East Metro Mental Health Roundtable Community Metrics

Data through June 2015

Executive Summary

Project description

The data suggest there are increased demands on the east metro mental health system and capacity is not meeting this demand.

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. Data collection for most metrics began January 1, 2010. This summary briefly highlights key findings from data collected through June 2015.

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. From January through June of 2015, the three east metro hospitals (Regions Hospital, St. Joseph's Hospital, and United Hospital) had a total of 6,892 behavioral health visits in the emergency department, which is on track for a higher year-end total than previous years.

Regions Hospital reported an increase in the number of behavioral health admissions from the emergency department starting in 2013. During the first half of 2015, the number of admissions is on track to remain relatively stable compared to 2014.

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Service utilization at the Urgent Care for Mental Health is on track with 2014 utilization levels. If the counts for the first half of 2015 continue throughout the year, the number of consumers who receive assessment, stabilization, psychiatry, and peer support services at the Urgent Care will be similar to 2014 counts. At intake, staff reported that 26 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. This is a 19 percentage point reduction since 2013, although this does not yet represent a full year of data.

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 PADs has increased, though the percentage of hospital days that were potentially avoidable has dropped.

About one-quarter (24%) of Anoka Metro Regional Treatment Center's statewide referrals are for people from the east metro. Average wait times between referral and admission varied greatly by east metro county and Saint Paul hospital, with a low of nine days (Dakota County) and a high of seven months (St. Joseph's Hospital). Wait times between referral and removal from the wait list were more consistent at approximately one to two months.

Community Needs

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). In the first half of 2015, data is on track for fewer suicide attempts or completions, but more threats than in 2014. It should be noted that the number of suicide threats in the first half of 2015 is equal to the total number of threats reported in all of 2011. Since 2011, the total number of suicide-related calls accounts for approximately one call per every 1,000 Saint Paul residents.

1. Saint Paul Police Department suicide and suicidal behavior tracking

	2011	2012	2013	2014	Jan-Jun 2015
Completed suicide	17	17	9	13	1
Suicide attempt	76	109	65	43	16
Suicide threat	153	299	251	295	153

Suicide rates

According to the Minnesota Department of Health Natality and Mortality data, the statewide suicide rate increased markedly in 2011. The rates for the east metro counties also increased in 2011, but declined in Dakota County and stayed relatively stable in Ramsey and Washington Counties since then (Figure 2).

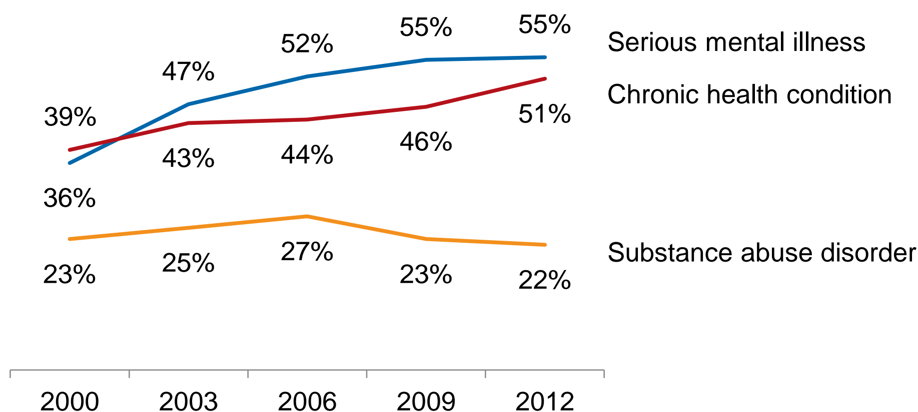
2. Number of suicides

	2009	2010	2011	2012	2013
Minnesota	581	599	682	660	683
Dakota County	43	41	63	45	42
Ramsey County	48	53	58	52	49
Washington County	23	22	29	25	28

Homelessness and mental illness

In 2012, over half of adults experiencing homelessness in Minnesota had a serious mental illness. 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 3). In 2012, among adults experiencing homelessness and a serious mental illness, 22 percent also had a chronic health condition, and 7 percent also had a substance abuse disorder. Eleven percent had a serious mental illness, chronic health condition, and substance abuse disorder (Figure 4).

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

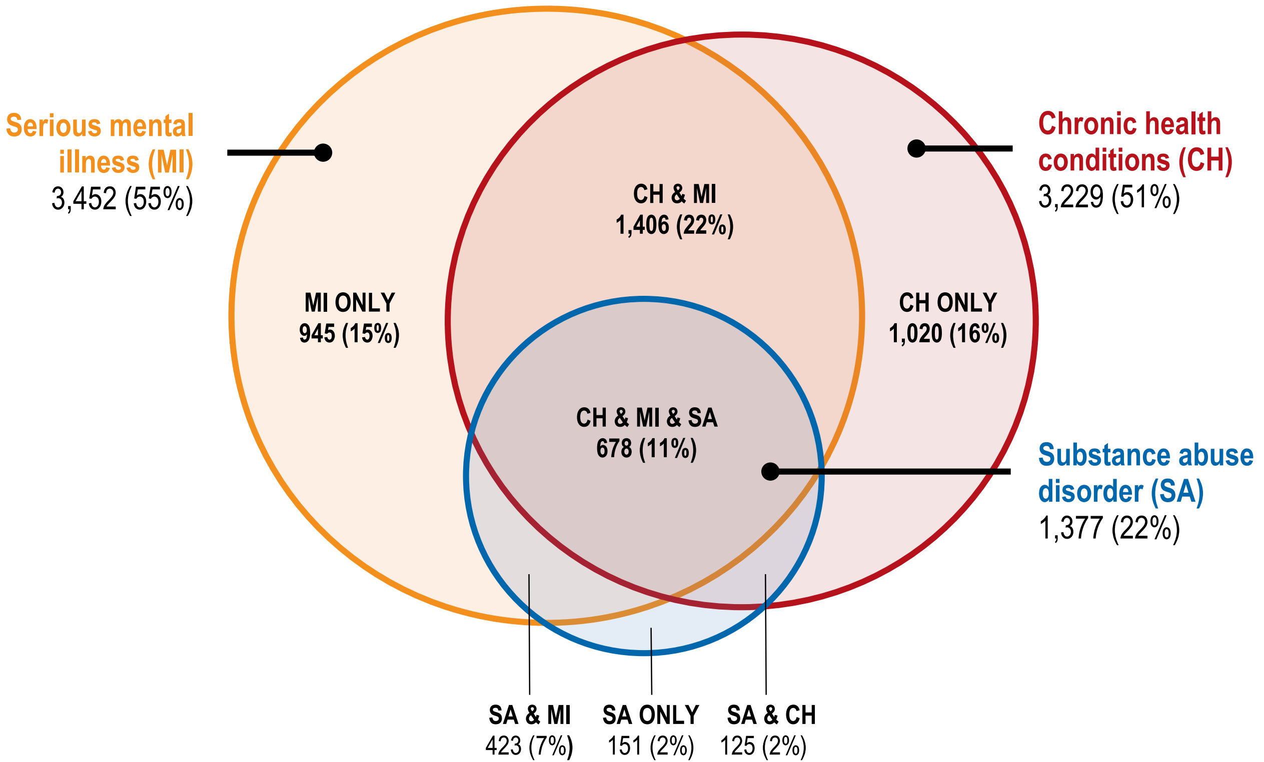


Homelessness in Minnesota, 2012 results. Wilder Research, 2013.

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

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

Total homeless adults surveyed: 6,273 (100%)
Proportion with at least one of these three disabilities: 4,787 (76%)
Proportion with none of these three disabilities: 1,525 (24%)
Proportion with multiple: 2,632 (42%)



Note: *Homelessness in Minnesota, 2012 results. Wilder Research, 2013. Homelessness study is conducted every three years.*

Behavioral health services

Behavioral health-related emergency department (ED) visits

Data collected from east metro hospitals shows a steady increase in the total number of behavioral health-related emergency department visits over time, and the hospitals are on track for an increase again in 2015 (Figure 5). The Urgent Care opened in 2011, and despite consistent use of the Urgent Care, emergency department visits have continued to increase. Anecdotal reports suggest that these increases are also associated with more complex patient needs at both the Urgent Care and the emergency department. Further information about the impact of the Urgent Care can be found in Figure 8.

Although there are some data limitations to consider, the data reported by hospitals demonstrates that average wait times for behavioral health emergency department visits have also increased, and they are especially high during the first half of 2015 (Figure 6).

5. Total behavioral health patient visits in emergency department

Hospital	2010	2011	2012	2013	2014	Jan-Jun 2015
Regions – ER Crisis Program	6,664	6,903	7,034	7,482	7,550	3,707
St. Joseph's	1,119	1,463	1,424	1,343[a]	-	895
United	2,113	2,438	3,016	4,142	4,304	2,290
Combined	9,896	10,804	11,474	N/A	N/A	6,892

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, while St. Joseph's data includes patients seen for crisis services, psychiatry, and depression.*

6. Average or median time behavioral health patients spent in emergency departments

Hospital	2010	2011	2012	2013	2014	Jan-Jun 2015
Regions[a]	8.0 hrs	8.6 hrs	9.3 hrs	9.1-12.5 hrs (varies by month)	10.0 hrs	11.6 hrs
St. Joseph's[a]	3.8 hrs	4.4 hrs	4.6 hrs	5.4 hrs	-	13.5 hrs
United[b]	4.8 hrs	4.9 hrs	5.8 hrs	4 hrs	4.5 hrs	5.1 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.*

Urgent Care utilization

During the first half of 2015, 750 consumers received crisis assessment services. If the counts for the first half of the year were to continue throughout the year, the number of consumers who receive services after coming to the Urgent Care would be comparable to earlier years (Figure 7).

7. Services received at the Urgent Care

	2012	2013	2014	Jan – Jun 2015
Assessment	1,500	1,358	1,503	750
Stabilization	360	500	520	278
Psychiatry[a]	677[b]	642	733	367
Peer support[c]	23[b]	236	357	135

a Psychiatry appointments were difficult to track in 2012 and 2013. 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 The number here reflects the number of unduplicated individuals that the peers served in Stabilization. This number does not reflect the number of actual visits a peer may have had with any individual person. In addition, the peers interact with almost all people who walk in to the Urgent Care. They greet individuals, spend time making them feel welcome and explain the process for receiving services. Peers also answer the crisis phone line, providing support and crisis counseling to individuals when they call. Peers are critical to engaging consumers into services.

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. A similar proportion of consumers (13%) reported they would have gone to the emergency room if the Urgent Care was not available in the first half of 2015 as did in 2014. This proportion is smaller than in previous years. The proportion who reported they would have called 911 is smaller in the first half of 2015 than in previous years (Figure 8).

8. 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 they would have:	2012(N=540) N (%)	2013 (N=794) N (%)	2014 (N=962) N (%)	Jan – Jun 2015 (N= 437) N (%)
Gone to the emergency room	139 (26%)	137 (17%)	130 (14%)	55 (13%)
Called 911	35 (6%)	15 (2%)	36 (4%)	2 (0.5%)

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 26 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 during the first half of 2015 (Figure 9). This is a 19 percentage point reduction since 2013, although this does not yet represent a full year of data.

9. Access to psychiatry services from Urgent Care Jan 2013 – June 2015

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)		Jan – Jun 2015 (N=428)	
	N	%	N	%	N	%
Gone to emergency room	274	45%	254	31%	111	26%
Not had access to any prescribing	261	43%	310	38%	135	32%

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.*

Behavioral health hospital admissions

Non-Qualified Admissions (NQAs)

Since 2010, Regions reported an increase in the number of behavioral health admissions from the emergency department starting in 2013. During the first half of 2015, the number of admissions is on track to remain relatively stable. A Non-Qualified Admission (NQA) occurs when a patient is admitted into inpatient care, but does not meet inpatient admission criteria. The total number of NQAs is relatively low (<1%). However, the number of NQAs increased in 2014 before dropping to zero in the first half of 2015 (Figure 10).

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

	2010	2011	2012	2013	2014	Jan-Jun 2015
Number of behavioral health admissions from ED	2,933	3,000	3,059	3,524	3,447	1,688
Number of NQAs	12	16	10	5	19	0
Percentage of NQAs	0.4%	0.5%	0.3%	0.1%	0.6%	0%

Potentially-Avoidable Days (PADs)

Regions Hospital also provided data describing the total number of Potentially-Avoidable Days (PADs) attributed to behavioral health inpatient stays. A Potentially-Avoidable Day occurs when a patient is stabilized and ready to be discharged to a less intensive level of care, but is unable to be discharged. The number of PADs increased in 2013 and 2014, though the percentage of PADs dropped

from 2013 to 2014. From January through June 2015, the number of PADs is on track to remain stable, while the percentage has dropped notably (Figure 11).

The most common reasons for delays were attributed to a lack of available space or administrative delays at transition facilities or delays with outside social service or government agencies (e.g., waiting for a Community Alternatives for Disabled Individuals (CADI) waiver, Group Residential Housing (GRH) waiver, or other outside agency delay; Figure 12).

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

	2010	2011	2012	2013	2014	Jan-Jun 2015
Number of PADs	2,010	1,743	1,450	2,675	2,886	1,230
Percentage of total hospital days that were potentially avoidable	22.9%	19.0%	15.3%	19.9%	16.8%	7%

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

	Number of cases	Number of days	Average days/patient
Lack of space or delays at transition facility	50	1084	22
Legal, court, waiver, or external social service delays	14	145	10

Referrals made to Anoka Medical Regional Treatment Center (AMRTC)

About one-quarter (24%) of AMRTC's statewide referrals in 2014 and so far in 2015 are for people from the east metro, particularly Ramsey County (14%). The east metro population is approximately 21 percent of Minnesota's population, so the rate of referral is greater than the population rate. In the first half of 2015, Regions Hospital referred more than twice as many people to AMRTC than St. Joseph's and nearly three times as many as United (Figure 13).

Wait times varied by county and Saint Paul hospital. Compared to all AMRTC admissions, the individuals referred from Ramsey County had longer average waits before being admitted, and those referred from St. Joseph's had significantly longer waits. However, referrals from Dakota County were lower than the state average and referrals from Washington County, Regions Hospital, and United Hospital had similar wait times to the state average for both admission and removal from the waitlist (Figure 14).

13. Number of people referred for admission to AMRTC

	2014		Jan-Jul 2015	
	Number of referrals	**Percent of statewide referrals**	**Number of referrals**	**Percent of statewide referrals**
Statewide	1,063	-	562	-
People from the east metro	250	24%	137	24%
By county				
Dakota County	87	8%	45	8%
Ramsey County	146	14%	78	14%
Washington County	17	2%	14	2%
By Saint Paul hospital				
Regions Hospital	140	13%	56	10%
St. Joseph's Hospital	39	4%	23	4%
United Hospital	44	4%	18	3%
East metro people referred from corrections	NA	NA	9	2%

14. Average number of days between referral and AMRTC admission or removal from wait list January through July 2015

	Average number of days from…	
	Referral to admission	**Referral to removal from wait list**
Statewide	19	37
By county		
Dakota County	9	29
Ramsey County	62	43
Washington County	20	44
By Saint Paul hospital		
Regions Hospital	26	38
St. Joseph's Hospital	223	74
United Hospital	NA	37

Note: *There were no participants from United Hospital moved from referral to admission between January and July 2015.*

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 percentage of people in jails or workhouses who are screened for mental health concerns
  - the number and percentage of people in jails and workhouses who were screened and had elevated screening scores
  - the number and percentage 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 Saint 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 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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451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org

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For more information

For more information about this report contact Wilder Research, 651-280-2700.

Authors: Kristin Dillon, Darcie Thomsen

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