

# East Metro Mental Health Roundtable: Community Metrics

*January through June 2019 Summary Statistics*

Authors: Kristin Dillon, Melissa Serafin, Darcie Thomsen

**D E C E M B E R 2 0 1 9**

451 Lexington Parkway North | Saint Paul, Minnesota 55104  
651-280-2700 | [www.wilderresearch.org](http://www.wilderresearch.org)

**Wilder  
Research**<sup>®</sup>  
Information. Insight. Impact.

# Contents

Project description and key findings.....	1
Mental health system data.....	3
Suicide rates .....	3
Crisis Team utilization.....	3
Law enforcement and social services collaborations.....	4
Behavioral health-related emergency department (ED) visits .....	7
Behavioral health hospital admissions.....	8
Substance use data .....	9
Substance use crisis data.....	9
Mobile Substance Use Disorder Stabilization Team .....	11
Opioid overdose deaths.....	12
Nonfatal drug overdoses .....	12
Housing and homelessness data.....	14
Coordinated Entry and behavioral health .....	14
Homelessness and mental illness .....	16
Justice data .....	18

## Figures

1. Number of suicides, 2009-2017 .....	3
2. Adults served and response type: Saint Paul Police Department Community Outreach and Stabilization Unit, Q1-Q2 2019.....	4
3. Follow-up activities by Saint Paul Police Department Community Outreach and Stabilization Unit after event response, Q1-Q2 2019 .....	5
4. Adults served by Dakota County’s Social Services Law Enforcement Pilot, Q1-Q2 2019.....	6
5. Adults served and follow-up activities: Dakota County Social Services Law Enforcement Pilot, Q1-Q2 2019 .....	6
6. Total behavioral health patient visits in emergency departments, 2013-2019 to-date	7
7. Average or median time behavioral health patients spent in emergency departments, 2013-2019 to-date .....	8
8. Number of behavioral health admissions from ED, 2015-2019 to-date .....	8
9. Average length of inpatient stay for behavioral health patients (in days), 2015-2019 to-date .....	8
10. Primary substance of abuse at treatment admission, 2016-2018 .....	9
11. Prior lifetime chemical dependency admissions .....	10
12. Treatment discharges with self-reported mental health condition .....	10
13. Legal status at admission to treatment, 2017-2018.....	10
14. Sources of referrals to the Mobile SUDS Team, January 1, 2019, through July 19, 2019.....	11
15. County of residence for individuals served by the Mobile SUDS Team, January 1, 2019, through July 19, 2019 .....	12
16. Number of opioid-involved overdose deaths, 2014-2017.....	12
17. Nonfatal emergency department visits for drug overdoses in east metro, 2018-Q1 2019.....	13
18. Adults and families with SMI added to Ramsey County Coordinated Entry priority list, Q3 2018–Q2 2019 .....	15
19. Adults and families with SMI added to the SMAC Coordinated Entry priority list (includes Dakota and Washington counties), point-in-time, January 2018-April 2019 .....	15
20. Physical, mental, and chemical health issues among homeless adults in Minnesota, 2000-2018 .....	16
21. Physical, mental, and chemical health issues among homeless youth age 24 and younger in Minnesota, 2000-2018 .....	17
22. Count and percentage of homeless individuals not in a formal shelter in Minnesota, 2009-2018 .....	17
23. Number of patients admitted to inpatient treatment with Rule 20 status.....	18

## Project description and key findings

The East Metro Mental Health Roundtable is a collaboration of law enforcement, social service agencies, health systems, hospitals, and others who address mental health care 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. These metrics were updated in spring 2019 to reflect the evolving focus of the Roundtable to include substance use disorder and housing and homelessness data. When possible, historical data are presented, but some data are only available for 2019.

Each of the community metrics describe an important piece of information that can be used to better understand the availability of behavioral health services and overall capacity of the adult behavioral health system in the east metro. However, this report does not explore potential reasons for changes in indicators over time.

The following key findings emerged from the data in this report.

**Two new collaborations between law enforcement and social services agencies launched in the east metro area since 2018.** These programs responded to more than 800 incidents involving adults with mental health needs in the first two quarters of 2019. Other agencies in the east metro are also developing similar initiatives, including the Cottage Grove and Woodbury Police Departments.

**Emergency department wait times have decreased after years of steady increases.** The average wait times for behavioral health patients in the emergency department increased steadily from 2013 through 2016. However, the average wait time at Regions started to decrease in 2017 and the median wait time at United started to decrease in 2018 (Figure 7). This is likely due to increased inpatient bed availability and concentrated efforts to reduce wait times in the east metro hospitals.

**The Mobile Substance Use Disorder Stabilization (SUDS) Team served 322 individuals from the east metro in the first six months of 2019, according to the Mobile SUDS website.** Most of these referrals came from hospital emergency departments (48%) or medical departments (42%; Figure 14). Established in 2018, the East Metro Crisis Alliance, Regions Hospital, and HealthEast system were instrumental in creating this new service. Services are provided by Minnesota Recovery Connection and M Health Fairview and funded by a contribution from the Bentson Foundation through the Regions Hospital Foundation.

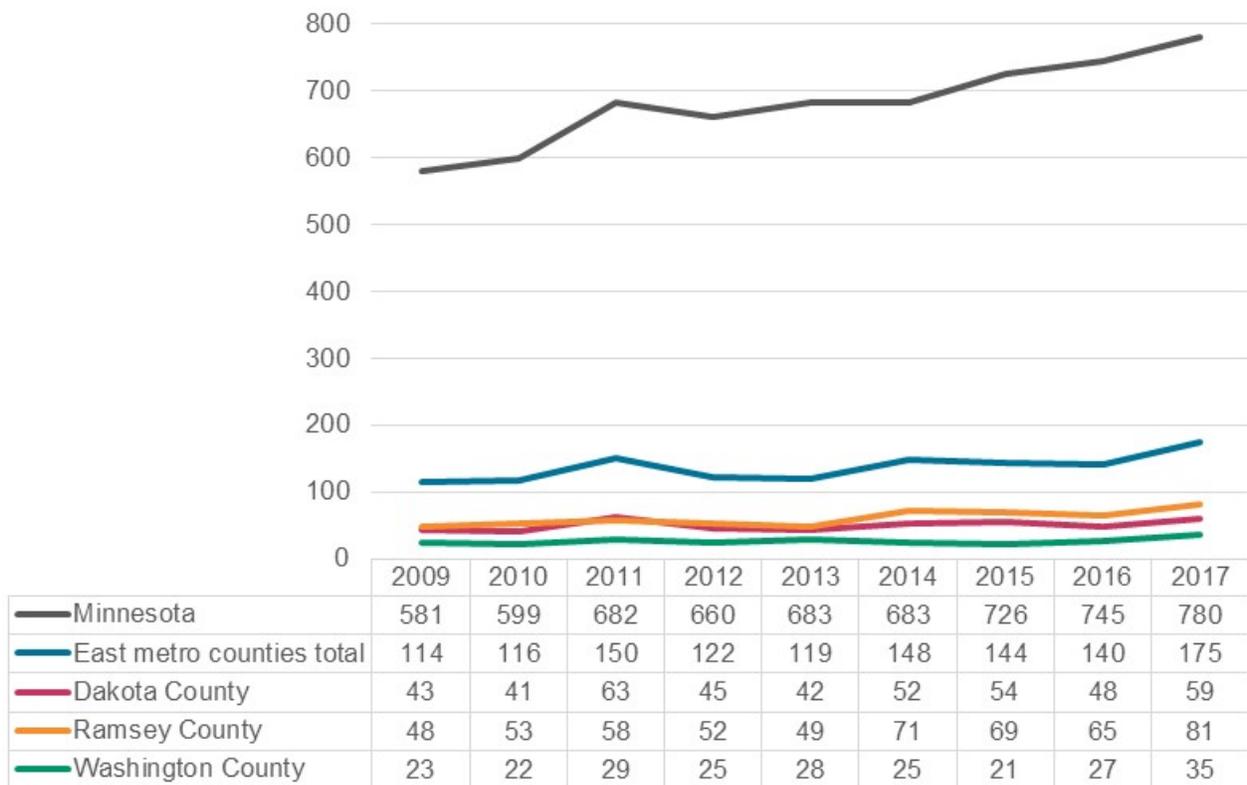
**The number of opioid related deaths and non-fatal overdoses in the east metro have increased over time.** Opioid-related fatalities in the east metro have increased by 51% between 2014 and 2017, from 58 to 88. In addition, non-fatal opioid-involved overdoses have increased from the first quarter of 2018 through the first quarter of 2019 (Figures 16 & 17). Despite these increases, individuals are still more likely to identify alcohol or methamphetamine as their primary substance of abuse.

# Mental health system data

## Suicide rates

According to Minnesota Department of Health mortality data, the number of suicides statewide has increased since 2012. The number of suicides in east metro counties increased notably in 2014 and again in 2017. Although the statewide rate also increased in 2017, the rate of change from 2016 to 2017 was larger in the east metro counties (25% increase) than for the state overall (5% increase; Figure 1).

### 1. Number of suicides, 2009-2017



## Crisis Team utilization

Information about Crisis Team service utilization is tracked in Minnesota’s Mental Health Information System (MHIS). In order to increase the quality and usefulness of the data in MHIS, DHS led a major overhaul of the data system in 2017 and 2018. During this overhaul, DHS also made revisions to the information that crisis service providers report into the MHIS system. DHS staff feel that data entered into the system were reliable beginning in January 2019. Data entered into MHIS goes through a three month cleaning

process. Data from January through June 2019 will be available in October 2019 and will be included in future reports.

## Law enforcement and social services collaborations

Since 2018, two new programs launched in the east metro aimed at providing a more coordinated response to law enforcement calls involving individuals with mental health needs. The Saint Paul Police Department’s new Community Outreach and Stabilization (COAST) Unit serves Saint Paul, and Dakota County’s Social Services Law Enforcement Pilot serves West St. Paul and South St. Paul. Both programs involve collaboration between law enforcement and social services to ensure individuals receive the support they need. Because each entity tracks program data differently, data cannot be combined to demonstrate patterns across both programs.

Saint Paul’s COAST Unit responded to 610 events over the first and second quarter of 2019. Ten percent of events involved a co-response, meaning social work staff accompanied law enforcement staff to respond to the event (Figure 2). Eleven percent of events involved an individual identified as homeless. About a quarter of events involved an adult with a high utilization rate, meaning adults that have had two or more mental health-related events involving police contact within 12 months. Follow-up activities most commonly involved referrals to social work staff or another social work agency (38%) and home visits (26%); however, almost a third of events did not involve follow-up due to a lack of information about the individual served, such as a phone number (30%; Figure 3).

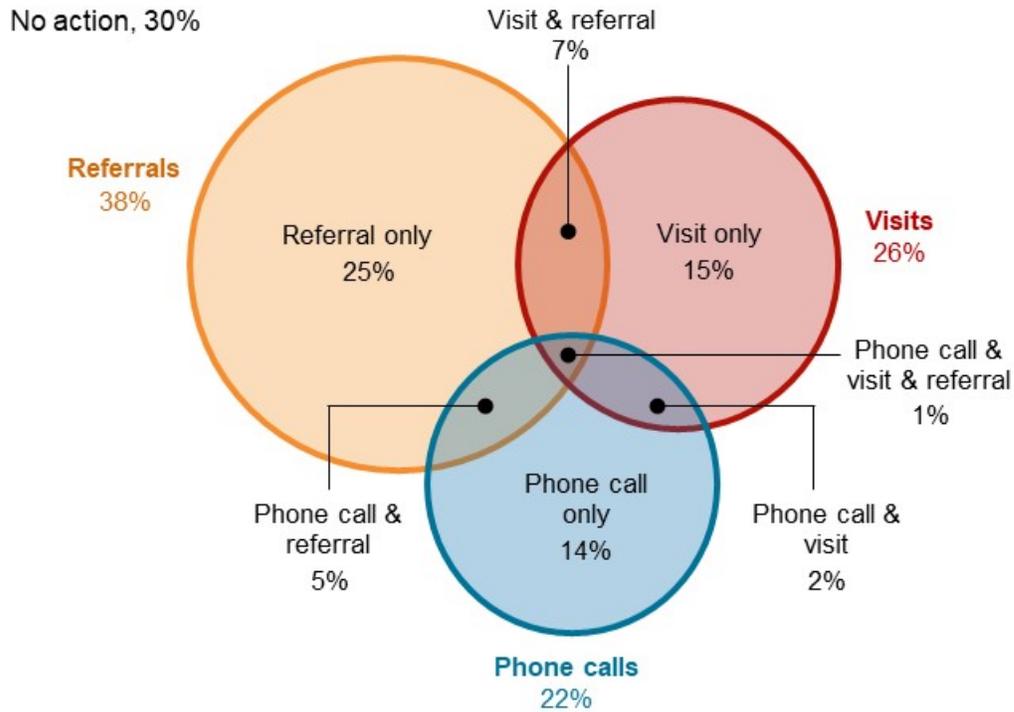
### 2. Adults served and response type: Saint Paul Police Department Community Outreach and Stabilization Unit, Q1-Q2 2019

	Total	Percentage of events (n=610)
<b>Co-responses</b>		
Events involving a co-response with social work staff	58	10%
<b>Individuals served</b>		
Events involving an adult identified as homeless	69	11%
Events involving an adult with high utilization rate	145	24%

Source. Saint Paul Police Department, 2019.

Note. The Saint Paul Police Department tracks data by event, not by individual. The percentages are calculated out of the total number of events involving an adult.

3. Follow-up activities by Saint Paul Police Department Community Outreach and Stabilization Unit after event response, Q1-Q2 2019



Source. Saint Paul Police Department, 2019.

Note. The Saint Paul Police Department tracks data by event, not by individual. The percentages are calculated out of the total number of events involving an adult.

Dakota County’s Social Services Law Enforcement Pilot serves individuals referred to the program after an incident occurs involving an individual with mental health or chemical health needs and a police report is filed. The mental health coordinator, a licensed social worker, responds to every event. The program served more adults in South St. Paul than West St. Paul during the first and second quarter of 2019, and the number of adults served has stayed relatively stable, with the exception of a slight dip in May (Figure 4).

Almost a third of adults served by the program received a letter after the incident (30%), and almost a quarter received a phone call (22%; Figure 5). In addition to these follow-up activities, all individuals receive an in-person visit. Because of limitations in the available data, overlaps in follow-up activities cannot be presented.

4. **Adults served by Dakota County's Social Services Law Enforcement Pilot, Q1-Q2 2019**



	January	February	March	April	May	June
— South St. Paul	30	30	35	28	15	25
— West St. Paul	15	21	18	21	12	20
— South St. Paul and West St. Paul	45	51	53	49	27	45

Source. Dakota County Social Services, 2019.

Note. Dakota County tracks data by individual, not event.

5. **Adults served and follow-up activities: Dakota County Social Services Law Enforcement Pilot, Q1-Q2 2019**

	Total	Percentage of adults served (n=249)
<b>Adults served</b>		
Adults served identified as homeless	24	10%
<b>Follow-up activities received by adults served</b>		
Received a letter	75	30%
Received a phone call	55	22%
Received a direct referral to a specific service	47	19%
Received information on a service	45	18%
Received provider coordination services	30	12%
Individual did not receive follow-up services because a petition for commitment or adult protection report was filed	18	7%

Source. Dakota County Social Services, 2019.

Note. Dakota County tracks data by individual, not event. The percentages are calculated out of the total number of adults served. Percentages may not add to 100%, as individuals may receive multiple follow-up activities.

## Behavioral health-related emergency department (ED) visits

Behavioral health visits in emergency departments have been tracked consistently for United since 2013 and for east metro Fairview hospitals (including St. Joseph’s, St. John’s, and Woodwinds) since 2018. For Regions, data were tracked from 2013-2016 and are being collected again in 2019. Overall, data collected from Regions showed a steady rate of behavioral health ED use through 2016, but is on track for an increase in 2019 (Figure 6). Conversely, United showed an increase in the total number of behavioral health-related ED visits through 2016, followed by a slight decrease in 2017 and 2018 and the first half of 2019. In 2019, east metro Fairview hospitals are on track to have a considerable increase in behavioral health emergency department visits compared to 2018.

Although there are some data limitations to consider, the data reported by hospitals demonstrate that average (or median) wait times for behavioral health emergency department visits generally increased through 2016 (Regions) or 2017 (United), at which time they started to decrease again (Figure 7). These decreases are likely attributed to increased inpatient bed availability and concentrated efforts to reduce wait times at the east metro hospitals.

### 6. Total behavioral health patient visits in emergency departments, 2013-2019 to-date

	2013	2014	2015	2016	2017	2018	Jan-Jun 2019
Regions – ER Crisis Program	7,482	7,550	7,470	7,478	N/A <sup>b</sup>	N/A <sup>b</sup>	4,365
East metro Fairview hospitals - St. Joseph’s, St. John’s, and Woodwinds	N/A <sup>a</sup>	2,940	1,951				
United	4,142	4,304	4,513	4,847	4,808	4,663	2,173 <sup>c</sup>

Note. The totals refer to the number of patient visits, not unique patients seen at each hospital.

<sup>a</sup> St. Joseph’s, St. John’s, and Woodwinds Hospitals began tracking emergency department visits and wait times for behavioral health differently in 2018, so data previous to that date are not available.

<sup>b</sup> Data for the second half of 2017 and first half of 2018 are not available from Regions Hospital.

<sup>c</sup> United Hospital back-codes data for patient type in the ED and there is a six-month lag in processing data, so this estimate is likely to increase after all data have been coded.

## 7. Average or median time behavioral health patients spent in emergency departments, 2013-2019 to-date

	2013	2014	2015	2016	2017	2018	Jan-Jun 2019
Average wait in hours at Regions	9.1	10.0	11.7	12.5	11.4 <sup>b</sup>	9.38 <sup>b</sup>	9.9
Average wait in hours at east metro Fairview hospitals - St. Joseph's, St. John's, and Woodwinds	N/A <sup>a</sup>	N/A <sup>a</sup>	N/A <sup>a</sup>				
Median wait in hours at United	4.0	4.5	5.2	5.7	6.0	5.8	5.6 <sup>c</sup>

Note. United Hospital provided median length of stay rather than average length of stay.

<sup>a</sup> St. Joseph's, St. John's, and Woodwinds Hospitals were not able to access these data at this time.

<sup>b</sup> Data for the second half of 2017 and first half of 2018 are not available from Regions Hospital, so averages are based on the data available for the year.

<sup>c</sup> United Hospital back-codes data for patient type in the ED and there is a six-month lag in processing data, so this estimate is likely to increase after all data have been coded.

## Behavioral health hospital admissions

Behavioral health admissions from the ED have been relatively stable over time for Regions (Figure 8). This is likely due to a consistent number of beds available in inpatient units over the time for which data are available, which limits the number of patients that can be admitted over the course of the year. Admissions data for United and East metro Fairview hospitals have been available only since 2018. Average length of stays have also stayed relatively consistent over time for Regions, though they are lower for the first half of 2019 for east metro Fairview hospitals and higher for United, compared to 2018 (Figure 9).

## 8. Number of behavioral health admissions from ED, 2015-2019 to-date

	2015	2016	2017	2018	Jan-Jun 2019
Regions	3,310	3,573	3,068	3,619	1,618
East metro Fairview hospitals - St. Joseph's, St. John's, and Woodwinds	N/A <sup>a</sup>	N/A <sup>a</sup>	N/A <sup>a</sup>	1,391	663
United	N/A <sup>a</sup>	N/A <sup>a</sup>	N/A <sup>a</sup>	979	448

<sup>a</sup> United, St. Joseph's, St. John's, and Woodwinds Hospitals only have data available for 2018 forward.

## 9. Average length of inpatient stay for behavioral health patients (in days), 2015-2019 to-date

	2015	2016	2017	2018	Jan-Jun 2019
Regions	9.2	10.3	10.0	10.2	10.9
East metro Fairview hospitals - St. Joseph's, St. John's, and Woodwinds	N/A <sup>a</sup>	N/A <sup>a</sup>	N/A <sup>a</sup>	15.0	11.4
United	N/A <sup>a</sup>	N/A <sup>a</sup>	N/A <sup>a</sup>	7.4	9.8

<sup>a</sup> United, St. Joseph's, St. John's, and Woodwinds Hospitals only have data available for 2018 forward.

## Substance use data

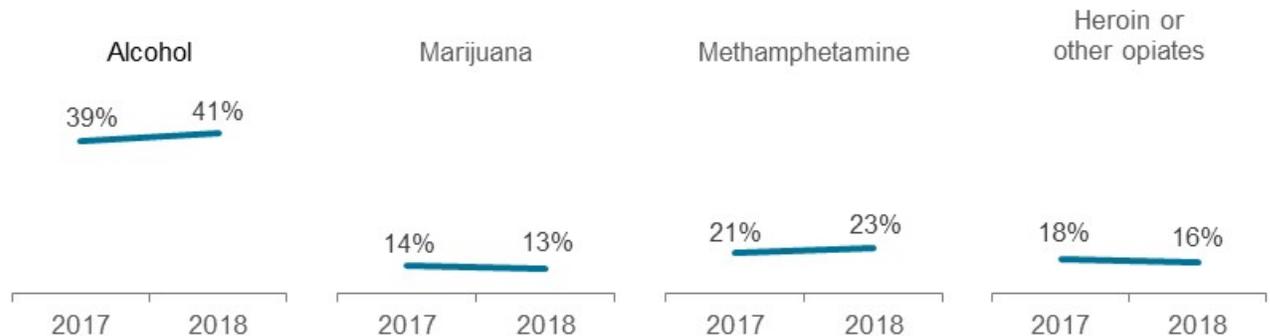
In fall 2017, the East Metro Mental Health Roundtable decided to expand its focus to include substance use, in addition to mental health. Both substance use and mental health are part of the overall behavioral health system in Minnesota, and they often influence each other.

### Substance use crisis data

In the east metro, there are 554 licensed treatment beds among 24 residential treatment providers. Seventeen of these 24 providers offer mental health services. Two providers offer services for children and adolescents. It should be noted that these facilities may have a mix of beds for individuals with and without a mental health disorder and not all licensed beds may be operational due to site capacity.

In 2018, 11,976 people (including 158 children or adolescents) were admitted to substance use disorder treatment in Ramsey, Dakota, and Washington counties. According to substance use treatment data, the most common primary substance of abuse in the east metro is alcohol, which accounts for 41% of treatment admissions (Figure 10). The frequencies for each substance have been consistent over time.

#### 10. Primary substance of abuse at treatment admission, 2016-2018



Seventy-nine percent of 2018 admissions had prior treatment admissions (Figure 11). Forty-four percent had three or more previous admissions. Fewer (44%) had prior detox admissions, including 18% who had three or more.

## 11. Prior lifetime chemical dependency admissions

		2017	2018 (N=11,708)
Prior lifetime treatment admissions	None	22%	21%
	1 or 2	37%	35%
	3 or 4	18%	19%
	5 or more	23%	25%
Prior lifetime detox admissions	None	57%	56%
	1 or 2	26%	27%
	3 or 4	8%	7%
	5 or more	9%	11%

Fifty-nine percent of treatment discharges were for individuals with a self-reported mental health condition (Figure 12). This is an increase from 53% in 2017. This is slightly higher than the findings from the National Survey of Substance Abuse Treatment Services,<sup>1</sup> which found that 47% of Americans seeking substance use disorder treatment have been diagnosed with a co-occurring mental health disorder.

## 12. Treatment discharges with self-reported mental health condition

	2017	2018 (N=9,588)
Self-reported mental health condition	53%	59%

Most treatment admissions (83%) were not due to a court order or civil commitment (Figure 13). In 2018, the most common legal status leading to admission was a criminal court order (10%) followed by a civil commitment (4%). These rates remained stable from 2017 to 2018.

## 13. Legal status at admission to treatment, 2017-2018

Legal status	2017	2018 (N=10,228)
Criminal court order	10%	10%
Civil commitment	5%	4%
Civil court order	1%	1%
Juvenile court placement	1%	1%
None	83%	83%

<sup>1</sup> Substance Abuse and Mental Health Services Administration (2017). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2015. Data on Substance Abuse Treatment Facilities*. BHSIS Series S-88, HHS Publication No. (SMA) 17-5031. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Mobile Substance Use Disorder Stabilization Team

Established in 2018 by the East Metro Crisis Alliance and Regions Hospital Foundation, the Mobile Substance Use Disorder Stabilization (SUDS) Team serves adults with substance use disorders that reside in Ramsey, Dakota, or Washington counties. The team receives referrals from east metro hospital emergency rooms, inpatient units, and detox facilities. Once referred, individuals meet with a peer recovery specialist and/or clinical staff to develop a recovery care plan. The team provides on-going support, assessments, treatment coordination, counseling, and referrals to other programs and services for up to six months. The program is designed for people who are open to reducing or quitting use.

Referrals are most frequently made by hospital emergency departments (48%) and medical departments (42%; Figure 14). Specifically, the majority of referrals originate from St. Joseph’s Hospital (29%), Regions Hospital (25%), and St. John’s Hospital (18%). Most individuals served live in Ramsey County (59%; Figure 15).

Future reports will include more data about service recipients, including primary substance of use and changes in frequency of hospital and emergency department visits.

### 14. Sources of referrals to the Mobile SUDS Team, January 1, 2019, through July 19, 2019

	Total	Percentage of referrals (n=322)
<b>Referral sources</b>		
St. Joseph’s Hospital	94	29%
Regions Hospital	80	25%
St. John’s Hospital	58	18%
Woodwinds Hospital	28	9%
United Hospital	27	8%
Ridges Hospital	18	6%
Ramsey Detox	8	3%
Regina Hospital	5	2%
Lakeview Hospital	4	1%
<b>Referral source department</b>		
Emergency department	154	48%
Medical department	135	42%
Mental health unit	29	9%

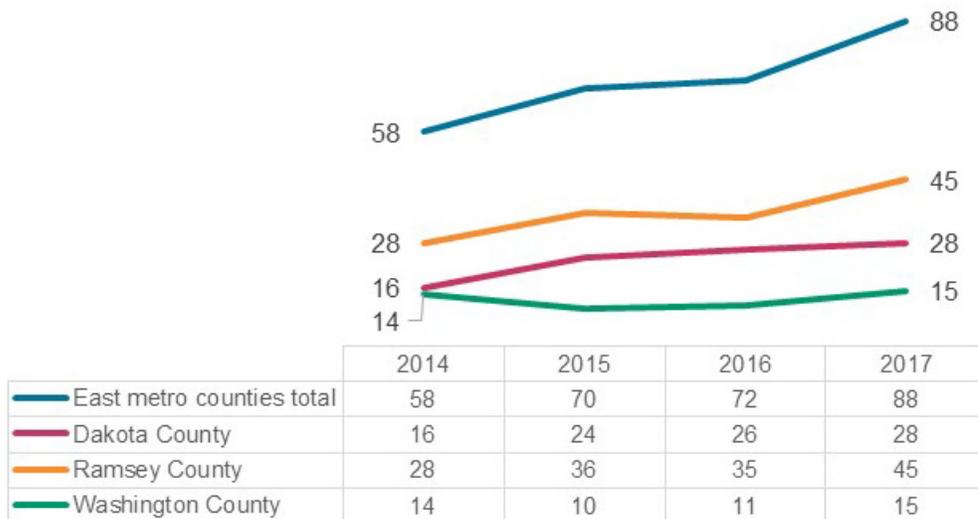
**15. County of residence for individuals served by the Mobile SUDS Team, January 1, 2019, through July 19, 2019**

	Total	Percentage of referrals (n=322)
<b>County of residence</b>		
Ramsey County	190	59%
Dakota County	70	22%
Washington County	56	17%

## Opioid overdose deaths

Based on the Center for Disease Control’s Multiple Cause of Death data, 88 residents of east metro counties died from an opioid-involved overdose in 2017 (Figure 16). This was more than one and a half times the rate in 2014. The increases were particularly large for Ramsey and Dakota counties.

**16. Number of opioid-involved overdose deaths, 2014-2017**



## Nonfatal drug overdoses

In the past year, there was an overall increase in nonfatal emergency department visits for opioid-involved overdoses among east metro residents, despite a dip in the second quarter of 2018 (Figure 17). Heroin and other opioids (including fentanyl) accounted for similar numbers of emergency department visits, with a slight increase in heroin visits in early 2019.

**17. Nonfatal emergency department visits for drug overdoses in east metro, 2018-Q1 2019**



	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1
All opioid-involved overdose	103	76	91	115	129
Opioid (excluding heroin) overdose	48	37	53	63	57
Heroin overdose	57	39	38	52	74

## Housing and homelessness data

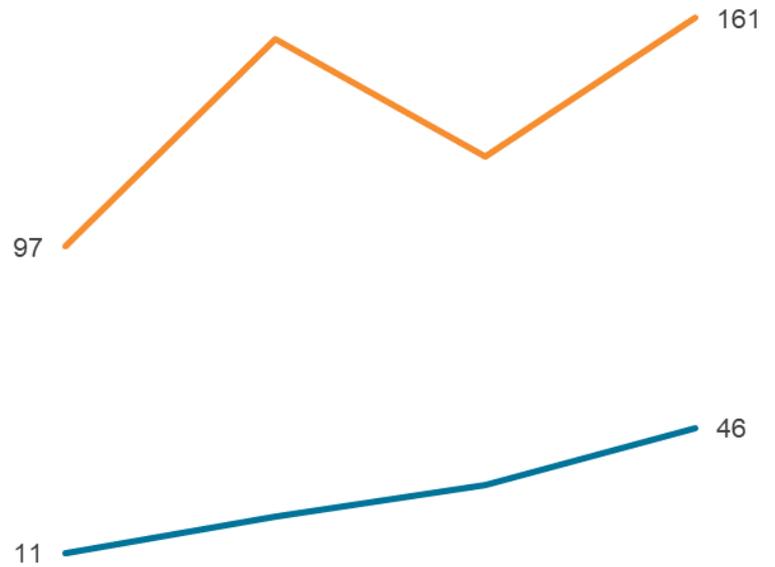
In addition to looking at mental health and substance use, the East Metro Mental Health Roundtable also chose to begin looking at housing and homelessness. Housing and homelessness are important social determinants of health. Housing strain can influence behavioral health and behavioral health issues can make securing and maintaining housing difficult.

## Coordinated Entry and behavioral health

Ramsey County and the Suburban Metro Area Continuum of Care (SMAC) manage the Coordinated Entry process for the east metro. Coordinated Entry is a single point of access for individuals and families experiencing homelessness. An individual or family is placed on their county's priority list if identified as eligible for housing services during screening.

The number of adults and families with at least one adult identified as having mental health needs added to the Ramsey County Coordinated Entry priority list has significantly increased since the third quarter of 2018 (Figure 18). The number of adults and families with at least one adult identified as having mental health needs added to the SMAC priority list has stayed relatively stable since January 2018, though the number of single adults added dipped briefly in October 2018 (Figure 19). Due to data limitations regarding priority list maintenance and to maximize comparability between the two lists, only the number of clients added is reported, not the total number of clients on the lists. In addition, there is no data available regarding the wait time between screening and placement; however, this data may be available in the future.

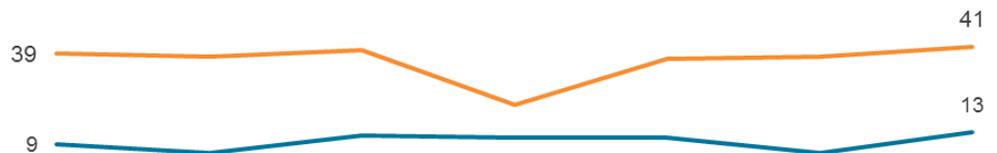
**18. Adults and families with SMI added to Ramsey County Coordinated Entry priority list, Q3 2018–Q2 2019**



	2018 Q3	2018 Q4	2019 Q1	2019 Q2
Single adults with SMI added to priority list	97	155	122	161
Families (1+ adult with SMI) added to priority list	11	21	30	46

Source. Ramsey County, 2019.

**19. Adults and families with SMI added to the SMAC Coordinated Entry priority list (includes Dakota and Washington counties), point-in-time, January 2018–April 2019**



	1/12/2018	4/1/2018	7/2/2018	10/1/2018	1/2/2019	4/1/2019	7/1/2019
Single adults with SMI added to priority list in the last 90 days	39	38	40	22	37	38	41
Families (1+ adult with SMI and 1+ child under 18) added to priority list in the last 90 days	9	6	12	11	11	6	13

Source. SMAC, 2019.

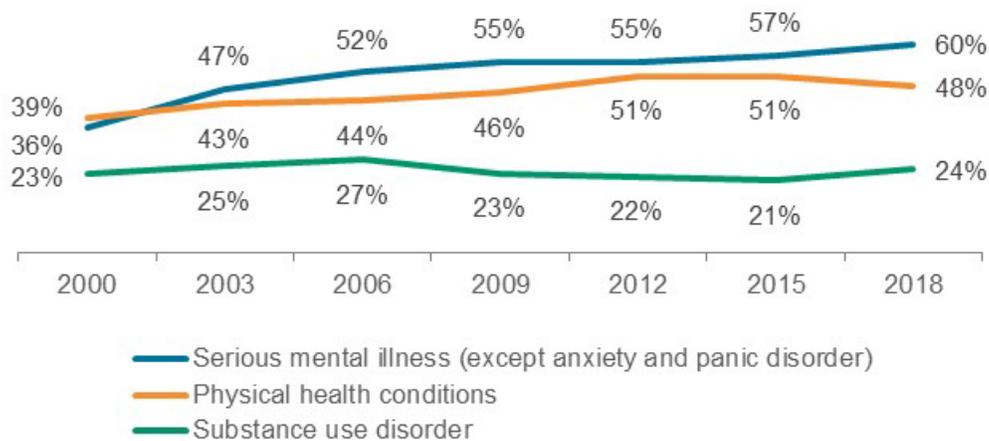
Note. SMAC is only able to provide point-in-time data, or the number of individuals and families added to the priority list in the last 90 days relative to specific dates. They are unable to provide total counts over an entire quarter.

# Homelessness and mental illness

Wilder Research conducts a statewide survey of homelessness every three years. Since 2000, the proportion of homeless adults with serious mental illness has increased or stayed the same at every survey administration (Figure 20). In 2018, 60% of adults and youth experiencing homelessness in Minnesota had mental health issues, and just under half of adults (48%) and one-third of youth (33%) had physical health issues (Figures 20 and 21). It is notable that the proportion of homeless youth and adults with mental illness has nearly doubled since 2000. In addition, one-quarter of homeless adults had a substance use disorder in 2018, a slight increase from 2015.

Since 2015, there has also been a notable increase in the number and percentage of homeless Minnesotans who were not in a formal shelter on the day of the homeless study (Figure 22). This means they were staying somewhere such as outside; doubled up; or in a car, tent, public transportation, or vacant building. These individuals may be particularly difficult to reach with services. It should be noted that it is impossible to identify all people experiencing homelessness who are not in a formal shelter. These numbers can be impacted by variations in outreach efforts and the visibility of the population. The 2018 study was conducted in conjunction with increased visibility of people staying in encampments and on public transportation, so the increase may have been due, in part, to improved outreach efforts.

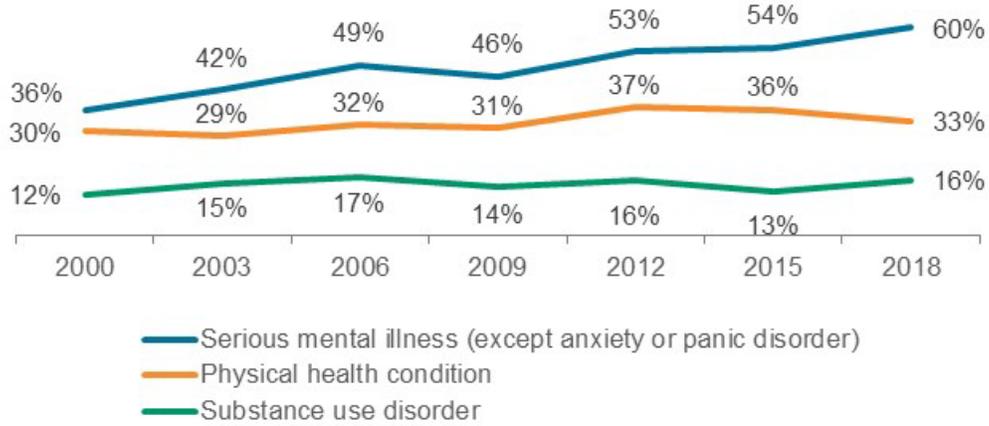
## 20. Physical, mental, and chemical health issues among homeless adults in Minnesota, 2000-2018



Source. Homelessness in Minnesota, 2018 results. Wilder Research, 2019. mnhomeless.org

Note. Young adults age 18-24 are included in both the adult and youth percentages because this population tends to be served by both adult and youth-serving agencies.

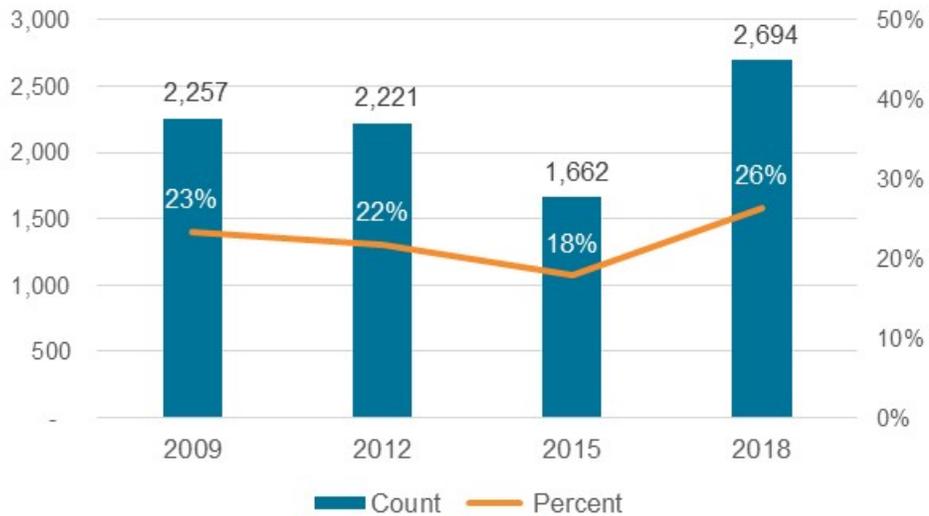
**21. Physical, mental, and chemical health issues among homeless youth age 24 and younger in Minnesota, 2000-2018**



Source. Homelessness in Minnesota, 2018 results. Wilder Research, 2019. mnhomeless.org

Note. Young adults age 18-24 are included in both the adult and youth percentages because this population tends to be served by both adult and youth-serving agencies.

**22. Count and percentage of homeless individuals not in a formal shelter in Minnesota, 2009-2018**



Source. Homelessness in Minnesota, 2018 results. Wilder Research, 2019. mnhomeless.org

## Justice data

Rule 20 evaluations occur in criminal cases when there is a belief that a defendant may not be competent to proceed with a case or was not responsible at the time of the alleged offense because of mental illness or developmental disability. Civil commitment is a legal process that allows the state to order a proposed patient into treatment even if the person objects. As a part of the civil commitment process, the court appoints a Rule 20 examiner to offer the court an opinion about whether a civil commitment is appropriate for a patient. In the east metro, 105 individuals were admitted to inpatient treatment with a Rule 20 status in the first six months of 2018 (Figure 23). Most of these individuals (84%) were in Ramsey County.

### 23. Number of patients admitted to inpatient treatment with Rule 20 status

County	Jan–June 2019
Ramsey County	88
Dakota County	9
Washington County	8

## Acknowledgements

The authors would like to thank members of the Measurement Committee of the East Metro Mental Health Roundtable who guided and contributed to this report. In particular, the authors would like to thank Roger Meyer for his assistance planning this project and developing this report.

We would also like to thank the entities that provided data and assisted with interpretation, including:

- Minnesota Department of Health
- Minnesota Department of Human Services
- Saint Paul Police Department
- Dakota County Social Services
- Regions Hospital
- St. Joseph's Hospital
- St. John's Hospital
- Woodwinds Hospital
- United Hospital
- Mobile Substance Use Disorder Stabilization Team
- Ramsey County
- Suburban Metro Area Continuum of Care

Finally, the authors would like to thank the Wilder Research staff who were instrumental in preparing this report, including:

- Marilyn Conrad
- Phil Cooper

Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700 | [www.wilderresearch.org](http://www.wilderresearch.org)

**Wilder Research**<sup>®</sup>

Information. Insight. Impact.

