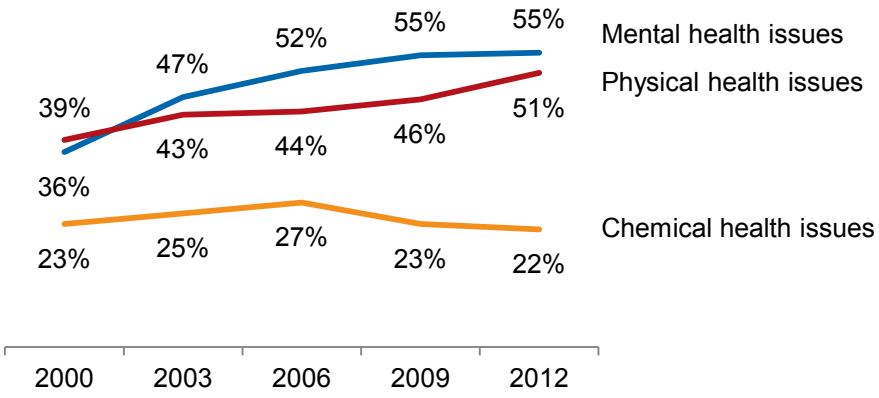
If this person had not been able to access Psychiatry at the Urgent Care Center they most likely would have:	2013 (N=605)		2014 (N=824)	
	N	%	N	%
Gone to Emergency Room	274	45%	254	31%
Not had access to any prescribing	261	43%	310	38%

Note: *Staff could select from the three options listed above. Multiple options may have been selected by some staff. Forms received from Urgent Care were assumed to be intake forms unless data from a follow-up visit was included.*

Homelessness and mental illness

In 2012, over half of adults experiencing homelessness in Minnesota had a serious mental illness (SMI). The proportion of adults experiencing homelessness in Minnesota who had a serious mental illness rose from 2000 to 2009, and remained stable from 2009 to 2012 (Figure 9). In 2012, among those adults experiencing homelessness and a serious mental illness, 22 percent also had a chronic health condition, and seven percent also had a substance abuse disorder. Twenty-two percent had a serious mental illness, chronic health condition, and substance abuse disorder (Figure 10).

9. Physical, mental, and chemical health issues among homeless adults, 2000-2012

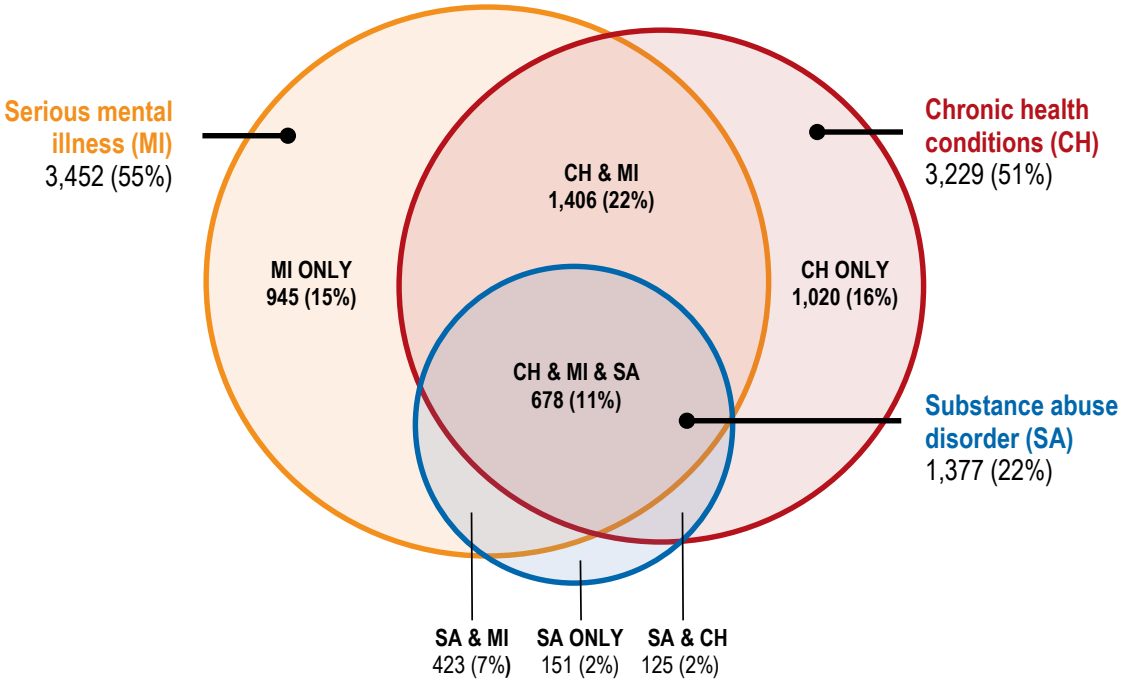


Homelessness in Minnesota, 2012 results. Wilder Research, 2013.

Note: *Homelessness study is conducted every three years.*

10. Incidence and co-occurrence of health conditions among homeless adults

Total homeless adults surveyed: 6,273 (100%)
Proportion with none of these three disabilities: 1,525 (24%)
Proportion with multiple: 2,632 (42%)



Homelessness in Minnesota, 2012 results. Wilder Research, 2013.

Note: *Homelessness study is conducted every three years.*

Behavioral health hospital admissions

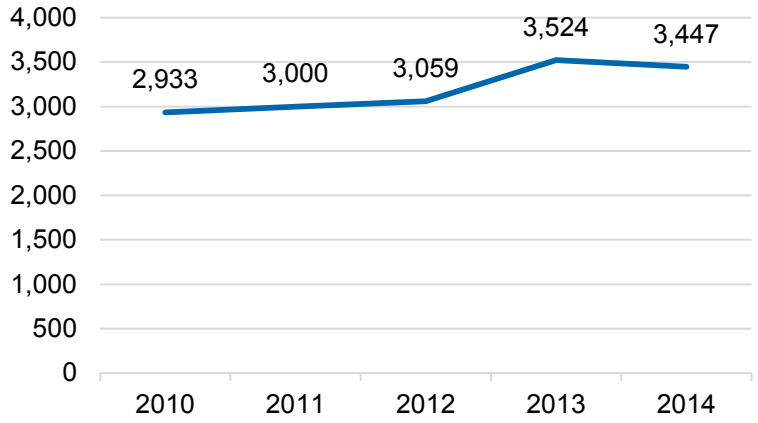
Non-Qualified Admissions (NQAs)

Since 2010, Regions reported a steady increase in the number of behavioral health admissions from the emergency department until 2014, when the number decreased slightly. The total number of Non-Qualified Admissions (NQAs) is relatively low (<1%). However, the number of NQAs increased in 2014 (Figure 11).

11. Non-Qualified Admissions (NQAs) from ER: Behavioral health-related (Regions)

	2010	2011	2012	2013	2014
Number of behavioral health admissions from ED	2,933	3,000	3,059	3,524	3,447
Number of NQAs	12	16	10	5	19
Percent of NQAs	0.4%	0.5%	0.3%	0.1%	0.6%

12. Number of behavioral health admissions from ED



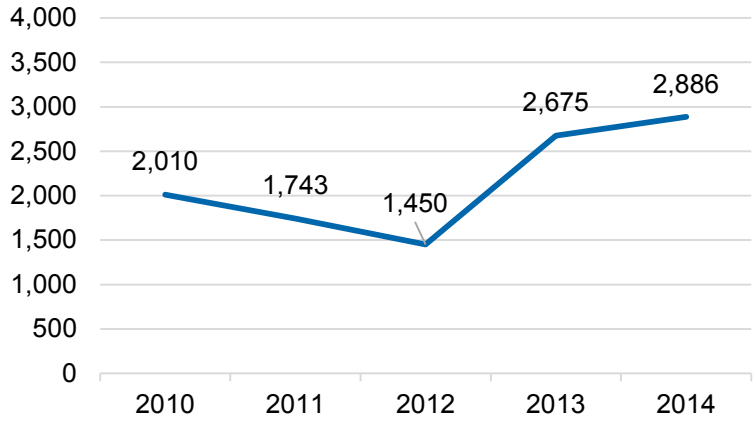
Potentially-Avoidable Days (PADs)

Regions Hospital also provided data describing the total number of Potentially-Avoidable Days (PADs) attributed to behavioral health inpatient stays. The number of Potentially-Avoidable Days increased in 2013 and 2014, though the percentage of PADs dropped from 2013 to 2014. The most common reasons for delays were attributed to delays with outside social service or government agencies (e.g., waiting for a CADI waiver, GRH waiver, or other outside agency delay), the commitment process, and lack of available bed space (Figure 13).

13. Potentially-Avoidable Days (PADs) for behavioral health patients (Regions)

	2010	2011	2012	2013	2014
Number of PADs	2,010	1,743	1,450	2,675	2,886
Percentage of total hospital days that were potentially avoidable	22.9%	19.0%	15.3%	19.9%	16.8%

14. Number of PADs



15. Most common reasons for PADs (Regions, 2014)

	Number of cases	Number of days	Average days/patient
Lack of access to outside social service/government agencies	171	1,322	7.7
Commitment process	79	691	8.7
Bed unavailable in transition facility	92	523	5.7
Other reasons	29	52	1.8

Note: *"Other reasons" include not meeting admission criteria, non-compliance of family, housing, hospital social worker delays, legal issues, insurance authorization, and awaiting other agency authorizations.*

Referrals made to Anoka Medical Regional Treatment Center (AMRTC)

About one-quarter (24%) of AMRTC's statewide referrals are for people from the East Metro, particularly Ramsey County (14%). Regions Hospital referred three and a half times as many people to AMRTC than either United or St. Joseph's in 2014 (Figure 16).

Statewide, 27 percent of referrals resulted in admittance in 2014, while 63 percent were deferred, 8 percent remained on the wait list. Compared to all AMRTC admissions, the individuals referred from East Metro counties had longer average waits before being admitted, and those referred from St. Paul hospitals had even longer waits. Both groups had to wait more than one month before being admitted, and those referred from St. Paul hospitals had to wait a month and a half, on average. Also both groups' waits exceeded the average length of time between referral and removal from the wait list (Figure 17).

16. Number of people referred for admission to AMRTC 2014

	Number of referrals	Percent of statewide referrals (N=1,063)
People from the East Metro	250	24%
By county		
Dakota County	87	8%
Ramsey County	146	14%
Washington Count	17	2%
By St. Paul hospital		
Regions Hospital	140	13%
St. Joseph's Hospital	39	4%
United Hospital	44	4%
Statewide for people referred from corrections	95	9%

17. Average number of days between referral and AMRTC admission or removal from wait list

	Average number of days
Days between referral and removal from wait list (Statewide)	27.89
Days between referral and admission	
Statewide admissions	27.60
Admissions for people from East Metro Counties	34.24
Admissions referred from St. Paul hospitals	48.54

Future Community Metrics data collection

Future Community Metrics reports will include additional information about the availability of mental health services and overall capacity of the adult mental health system in the east metro. These additional data include:

- Expanded information about people involved with the corrections system, including:
  - the number and percent of people in jails or workhouses who are screened for mental health concerns;
  - the number and percent of people in jails and workhouses who were screened and had elevated screening scores;
  - the number and percent of people in jails who receive assessments from the Urgent Care.
- Expanded information about the number of people who have received case management, Assertive Community Treatment, and Adult Rehabilitative Mental Health Services.
- Data from all three St. Paul hospitals about:
  - the number and average time for psych diverts;
  - the number and wait times for behavioral health emergency department visits;
  - the number of and reasons for Non-Qualified Admissions;
  - the number of and reasons for Potentially Avoidable Days for behavioral health admissions.
- More detailed information from AMRTC and east metro hospitals about the reasons for non-qualified admissions (NQAs) and potentially-avoidable days (PADs).
- Key data about substance use and co-occurring disorders.

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