

# East Metro Mental Health Roundtable: Community Metrics

*January through June 2020 Summary Statistics*

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## 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.

Each of the community metrics describes 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.

This report focuses on data from January through June 2020. It is important to note that two significant events occurred during this period: the outbreak of the novel coronavirus that causes COVID-19 and the resulting pandemic, and the killing of George Floyd and the unrest that followed. These factors may have affected some parts of the mental health system, and potential impacts on indicators are noted throughout this report. However, not all indicators presented in this report cover this period of time, as data availability varies depending on the source.

In addition, it is important to note that M Health Fairview announced significant changes to its health system in October, 2020, including the closure of St. Joseph's Hospital. Because this report focuses on the first half of 2020, it does not discuss the impact of this change to the east metro mental health system. However, according to the most recently available data, there were 262 behavioral health patient visits to the St. Joseph's emergency department in 2017.

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

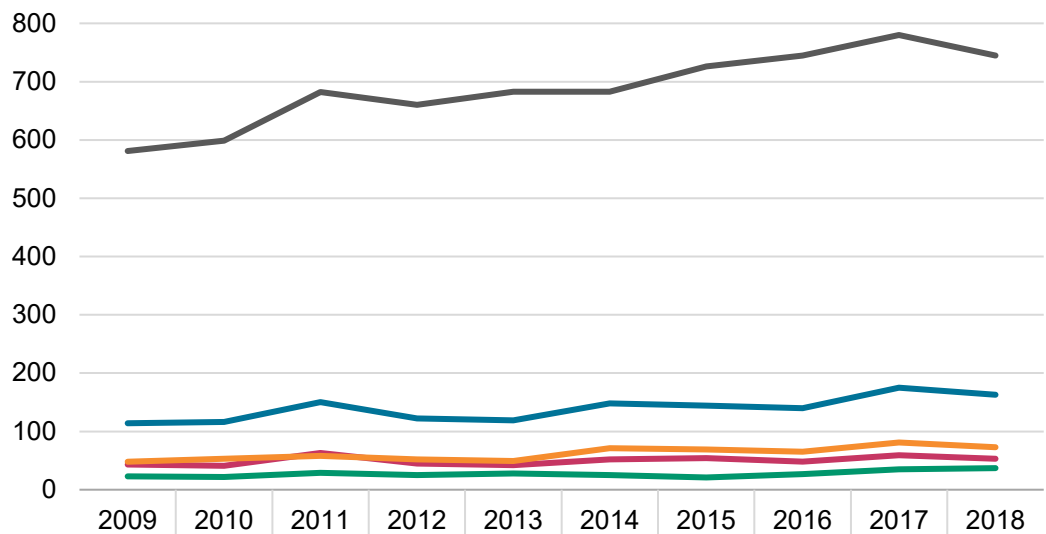
- **The number of referrals to the Mobile Substance Use Disorder Stabilization Team (Mobile SUDS) has increased considerably since the program's launch, and the pattern of referral origins has changed over time.** Program referrals increased from 128 individuals in the first quarter of 2019 to 208 individuals in the second quarter of 2020. During the same period, the proportion of referrals originating from medical departments increased (44% to 65%), while the proportion originated from emergency departments declined (42% to 17%).
- **There were notable differences in crisis team data by county, particularly regarding services received.** The percentages of adults who received crisis assessment and crisis intervention services were much higher in Washington County (100% and 93%) than Ramsey County (73% and 47%) and Dakota County (76% and 56%). However, adults in Washington County were less likely to receive crisis stabilization services (6% compared to 48% in Ramsey County and 16% in Dakota County).
- **Mental health needs are common among individuals experiencing housing instability or homelessness, and the number of unsheltered tent sites, tents, and site occupants in Saint Paul has increased considerably since the start of the pandemic.** The proportion of adults and families added to Coordinated Entry lists or pools during the first half of 2020 that also have mental health needs ranges from 43% to 72%. In addition, the number of sites, tents, and occupants in Saint Paul has increased from 31 sites, 29 tents, and 42 occupants in mid-March to 112 sites, 268 tents, and 312 occupants in late September.

# 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 before declining slightly in 2018. 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, 2009-2018



— Minnesota	581	599	682	660	683	683	726	745	780	745
— East metro counties total	114	116	150	122	119	148	144	140	175	163
— Dakota County	43	41	63	45	42	52	54	48	59	53
— Ramsey County	48	53	58	52	49	71	69	65	81	73
— Washington County	23	22	29	25	28	25	21	27	35	37

## 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, the Minnesota Department of Human Services (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. Data entered into MHIS goes through a three month cleaning process. Adult data were provided for this report, and there were no considerable differences between the January through June 2019 data and the July through December 2019 data.

### How many adults did crisis teams serve?

From July through December of 2019, crisis teams served a total of 547 adults across Ramsey, Dakota, and Washington counties. Of the 547 adults served, more than half were in Ramsey County (64%; Figure 2). Fourteen percent of the 547 adult clients were repeat clients receiving more than one intervention episode during this reporting period. Throughout this section, data are reported by client, not by episode.

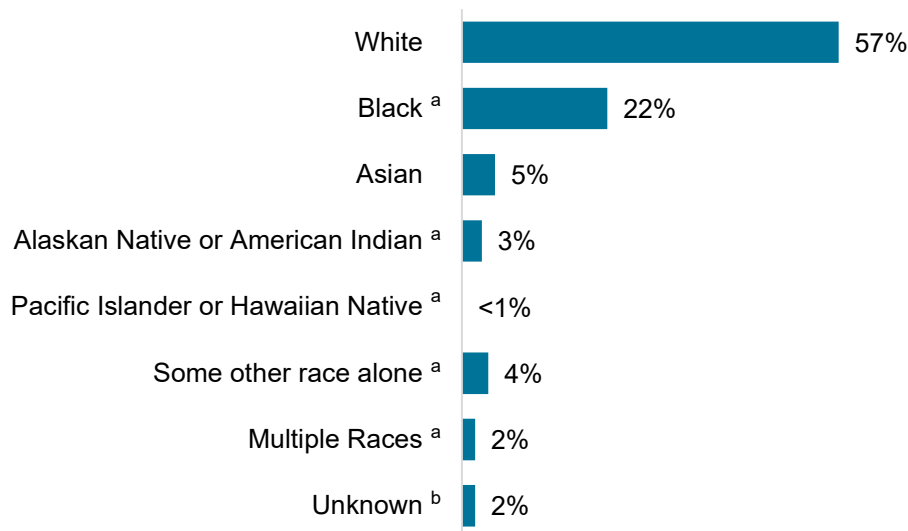
#### 2. Number of unduplicated adults served by crisis teams in January – December 2019

	January - June 2019 Total (N=538)	July - December 2019 (N=547)
Ramsey	53%	64%
Dakota	29%	20%
Washington	18%	16%

### Who did crisis teams serve?

During the second half of 2019, 57% of the 547 adults served by crisis teams were White and 22% were Black (Figure 3). At least 5% of all 547 clients were Hispanic.

#### 3. Client race and ethnicity, July 2019 – December 2019



<sup>a</sup> Counts of 10 or below are suppressed. Total number and percentage is lower than actual because counts of less than 10 are not calculated in the total.

<sup>b</sup> Total cannot be estimated or calculated because counts of 10 or less are suppressed by county.



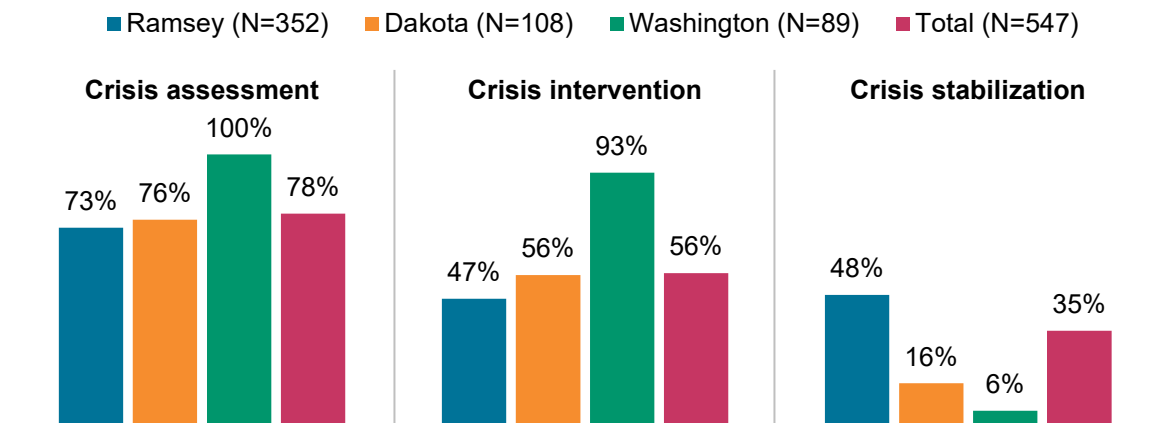
## How many individuals were seen for a crisis assessment, crisis intervention, and crisis stabilization?

Crisis teams provide crisis assessments, crisis interventions, and crisis stabilization services:

- Crisis assessments are immediate evaluations by a health provider to assess the situation and the client's current functioning and determine the need for crisis intervention services or referrals to other services.
- Crisis interventions are short-term, intensive mental health services provided during a mental health crisis.
- Crisis stabilization services are mental health services provided after a crisis intervention with the goal of helping a client return to baseline level of functioning.

In total, 78% of the 547 adult clients served in the second half of 2019 were seen for a crisis assessment (Figure 4). Also during this time period, just over half of all adult clients were seen for a crisis intervention (56%) and 35% were seen for crisis stabilization. All adult clients in Washington County were seen for a crisis assessment from July through December of 2019 while 73% of adult clients in Ramsey County received a crisis assessment during this time period. Similarly, almost all of Washington County's clients (93%) received crisis intervention, while just over half of Dakota County's adult clients (56%) and less than half of Ramsey County's adult clients (47%) received that same service in the second half of 2019. Notably, 48% of adult clients in Ramsey County were seen for crisis stabilization, compared to 16% in Dakota County and 6% in Washington County.

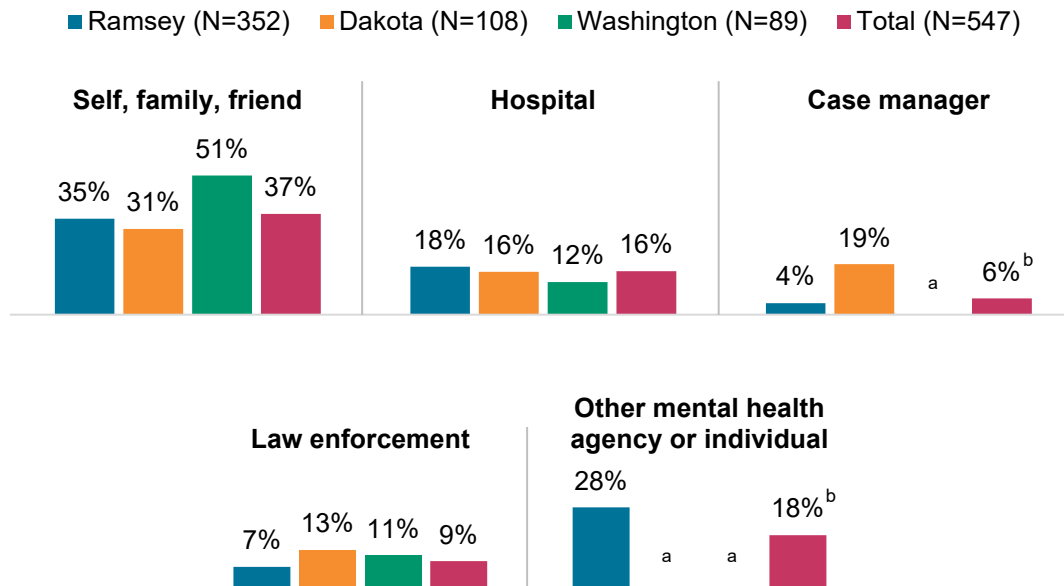
### 4. Number of adults seen for assessment, intervention, and stabilization, July 2019 – December 2019



### How were adults referred to crisis teams?

During the second half of 2019, across all three counties, “self, family, friend” was the most common initial crisis referral source (37%; Figure 5). This is consistent with the first half of 2019. For Ramsey County, the second highest referral source was “other mental health agency or individual,” which accounted for 28%. Also during this time period, 19% of clients in Dakota County were referred by a “case manager” – higher than in Ramsey County (4%) and Washington County (less than 10 clients).

#### 5. Initial crisis referral source, July 2019 – December 2019



<sup>a</sup> Counts of 10 or below are suppressed.

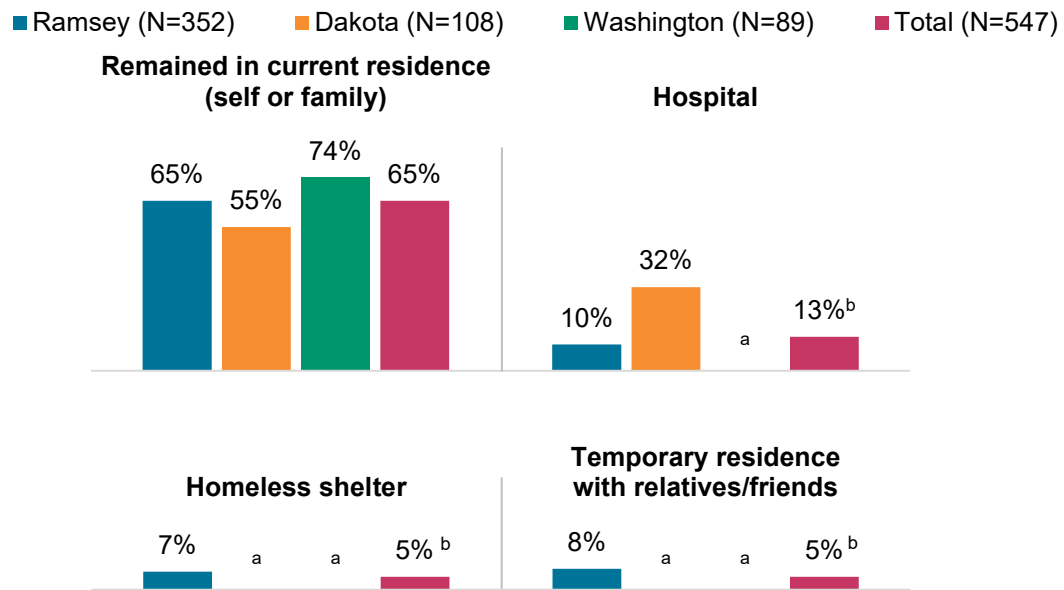
<sup>b</sup> Total number and percentage is lower than actual because counts of less than 10 are not calculated in the total.

### What was the client disposition at the end of the crisis episode?

At the end of a crisis episode, 65% of adult clients served July through December 2019 remained in their current residence (Figure 6). This is consistent with data from the first half of 2019. Adult clients in Washington County were more likely to remain in their current residence than adult clients in Dakota County (74% compared to 55%). During this time period, across all three counties, 13% of adult clients ended up in the hospital, either in an emergency department or inpatient psychiatric unit. Thirty-two percent of adult clients in Dakota County ended up in the hospital, compared to only 10% in Ramsey County and less than 10 clients in Washington County.

It is important to note that these dispositions only indicate the outcome of each crisis episode at the conclusion of the last face-to-face service; thus, clients may have received other services during the episode. In addition, there may be differences in how counties interpret and report client dispositions and/or county differences in the flow of crisis screening (e.g., crisis screening may start in emergency departments for some counties but not all). Lastly, there may be differences in acuity levels of adults served depending on the county.

## 6. Top five dispositions at the end of the crisis episode, July 2019 – December 2019



<sup>a</sup> Counts of 10 or below are suppressed.

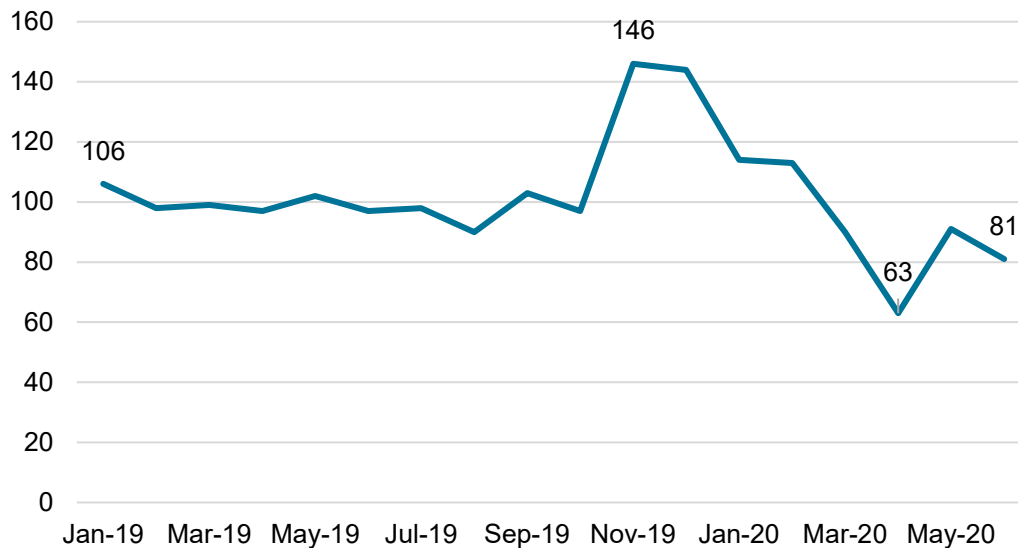
<sup>b</sup> Total number and percentage is lower than actual because counts of less than 10 are not calculated in the total.

## Law enforcement and social services collaborations

Since 2018, several new programs launched in the east metro aimed at providing a more coordinated response to law enforcement calls involving individuals with mental health or substance use needs. The Saint Paul Police Department’s Community Outreach and Stabilization (COAST) Unit serves Saint Paul, and Dakota County’s Mental Health Coordinated Response program serves the cities of West St. Paul and South St. Paul. In addition, Woodbury Public Safety launched the Community Support Team and the Cottage Grove Police Department created a new Case Management Unit in 2019. All four of these programs involve collaboration between law enforcement and social services to ensure individuals with mental health or substance use needs receive support, services, and resources.

Saint Paul’s COAST Unit partners with community-based mental health and substance use organizations to respond to in-progress crisis calls for service and conduct follow-up outreach with individuals served. From January 2019 through June 2020, the COAST Unit responded to 2,069 events, and 1,829 of these events involved an adult. The number of events the Unit responded to hit a high of 146 in November 2019 and a low of 63 in April 2020. The monthly number of events has declined overall from 106 in January 2019 to 81 in June 2020 (Figure 7). The Unit reported decreased capacity from late March through July due to the COVID-19 pandemic and the unrest following the killing of George Floyd.

### 7. Events responded to involving an adult by Saint Paul Police Department’s Community Outreach and Stabilization (COAST) Unit, January 2019 – June 2020



The percentage of events involving an adult identified as homeless declined in the first half of 2020, from 12% in the first half of 2019 to 6% (Figure 8). Similarly, the percentage of events involving an individual with a high utilization rate (individuals who have had two or more mental health-related events involving police contact within 12 months) has declined slightly since the first half of 2019, from 24% to 18%. Most events involved transporting the individual served to Regions Hospital, United Hospital, or St. Joseph's Hospital (62%). Transport holds have declined over time, from 21% in the first half of 2019 to 9% in the first half of 2020. Two percent of events in the first half of 2020 involved a diversion from jail.

As in previous periods, follow-up activities most commonly involved referrals to social work staff or another social work agency (20%). The percentage of individuals receiving follow-up activities declined across all categories since the first half of 2019. In addition, there was a considerable increase in the percentage of events that did not include information on the follow-up activities provided, from 6% in the first and second quarter of 2019 to 59% in the first and second quarter of 2020. These changes were likely due to the Unit's decreased capacity.

**8. Adults served, event outcomes, and follow-up activities: Saint Paul Police Department Community Outreach and Stabilization (COAST) Unit, Q1 2019 – Q2 2020**

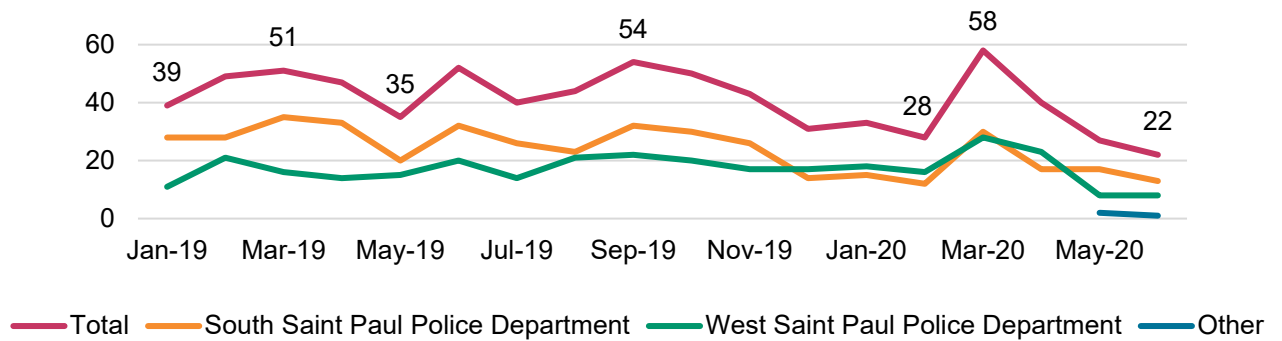
	<b>Percentage of events involving an adult Q1-Q2 2019 (N=600)</b>	<b>Percentage of events involving an adult Q3-Q4 2019 (N=679)</b>	<b>Percentage of events involving an adult Q1-Q2 2020 (N=552)</b>
<b>Individuals served</b>			
Events involving an individual identified as homeless	12%	11%	6%
Events involving an individual with high utilization rate	24%	22%	18%
<b>Event outcomes</b>			
Events involving a transport to Regions Hospital, United Hospital, or St. Joseph's Hospital (includes transport holds and voluntary transports)	62%	66%	62%
Events involving a transport to another location (may include other hospitals; includes transport holds and voluntary transports)	2%	4%	3%
Events involving a transport hold by medical professional or peace officer	21%	8%	9%
Events involving a diversion from jail	6%	1%	2%
<b>Follow-up activities after event</b>			
Provided a referral	39%	33%	20%
Provided a home visit	25%	21%	7%
Provided a phone call	23%	19%	10%
Did not provide any follow-up activities	26%	33%	16%
Missing/unknown	6%	5%	59%

Note. The Saint Paul Police Department tracks data by event, not by individual. The percentages are calculated out of the total number of events. Percentages may not add to 100%, as individuals may receive multiple follow-up activities. In addition, some presented totals may be undercounted, as the Unit may not have access to all details of every call.

Dakota County's Mental Health Coordinated Response program serves individuals who are referred to the program after a police report is filed following an incident involving an individual with mental health or substance use needs. In 2020, the program overhauled its data collection and evaluation efforts, providing opportunities to present new data but limiting the possibility of comparing 2020 data with 2019 data. However, some historical data can still be presented.

From January 2019 through June 2020, the program has served 855 individuals, including 743 adults. The number of adults served fluctuated by month, hitting a high of 58 in March 2020 and a low of 22 in June 2020 (Figure 9). It is unclear how the unrest following the killing of George Floyd or the COVID-19 pandemic may have affected this data, although program staff shared that social distancing guidelines complicated follow-up efforts. The program generally served more adults in South St. Paul than West St. Paul.

**9. Source of referral for adults served by Dakota County’s Mental Health Coordinated Response program, Q1 2019 – Q2 2020**



Note. Dakota County tracks data by individual, not event. Adults may have been served multiples times in different months. This data includes duplicated individuals who were referred to the program more than once.

During the first and second quarter of 2020, 166 adults were referred to the program, and 67 adults were ultimately served (Figure 10). For 43% of adults referred to the program, the event that precipitated the referral to the program involved a transport hold. Nearly a quarter of all adults referred to the program had been referred in the past (24%). Program staff attempted to contact 87% of all adults referred or a collateral contact for the adult, and staff achieved contact for 34%. All 67 adults served received service coordination, a direct referral, a referral through a collateral contact, or a combination of the three.

**10. Adults referred and adults served by Dakota County’s Mental Health Coordinated Response program, Q1 – Q2 2020**

<b>Adults referred</b>	<b>Percentage of adults referred Q1-2 2020 (N=166)</b>
Event precipitating referral involved a transport hold	43%
Adults referred who had previously been referred	24%
Attempted contact with adult or collateral contact	87%
Achieved contact with adult or collateral contact	34%
Missing contact information	4%
<b>Adults served</b>	<b>Percentage of adults served Q1-2 2020 (N=67)</b>
Adults served identified as homeless	9%
Provided service coordination	66%
Provided referral to client	21%
Provided referral to collateral contact	22%

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

While the available data for Woodbury Public Safety’s Community Support Team and Cottage Grove’s Case Management Unit are limited, both programs were able to share some information. The Community Support Team has served 281 clients and responded to 54 in-progress calls since October 2019. In addition, the team received 97 direct phone calls and spent 64 hours responding to these calls, bypassing dispatch and thus ultimately saving patrol time. The Case Management Unit started serving 22 new individuals in the first quarter of 2020 and 23 in the second quarter of 2020. As of August 2020, the unit was managing 73 open cases.

Depending on data availability, future reports may be able to present outcome data and/or data combined from all four programs to provide a systems-level perspective regarding efforts to better serve individuals with mental health or substance use needs.



## Behavioral health-related emergency department visits

There are three hospital systems and five hospitals that serve the east metro: Regions Hospital (HealthPartners), St. John’s (M Health Fairview), St. Joseph’s (M Health Fairview), United (Allina), and Woodwinds (M Health Fairview). These hospitals have provided data to the Roundtable over the years with some notable gaps in data availability (Figures 11-14).

Overall, data collected from Regions showed a steady rate of behavioral health emergency department use through 2016, with a 19% increase in 2019, compared to 2016 (Figure 11). Data from the first half of 2020 indicate they are on track for a slight decrease in visits for the year. Conversely, United showed an increase in the total number of behavioral health-related emergency department visits through 2016, followed by a slight decrease from 2017 through the first half of 2020. It should be noted that the decrease in behavioral health patients seeking emergency department care in the first half of 2020 may be due, in part, to patient concerns about seeking services in a hospital setting during the COVID-19 pandemic.

### 11. Total behavioral health patient visits in emergency departments, 2013 – June 2020

	2013	2014	2015	2016	2017	2018	2019		Jan – Jun 2020
Regions – ER Crisis Program	7,482	7,550	7,470	7,478	N/A <sup>a</sup>	N/A <sup>a</sup>	8,878		4,188
East metro M Health Fairview hospitals - St. Joseph’s, St. John’s, and Woodwinds	N/A <sup>b</sup>	N/A <sup>b</sup>	N/A <sup>b</sup>	N/A <sup>b</sup>	N/A <sup>b</sup>	2,940	N/A <sup>c</sup>		N/A <sup>c</sup>
United	4,142	4,304	4,513	4,847	4,808	4,663	4,524		1,992 <sup>d</sup>

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

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

<sup>b</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>c</sup> M Health Fairview hospitals chose to no longer participate in Metrics reporting.

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

Although there are some data limitations to consider, the data reported by hospitals demonstrate that average wait times for behavioral health emergency department visits increased between 2013 and 2016 at Regions, and decreased since 2016 (Figure 12). Wait times for United have decreased overall since 2016, with some fluctuations between years. These decreases are likely attributed to increased inpatient bed availability and concentrated efforts to reduce wait times at the east metro hospitals.

## 12. Average time behavioral health patients spent in emergency departments from intake to discharge, 2013 – June 2020

	2013	2014	2015	2016	2017	2018	2019	Jan – Jun 2020
Average wait in hours at Regions	9.1	10.0	11.7	12.5	11.4 <sup>a</sup>	9.4 <sup>a</sup>	8.9	8.1
Average wait in hours at east metro Fairview hospitals - St. Joseph's, St. John's, and Woodwinds	N/A <sup>b</sup>	N/A <sup>b</sup>	N/A <sup>b</sup>	N/A <sup>b</sup>	N/A <sup>b</sup>	N/A <sup>b</sup>	N/A <sup>c</sup>	N/A <sup>c</sup>
Average wait in hours at United	N/A <sup>d</sup>	N/A <sup>d</sup>	N/A <sup>d</sup>	22.2	22.3	16.1	21.3	20.4

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

<sup>c</sup> M Health Fairview hospitals chose to no longer participate in Metrics reporting.

<sup>d</sup> United data are unavailable for 2013, 2014, and 2015.

## Behavioral health hospital admissions

Behavioral health admissions from the emergency department have been relatively stable over time for Regions (Figure 13). 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 who can be admitted over the course of the year. Admissions data for United have been available only since 2018, though they show an increase from 2018 to 2019 and into the first half of 2020. Unfortunately, data for M Health Fairview are only available for 2018. It should be noted that there may have been fewer inpatient beds available for behavioral health patients in the first half of 2020 due to the COVID-19 pandemic.

## 13. Number of behavioral health admissions from emergency departments, 2015 – June 2020

	2015	2016	2017	2018	2019	Jan – Jun 2020
Regions	3,310	3,573	3,068	3,619	3,355	1,611
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	N/A <sup>b</sup>	N/A <sup>b</sup>
United	N/A <sup>a</sup>	N/A <sup>a</sup>	N/A <sup>a</sup>	979	1,096	513

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

<sup>b</sup> M Health Fairview hospitals chose to no longer participate in Metrics reporting.

Average length of stay has also stayed relatively consistent over time for Regions, although stays are higher for United in 2019 and the first half of 2020 compared to 2018 (Figure 14). This increase at United is likely due to a shift in how patients are placed within the Allina system, with more severe patients being treated at United and less severe patients being treated at regional hospitals or through telehealth. Individuals willing to seek services during the pandemic may have been experiencing more severe concerns, which may have increased their length of stay.

**14. Average length of inpatient stay for behavioral health patients (in days), 2015 – June 2020**

	2015	2016	2017	2018	2019	Jan – Jun 2020
Regions	9.2	10.3	10.0	10.2	10.5	10.6
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	N/A <sup>b</sup>	N/A <sup>b</sup>
United	N/A <sup>a</sup>	N/A <sup>a</sup>	N/A <sup>a</sup>	7.4	9.4	9.7

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

<sup>b</sup> M Health Fairview hospitals chose to no longer participate in Metrics reporting.

## Substance use data

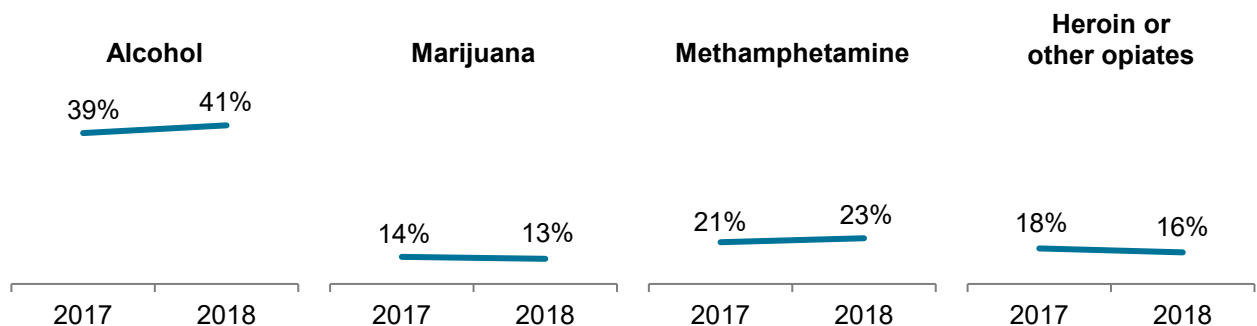
In fall 2017, the East Metro Mental Health Roundtable decided to expand its focus to include substance use, in addition to mental health. Both substance use and mental health are part of the overall behavioral health system in Minnesota, and they often influence each other.

### 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 the first half of 2019, 5,878 people (including 208 children and adolescents) were admitted to substance use disorder treatment in Ramsey, Dakota, and Washington counties. The most common primary abused substance in the east metro is alcohol, which accounts for 40% of treatment admissions (Figure 15). The frequencies for each substance have been consistent over time. Data for the second half of 2019 and later were not available to include in this report.

#### 15. Primary substance of abuse at treatment admission, 2017-2018



Seventy-eight percent of admissions in the first half of 2019 had prior treatment admissions (Figure 16). Forty-five percent had three or more previous admissions. Fewer (45%) had prior detox admissions, including 19% who had three or more.

## 16. Prior lifetime chemical dependency admissions

		2017	2018 (N=11,585)	January-June 2019 (N=5,766)
Prior lifetime treatment admissions	None	22%	21%	21%
	1 or 2	37%	35%	33%
	3 or 4	18%	19%	19%
	5 or more	23%	25%	26%
			2018 (N=11,708)	January-June 2019 (N=5,844)
Prior lifetime detox admissions	None	57%	56%	56%
	1 or 2	26%	27%	26%
	3 or 4	8%	7%	8%
	5 or more	9%	11%	11%

Fifty-nine percent of treatment discharges from January through June 2019 were for individuals with a self-reported mental health condition (Figure 17). This is consistent with 2018 but 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.

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

	2017	2018 (N=9,588)	January-June 2019 (N=4,551)
Self-reported mental health condition	53%	59%	59%

In the first half of 2019, most treatment admissions (84%) were not due to a court order or civil commitment (Figure 18). 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 since 2017.

## 18. Legal status at admission to treatment, 2017 – June 2019

Legal status	2017	2018 (N=10,228)	January-June 2019 (N=5,001)
Criminal court order	10%	10%	10%
Civil commitment	5%	4%	4%
Civil court order	1%	1%	1%
Juvenile court placement	1%	1%	1%
None	83%	83%	84%

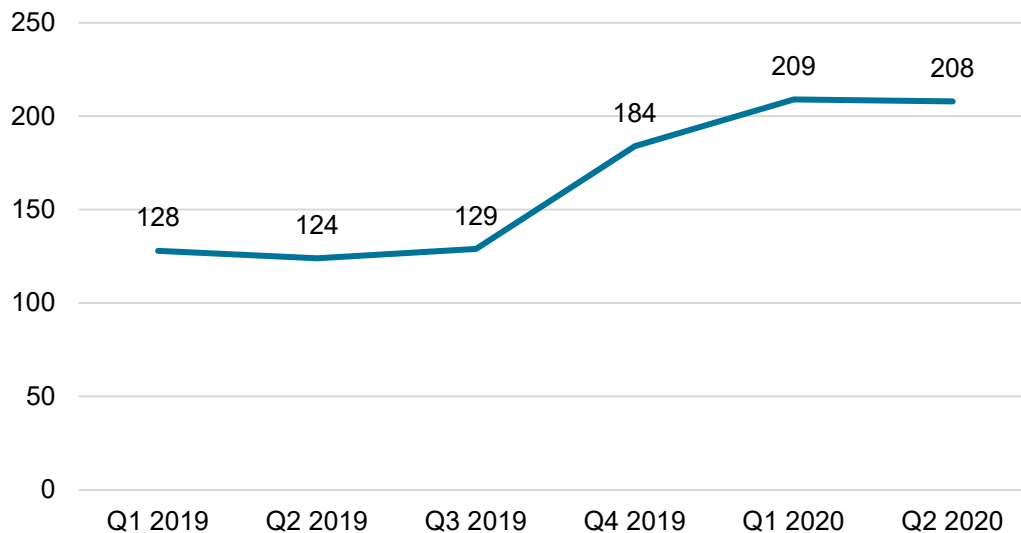
<sup>1</sup> Substance Abuse and Mental Health Services Administration (2017). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2015. Data on substance abuse treatment facilities*. BHSIS Series S-88, HHS Publication No. (SMA) 17-5031.

# 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 individuals age 18 and older with substance use disorders that reside in Ramsey, Dakota, or Washington counties. The team receives referrals from east metro hospitals 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 ongoing 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.

The number of referrals to the Mobile SUDS program has increased over time, from 128 in the first quarter of 2019 to 208 in the second quarter of 2020, with a significant increase between the third and fourth quarter of 2019 (Figure 19). The number of referrals were similar between the first and second quarter of 2020. It is unclear how the COVID-19 pandemic and/or the unrest following the killing of George Floyd affected January – June 2020 data. However, program staff noted that while referrals increased in the first half of 2020, engagement declined. Staff shared that they have not been able to visit recently referred individuals in the hospital, and individuals served may find it more difficult to access in-person support group meetings and outpatient treatment due to social distancing guidelines.

## 19. Referrals to the Mobile SUDS Team, Q1 2019 – Q2 2020



Referrals received in the first and second quarter of 2020 most frequently originated from Region’s Hospital (37%), an increase from previous periods (25% and 28%). Referrals also frequently originated from St. Joseph’s Hospital (24%).

Participants were most frequently referred to the program by hospital medical departments (65%), an increase from previous periods (44% and 54%). Emergency departments made fewer referrals during the first and second quarter of 2020 (17%) compared to previous periods (42% and 26%). Ramsey County continues to be the most common county of residence for individuals referred to the program (60%; Figure 20).

**20. Sources of referrals to the Mobile SUDS Team and county of residence for individuals served by the Mobile SUDS Team, Q1 2019 – Q2 2020**

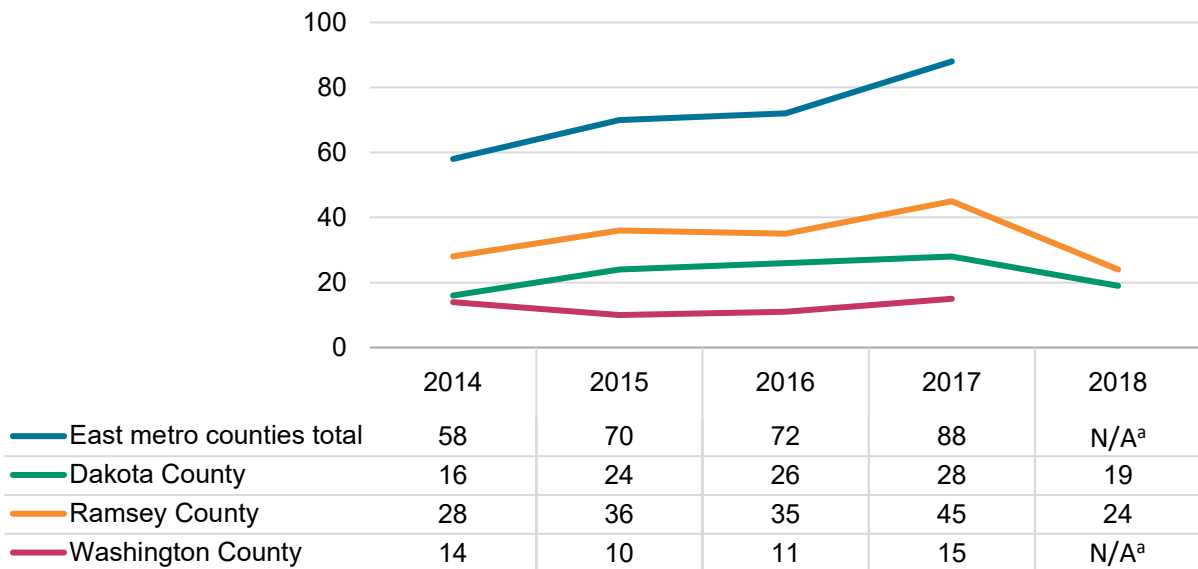
	Percentage of referrals Q1-2 2019 (N=252)	Percentage of referrals Q3-4 2019 (N=313)	Percentage of referrals Q1-2 2020 (N=417)
<b>Referral sources</b>			
Regions Hospital	25%	28%	37%
St. Joseph’s Hospital	24%	34%	24%
St. John’s Hospital	19%	17%	15%
Woodwinds Hospital	10%	9%	11%
Ridges Hospital	4%	4%	5%
United Hospital	8%	1%	2%
Ramsey Detox	3%	1%	1%
Regina Hospital	2%	2%	1%
Lakeview Hospital	2%	1%	0%
<b>Referral source department</b>			
Medical department	44%	54%	65%
Emergency department	42%	26%	17%
Mental health unit, residential treatment, or Ramsey Detox	7%	17%	14%
<b>County of residence</b>			
Ramsey County	58%	65%	60%
Dakota County	19%	15%	18%
Washington County	18%	17%	17%

Note. Four percent of referrals from the first and second quarter of 2020, 3% of referrals from the third and fourth quarter of 2019, and 6% of referrals from the first and second quarter of 2019 originated from outside of the east metro, originated from an ineligible referral source, or the referral did not include a county. These are included in the total number of referrals but not in the categories in the presented charts; accordingly, the percentages do not add up to 100%. Mobile SUDS is often still able to serve these individuals.

## 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 21). This was more than 1.5 times the rate in 2014. The increases were particularly large for Ramsey and Dakota counties. In 2018, data were suppressed for Washington County, so we are unable to determine whether the overall rate for the east metro changed from 2017. However, the rate of opioid overdose deaths in Ramsey and Dakota counties both dropped by at least one-third. This may be evidence of a change in the overall trend in the east metro, but additional data points will be necessary to determine if this decrease sustains. Data for 2019 and 2020 have not been released yet.

### 21. Number of opioid-involved overdose deaths, 2014-2018



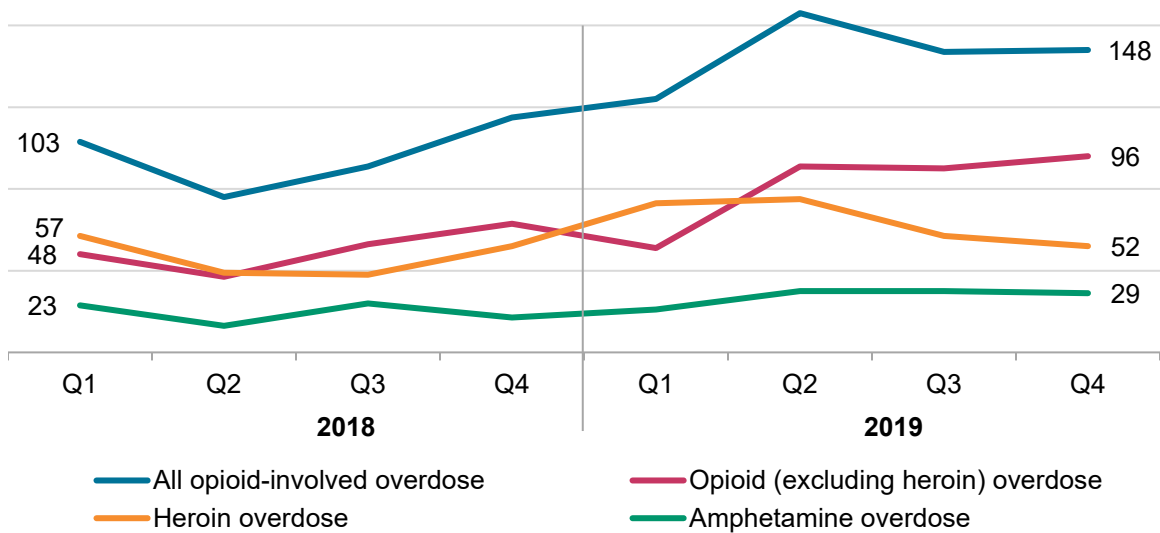
<sup>a</sup> Data for Washington County in 2018 were suppressed, therefore the east metro counties total is not available.



# Nonfatal drug overdoses

Since the second quarter of 2018, there was an overall increase in nonfatal emergency department visits for opioid-involved overdoses among east metro residents with a notable spike in the second quarter of 2019 (Figure 22). Over most quarters, heroin and other opioids (including fentanyl) accounted for similar numbers of emergency department visits, though there was an increase in non-heroin visits in mid-2019. Data for the first half of 2020 were not available to include in this report.

## 22. Nonfatal emergency department visits for drug overdoses in east metro, 2018-2019



## Housing and homelessness data

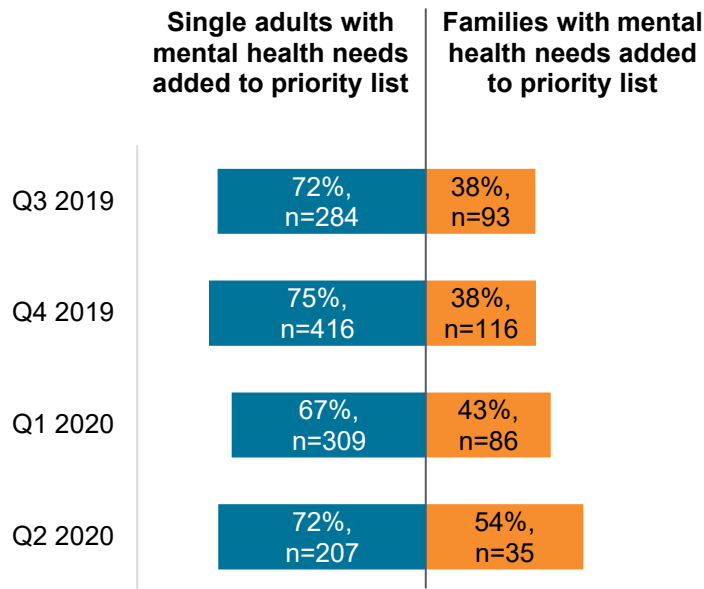
In addition to looking at mental health and substance use, the East Metro Mental Health Roundtable also chose to begin looking at housing and homelessness. Housing and homelessness are important social determinants of health. Housing strain can influence behavioral health and behavioral health issues 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. Due to limitations regarding data maintenance, recent significant changes in SMAC's processes, and in order to maximize comparability between the two programs, this report focuses on the proportion of clients added to the list or pool that are identified as having mental health needs, not the total number of clients on the list or in the pool. Because of this, it is difficult to discern how the COVID-19 pandemic or the unrest following the killing of George Floyd may have impacted the Coordinated Entry system. In addition, data on wait times between screening and placement are not available due to accuracy concerns and limitations in data availability. However, these data may be available in the future.

An individual or family is placed on Ramsey County's priority list if they are identified as eligible for housing services during screening. Single adults and families with mental health needs comprise a considerable proportion of all adults and families added to the priority list (72% and 54% respectively in the second quarter of 2020; Figure 23). The quarterly proportion of single adults with mental health needs added to the list has remained relatively stable since the third quarter of 2019, ranging from 67% to 75% of all adults added. The quarterly proportion of families with mental health needs added to the priority list increased during this time period, from 38% to 54%. Mental health needs are generally self-reported by individuals and families served by Ramsey County, and they may include a variety of diagnoses and levels of severity.

**23. Proportion of single adults and families with mental health needs added to Ramsey County Coordinated Entry priority list, Q3 2019 – Q2 2020**

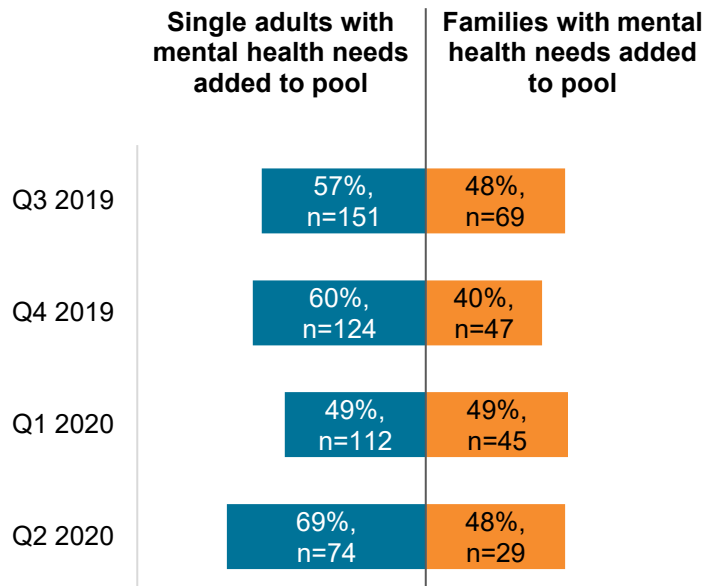


Note. Totals represented by “n” indicate the total number of single adults/families added to priority list.

SMAC manages the Coordinated Entry process for Dakota and Washington counties. Since the previous Community Metrics report, SMAC has shifted from a priority list to a priority pool, only adding individuals or families to the priority pool who have a higher likelihood of receiving a Coordinated Entry referral. This change was implemented so SMAC can more easily maintain the pool and to reduce the number of unnecessary assessments.

Single adults and families with serious mental illness also comprise a significant proportion of the total number of adults and families added to the SMAC priority pool (69% and 48%, respectively in the second quarter of 2020; Figure 24). The proportion of single adults with serious mental illness added to the pool increased since the third quarter of 2019, from 57% to 69%. The proportion of families with at least one family member with serious mental illness has remained relatively stable. Individuals and families self-report serious mental illness information.

**24. Proportion of single adults and families with SMI added to the SMAC Coordinated Entry priority pool in the past 90 days, point-in-time, Q3 2019 – Q2 2020**

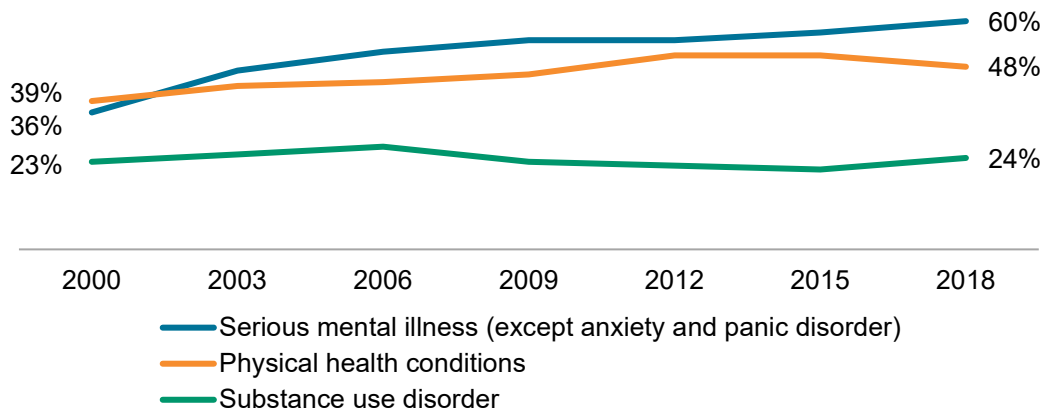


Note. SMAC is only able to provide point-in-time data, or the number of individuals and families added to the priority list in the last 90 days relative to specific dates (October for Q3 2019, January for Q4 2019, April for Q1 2020, and July for Q2 2020). Totals represented by “n” indicate the total number of single adults/families added to priority list.

# 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 25). In 2018, 60% of adults experiencing homelessness in Minnesota had mental health issues, and just under half (48%) had physical health issues. In addition, one-quarter of homeless adults had a substance use disorder in 2018, a slight increase from 2015.

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

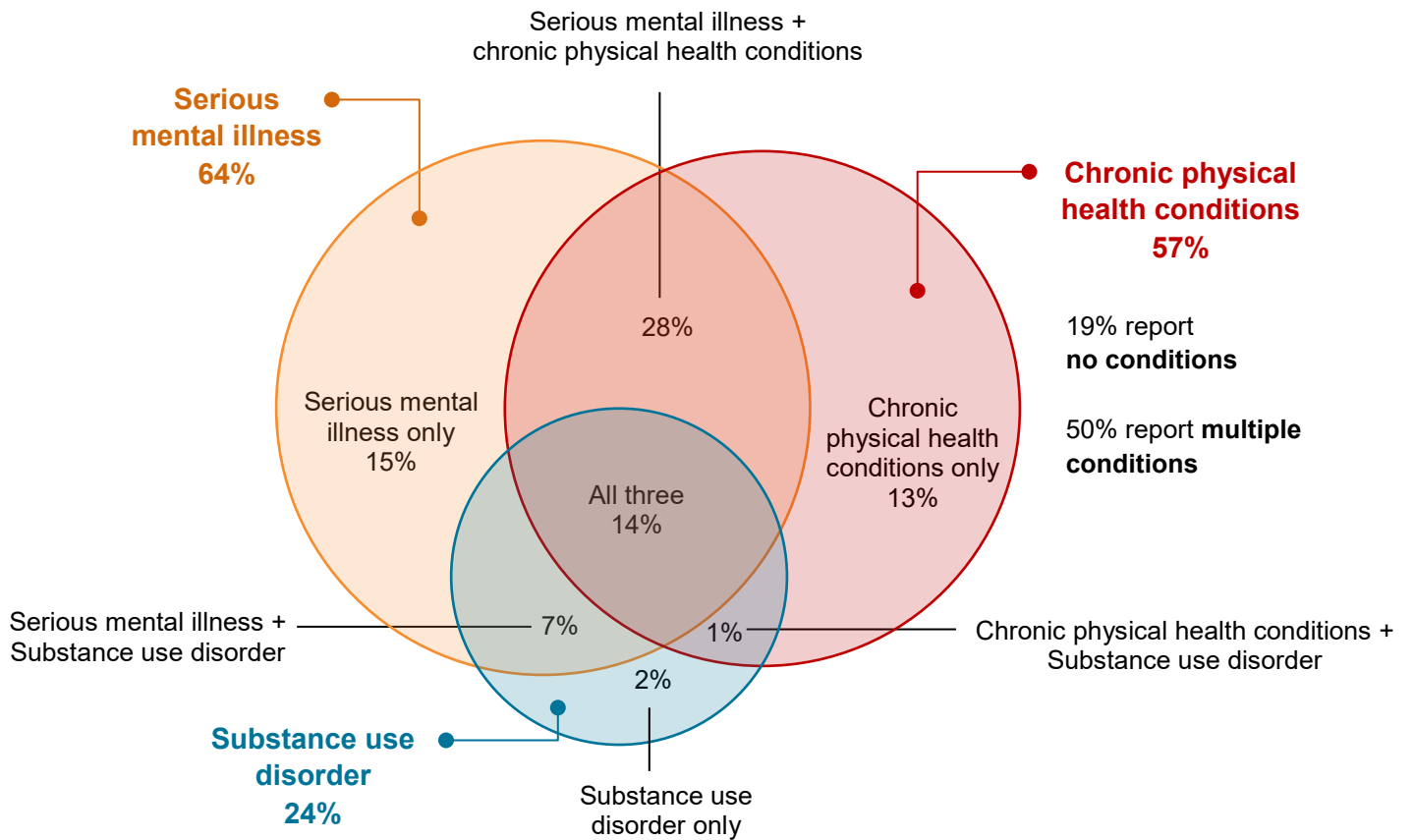


Source. Homelessness in Minnesota, 2018 results. Wilder Research, 2019. mnhomeless.org

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.

There is a great deal of co-occurrence in these health factors (Figure 26). In particular, half of individuals interviewed reported multiple conditions, including 28% who reported both serious mental illness and chronic health conditions, 7% who reported both serious mental illness and substance use disorder, and 14% who reported all three. These rates of co-occurrence are similar to the previous homeless study reporting in 2015.

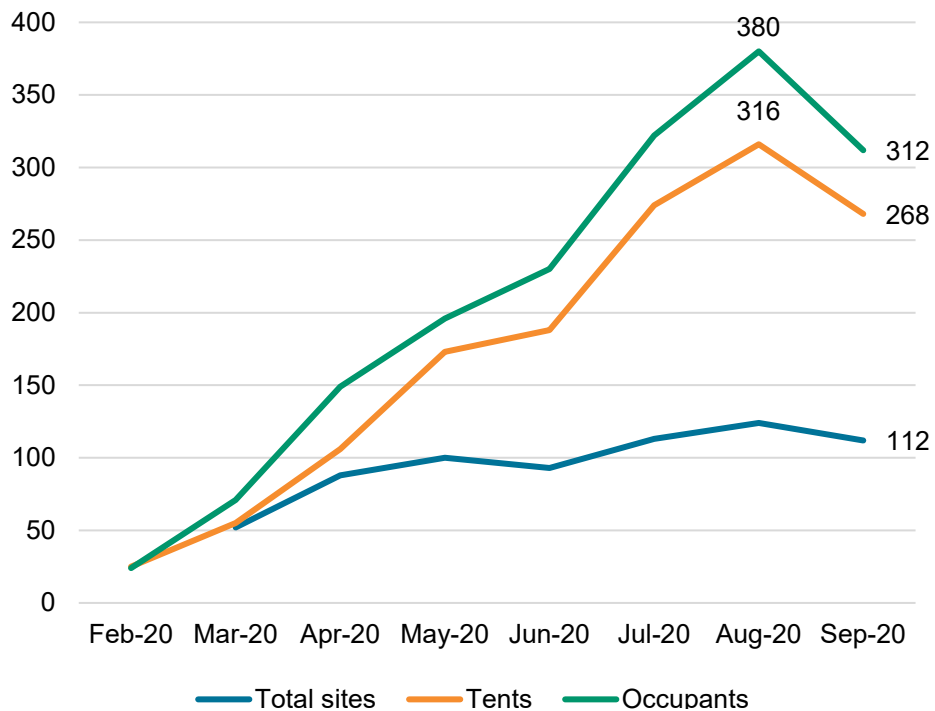
## 26. Co-occurrence of chronic health issues



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

In response to the COVID-19 pandemic, the Saint Paul Department of Safety and Inspections launched a data collection effort to better track trends related to homelessness. The number of unsheltered tent sites, tents, and occupants of these sites has increased considerably since the start of the pandemic, from 31 sites, 29 tents, and 42 occupants in mid-March to 112 sites, 268 tents, and 312 occupants in late September (Figure 27). These totals declined somewhat in mid-September before increasing again the following week.

**27. Unsheltered tent sites, tents, and occupants in Saint Paul, February 2020 – September 2020**



Note. Chart presents weekly data. Some sites were consolidated during June 2020, affecting the total number of sites. Total sites data are unavailable for mid-March and earlier.

## 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, approximately 37 individuals were admitted to inpatient treatment with a Rule 20 status in the first half of 2020 (number is an estimate due to numbers less than 5 being suppressed; Figure 28). Most of these individuals (N=27) were in Ramsey County. The number of individuals admitted in the first half of 2020 in Ramsey County is much fewer than the number of individuals admitted in the first half of 2019 (N=88). In addition, DHS received fewer referrals for individuals who had been civilly committed following a Rule 20 finding in 2019 compared to 2018 (226 compared to 252). Anecdotally, these differences may be due to a change in Rule 20 proceedings enacted in September 2018. Individuals found incompetent are now required to go through a pre-petition screening rather than directly to a commitment petition. It is unclear how or whether the COVID-19 pandemic and/or the unrest that followed the killing of George Floyd affected January – June 2020 data.

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

County	January– June 2019 (N=105)	July– December 2019 (N<29) <sup>a</sup>	2019 total (N=129)	January– June 2020 (N<37) <sup>a</sup>
Ramsey County	88	19	107	27
Dakota County	9	Less than 5 <sup>a</sup>	10	Less than 5 <sup>a</sup>
Washington County	8	Less than 5 <sup>a</sup>	12	Less than 5 <sup>a</sup>

<sup>a</sup> Numbers less than 5 are suppressed, affecting county totals.



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- Woodwinds Hospital
- United Hospital
- Mobile Substance Use Disorder Stabilization Team
- Ramsey County
- Suburban Metro Area Continuum of Care

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