



BEHAVIORAL HEALTH ANALYSIS

Behavioral Health: Introduction

This section reviews detailed operating statistics of reporting community-based behavioral health safety net providers and safety net hospitals, including inpatient psychiatric services in the Eastern Region of Missouri (St. Louis City and Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren). Behavioral health includes mental health and substance use care.

St. Louis City and County providers are denoted throughout (see Appendix D for a list of 2018 reporting institutions). Behavioral health services provided by local health centers are reflected in this section and in the primary care section of this report. Of note, data collection processes and reporting for community-based substance use treatment providers are under revision in order to ensure comprehensiveness and quality of data and participating organizations. Data of community-based substance use treatment providers is not included in this years' data book.

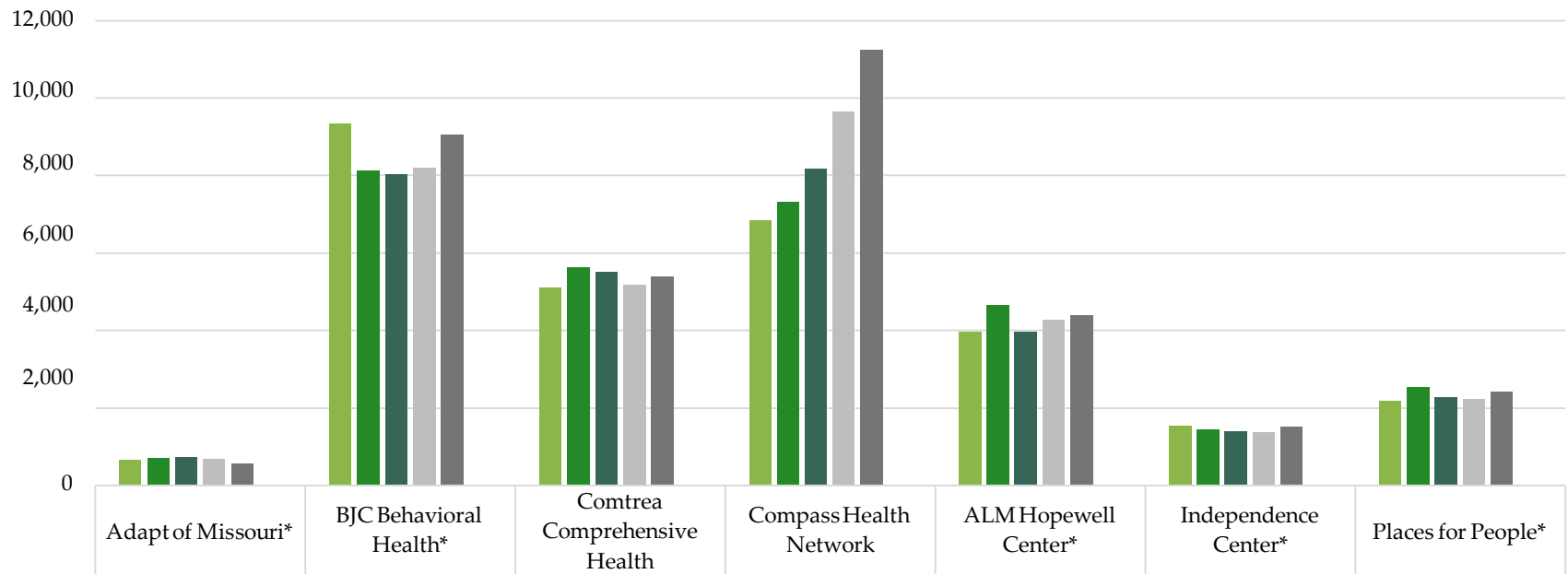
Self-reported data for this section of the report has been collected and verified by the Behavioral Health Network of Greater St. Louis (BHN). The Regional Health Commission would like to acknowledge and thank the BHN for their contribution to the annual Access to Care Report.

Historical data from 2005 is sourced from the Regional Health Commission's "Eastern Region Public Behavioral Health System: Utilization of Services" report. Historical data covering 2007-2010 stems from the RHC's "MPC Regional Psychiatric Capacity Analysis and Recommendations" report.

Behavioral Health: Key Findings

- Behavioral health users increased by 9% to 34,530 users in 2018. Total users has increased by 17%, or nearly 5,000 people, since 2014 (page 88).
- Newly admitted users to behavioral health safety net agency programs increased by 40% to 13,796 in 2018. Newly admitted users accounted for 40% of all users served in 2018 (page 89).
- Wide variation exists in the rate of serving the safety net population within the designated service areas of respective behavioral health safety net administrative agents in Missouri's Eastern Region (page 90).
- Behavioral health encounters at safety net primary care providers increased by 51% since 2014 and remained stable over the past year (page 94).
- Emergency department encounters with behavioral health diagnoses (primary and secondary) have remained stable over the past year and account for 26% of all emergency department encounters in 2018 (page 96). The top primary behavioral health diagnoses remain mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 96).
- While acute psychiatric inpatient encounters remained stable overall in 2018, inpatient psychiatric staffed bed capacity decreased by 6% since 2017 and 13% since 2014 (page 105).

Behavioral Health Unduplicated Clients (Users), 2014-2018



	Adapt of Missouri*	BJC Behavioral Health*	Comtrea Comprehensive Health	Compass Health Network	ALMHopewell Center*	Independence Center*	Places for People*
Total Users Served, 2014	648	9,334	5,101	6,832	3,960	1,530	2,166
Total Users Served, 2015	684	8,138	5,630	7,323	4,639	1,442	2,523
Total Users Served, 2016	720	8,038	5,506	8,183	3,958	1,387	2,253
Total Users Served, 2017	668	8,200	5,170	9,650	4,277	1,363	2,227
Total Users Served, 2018	536	9,061	5,388	11,228	4,398	1,516	2,403
% Change 2017-2018	-20%	11%	4%	16%	3%	11%	8%

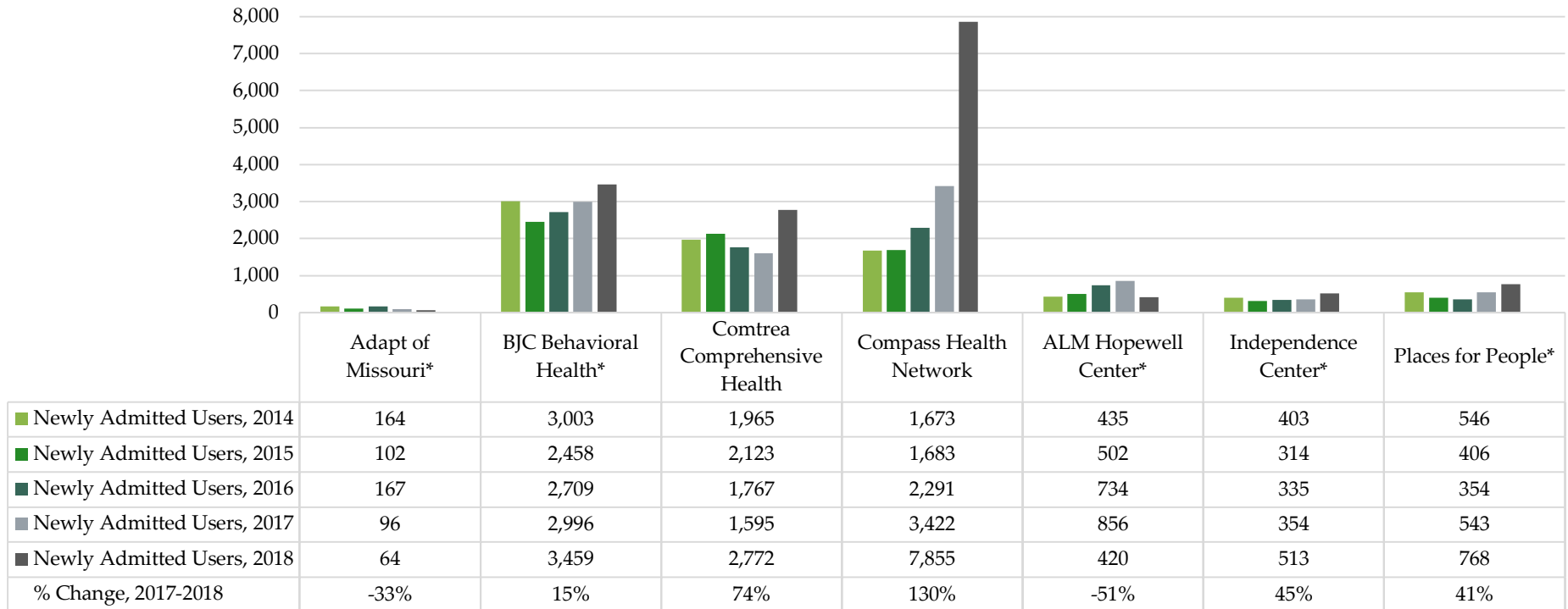
- Behavioral health users increased by 9% to 34,530 in 2018, as compared to 31,555 in 2017. Total users has increased by 17%, or nearly 5,000 people, since 2014.
- Between 2017 and 2018, four organizations saw an increase in the number of users, including Compass Health Network (16%), BJC Behavioral Health (11%), Independence Center (11%) and Places for People (8%). One organization, Adapt of Missouri, saw a decrease of 20%. All others remained stable.

+ Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents and affiliate organizations providing comprehensive psychiatric services. Users include children, youth and adults. Users are unduplicated within the agency, though they may be duplicated if served by more than one agency within the calendar year. Data does not include substance use treatment-only providers within the region.

*Denotes St. Louis City or St. Louis County provider

Behavioral health safety net community mental health providers newly admitted 13,796 users to programs in 2018.

Behavioral Health Newly Admitted Users, 2014-2018



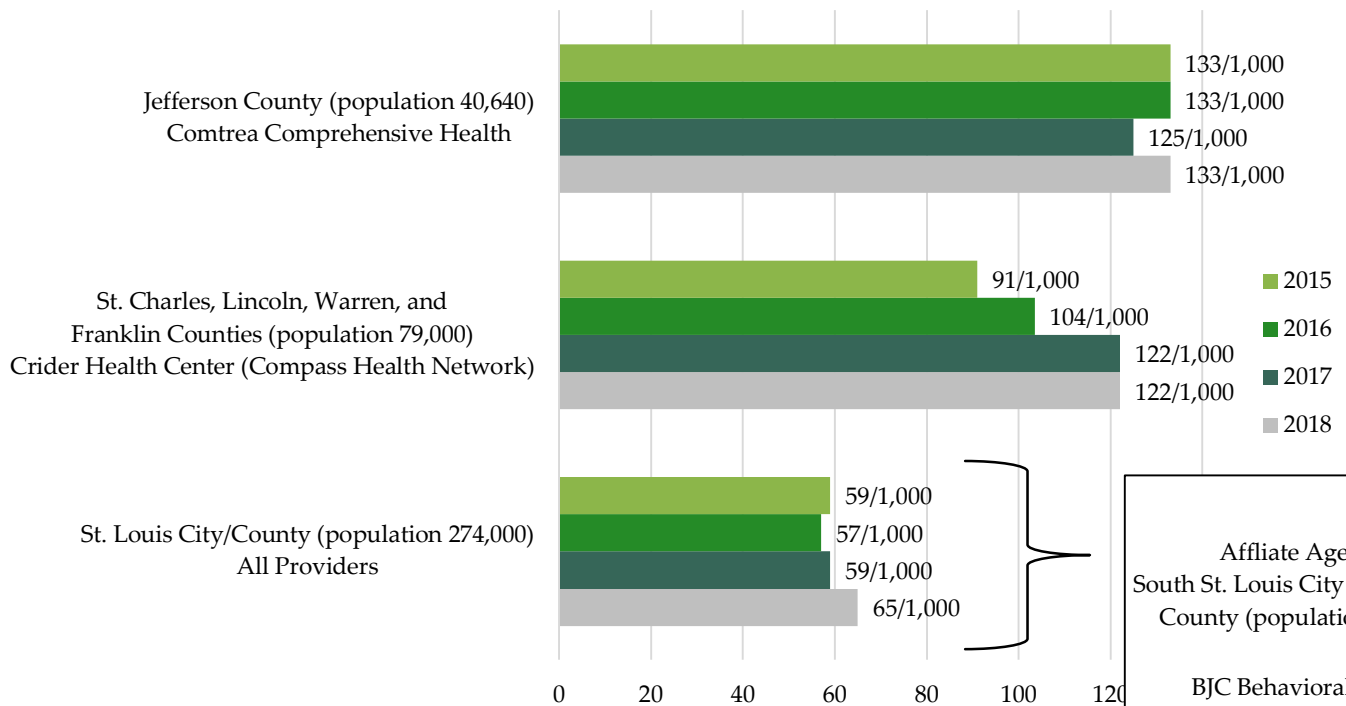
- Newly admitted users to behavioral health safety net agency programs increased by 40% in 2018, as compared to the 9,862 newly admitted in 2017. Newly admitted users have increased by 68% since 2014.
- Newly admitted users accounted for 40% of overall users in 2018.
- Newly admitted users increased at five organizations, including Comtrea (74%), Compass Health Network (69%), Independence Center (45%), Places for People (41%), and BJC Behavioral Health (15%). Newly admitted users decreased at ALM Hopewell Center (51%) and Adapt of Missouri (33%).

Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents and affiliate organizations providing comprehensive psychiatric services. Users include children, youth and adults. Data does not include substance use treatment-only providers within the region. Newly admitted users may have previously received services prior to 2018 at a provider or may have been served by another provider during 2018, but they must have a new episode of care in 2018 at a provider.

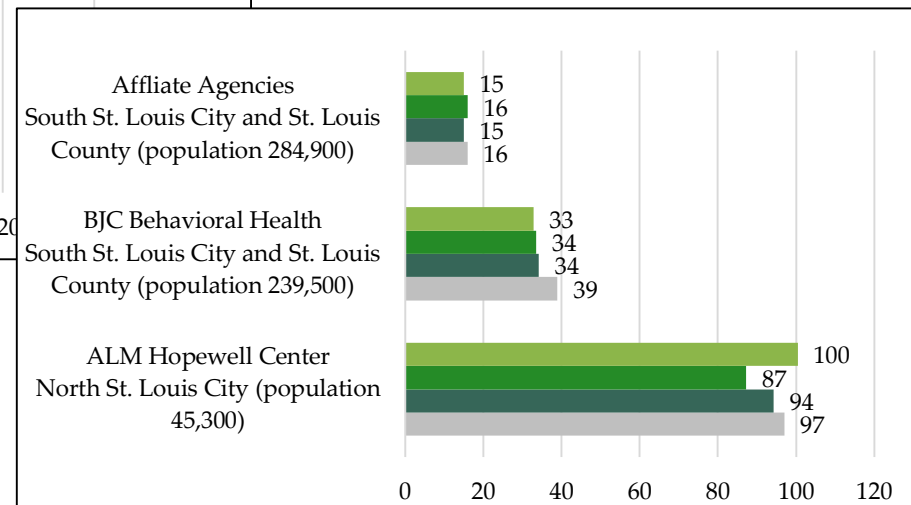
*Denotes St. Louis City or St. Louis County provider

Missouri department of mental health's (DMH), administrative agents have service catchment areas. Administrative agents' rate of serving the population below 150% of the federal poverty level (FPL) within their designated service areas varies significantly by agency.

Behavioral Health Users Served, 2015 - 2018, per 1,000 service area residents below 150% of the Federal Poverty Level (FPL)



In addition to being served by DMH administrative agents, BJC Behavioral Health and ALM Hopewell, St. Louis City and County users are served by affiliate agencies (Adapt of Missouri, Independence Center and Places for People).

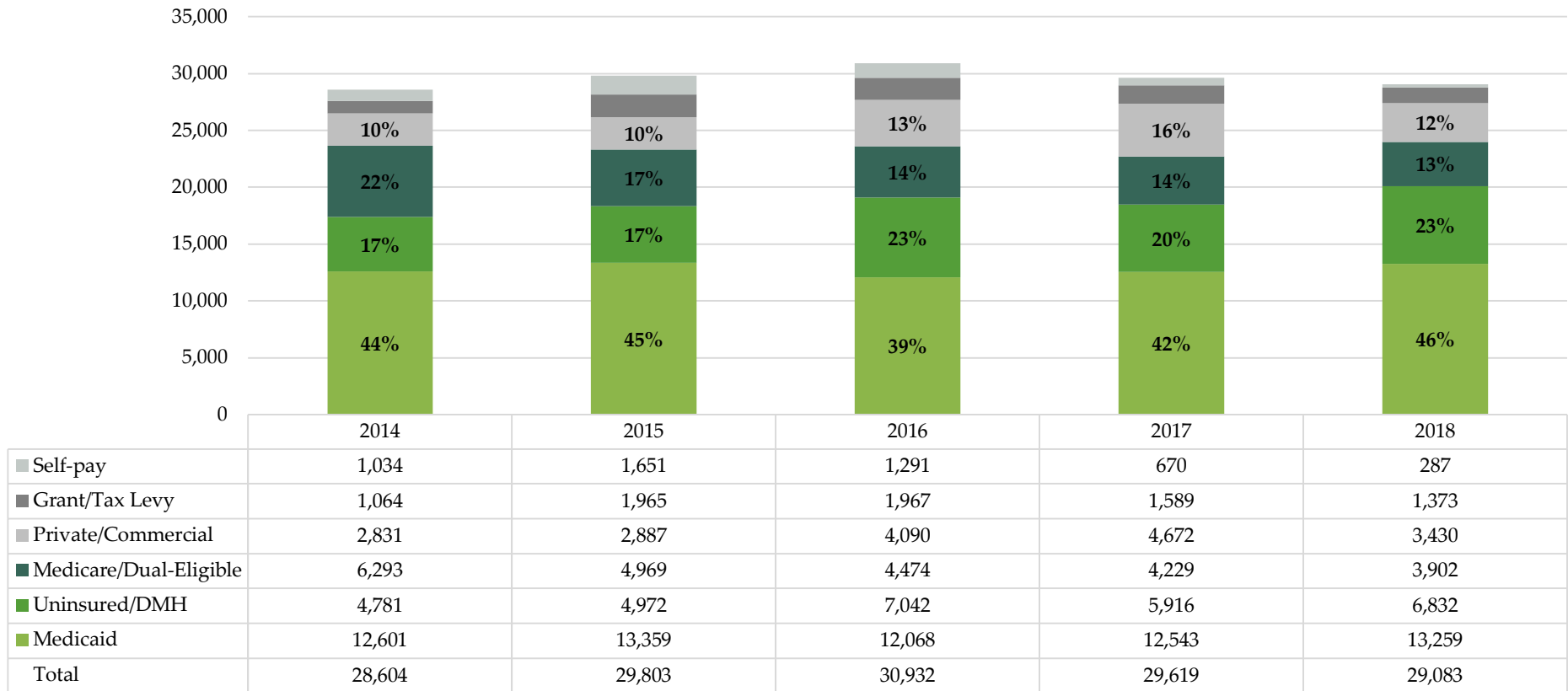


Note: Behavioral health users served are reported per 1,000 residents at or below 150% FPL, based on DMH designated service areas for each community mental health provider. Population counts are sourced from the 2012/13-2016/17 American Community Survey Five-Year Estimates. While agency catchment areas are prescribed to serve the geographic populations, a portion of users may receive services from organizations outside of the catchment area agency in their area of residence. Of note, client eligibility requirements of DMH, such as limitations on diagnoses eligible to receive services, impact administrative agent provision of service.



Community-based behavioral health users in the eastern region, for whom payor information was available, predominately had primary coverage through Medicaid or were uninsured, with care primarily funded through the Missouri department of mental health (DMH).

Behavioral Health Users by Primary Payor Category, 2014 - 2018



In 2018, across respective primary payor sources, the percentage of users served by community mental health centers remained relatively stable.

Note: Data reflects behavioral health safety net community mental health providers for whom primary payor information was available. Data does not include substance use treatment-only providers within the region.

Behavioral health services are primarily available Monday through Friday, with some providers serving users on weekends at day program or clubhouse sites.

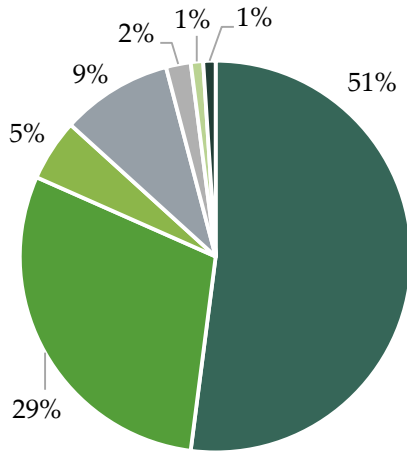
Organization	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Adapt of Missouri*	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	Closed	Closed
BJC Behavioral Health*	8:00am-5:00pm	8:00am-7:00pm	8:00am-7:00pm	8:00am-7:00pm	8:00am-5:00pm	Closed	Closed
Comtrea Comprehensive Health Center	9:00am-7:30pm	9:00am-7:30pm	9:00am-7:30pm	9:00am-7:30pm	9:00am-5:00pm	9:15am-11:15am once per month	Closed
Compass Health Network	8:00am-6:00pm	8:00am-6:00pm	8:00am-7:00pm	8:00am-5:00pm	8:00am-5:00pm	9:00am-1:00pm once per month	Closed
ALM Hopewell Center**	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	Closed	Closed
Independence Center**	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	10:00am-2:00pm	Closed
Places For People**	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed

- In addition to standard hours of operation, many providers have limited specialty services on evenings or weekends, such as group programming. Evidence-based treatments (e.g. Assertive Community Treatment) or supported housing models also provide support after hours or 24/7.
- In 2018, 6 of 7 providers surveyed offered open access appointments for services, a method of scheduling in which users can receive a same-day/next-day appointment. This is consistent with 2017.

*Denotes St. Louis City or St. Louis County provider

†Denotes organizations providing evening and weekend hours

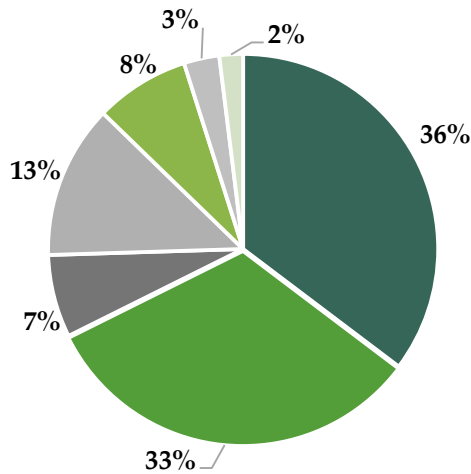
Crisis Call Outcomes
(N=75,450)



- Referred to other community agency
- Referred to follow-up with existing provider
- Referred to mobile crisis
- Problem Resolved
- Other
- Referred to 911/Law enforcement
- Referred/Admitted to inpatient psychiatric care

Behavioral Health Response (BHR) Access Crisis Intervention hotline call resolutions vary.

Mobile Outreach Outcomes
(N=1,428)



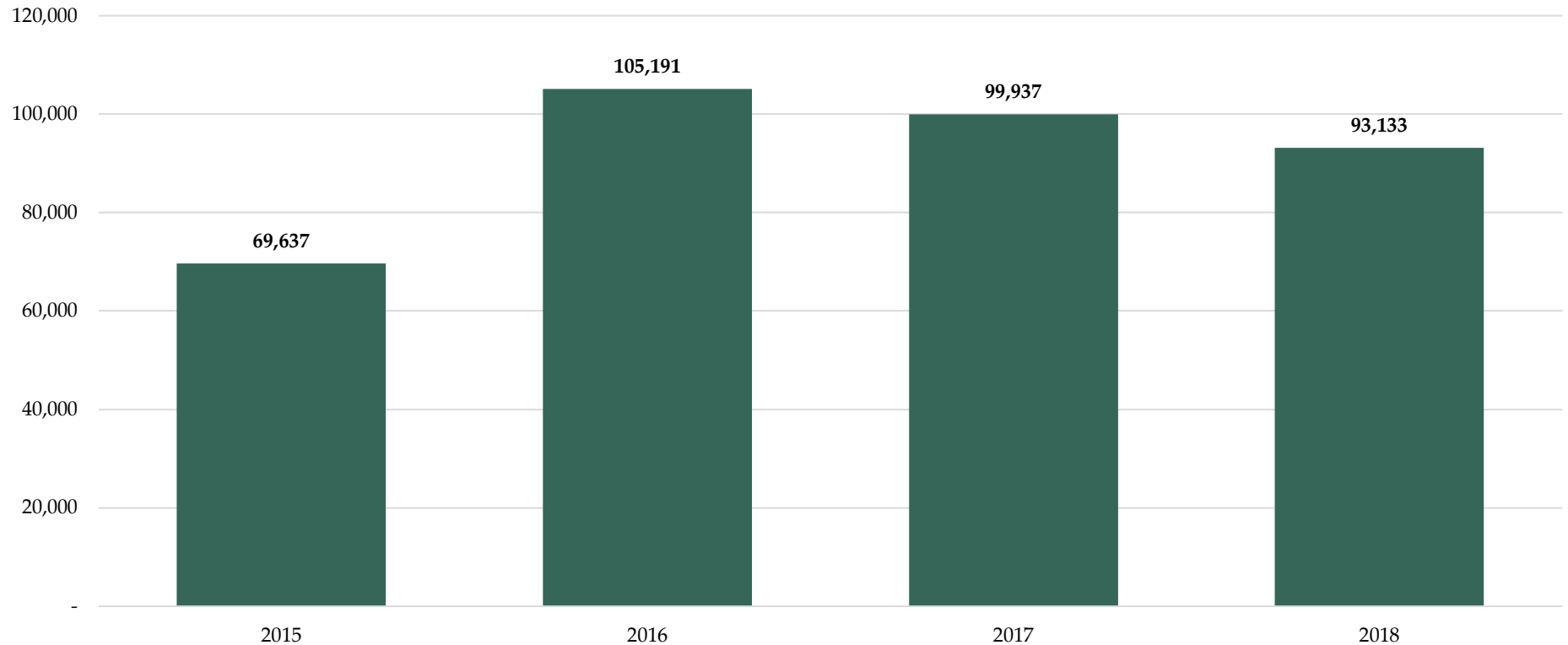
- Referred to another community agency
- Referred for urgent appointment for comprehensive psychiatric services (CPS)
- Referred to existing provider for follow-up
- Referred to inpatient psychiatric care
- Other/Not applicable
- Problem resolved
- Referred to 911/Law enforcement

Behavioral health response (BHR) access crisis intervention hotline received 75,450 crisis calls in 2018, which is stable from the 75,114 calls in 2017. BHR provided in-person crisis intervention through 1,428 mobile outreaches – an increase of 8% from the 1,317 and stable with 2016.

- While regional behavioral health services are available predominantly during traditional business hours, providers surveyed collaborate with BHR’s regional Access Crisis Intervention hotline to provide 24/7 telephonic crisis intervention and mobile outreach services. These services are available to the entire region, regardless of an individual’s income, insurance coverage or engagement in services. A majority of these calls resulted in referral to community-based services.
- BHR partners with community mental health safety net providers to give consumers access to next-day, urgent appointments and provides follow-up services to consumers to ensure ongoing safety and linkage to needed support.

Behavioral health encounters at safety net primary care providers have increased by 34% (23,400), since 2015.

Primary Care Behavioral Health Encounters, 2015 - 2018

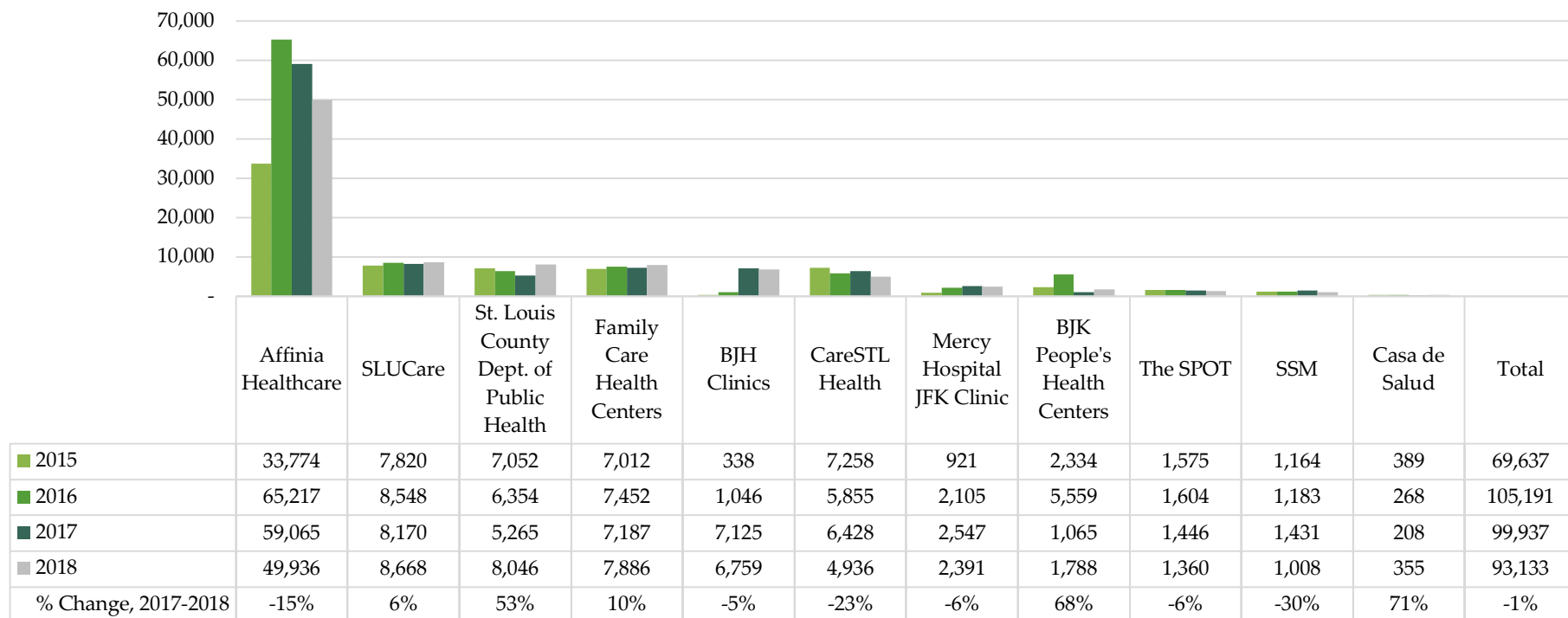


Behavioral health encounters at safety net primary care providers decreased by 7% over the past year.

Note: Behavioral health services at primary care organizations may differ from those provided at traditional community mental health centers. These encounters may include, but are not limited to, psychiatry services, psychology services, individual counseling services with clinical social workers or other mental health providers, group counseling sessions, detox services, encounters with alcohol and substance abuse specialists and other outpatient behavioral health services.

Behavioral health encounters have increased by 5% or more at six safety net primary care organizations over the past year.

Behavioral Health Encounters by Organization, 2015 - 2018



- Behavioral health encounters increased at five organizations over the past year: Casa de Salud (71%), BJK People's Health Centers (68%), St. Louis County Dept. of Public Health (53%), Family Care Health Centers (10%) and SLUCare (6%).
- The six primary care organizations with decreases in behavioral health encounters over the past year include: SSM (30%), CareSTL Health (23%), Affinia Healthcare (15%), The SPOT (6%), Mercy JFK Clinic (6%) and BJH Clinics (5%).

Note: Encounters above represent behavioral health services provided at St. Louis County Department of Public Health clinics, as well as services provided through their contracted provider, Family Mental Health Collaborative. St. Louis County Department of Public Health ended its partnership with Family Mental Health Collaborative in late 2017. Affinia contracts with the Salvation Army to provide substance abuse services. In 2016, the Salvation Army opened a new site, reaching full capacity. This significantly expanded access to substance abuse services through group counseling sessions and is the primary driver for the increase in uninsured encounters served through Affinia in 2016. CareSTL Health increased capacity for behavioral health services in 2014 and 2015 by hiring licensed clinical social workers. BJK People's provides additional primary care behavioral health services through their affiliation with ALM Hopewell Center. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Mercy JFK Clinic expanded access to behavioral health services in 2016 by hiring additional counselors. The significant increase seen in BJH's dental encounters can be attributed to the organizations ability to better capture data.

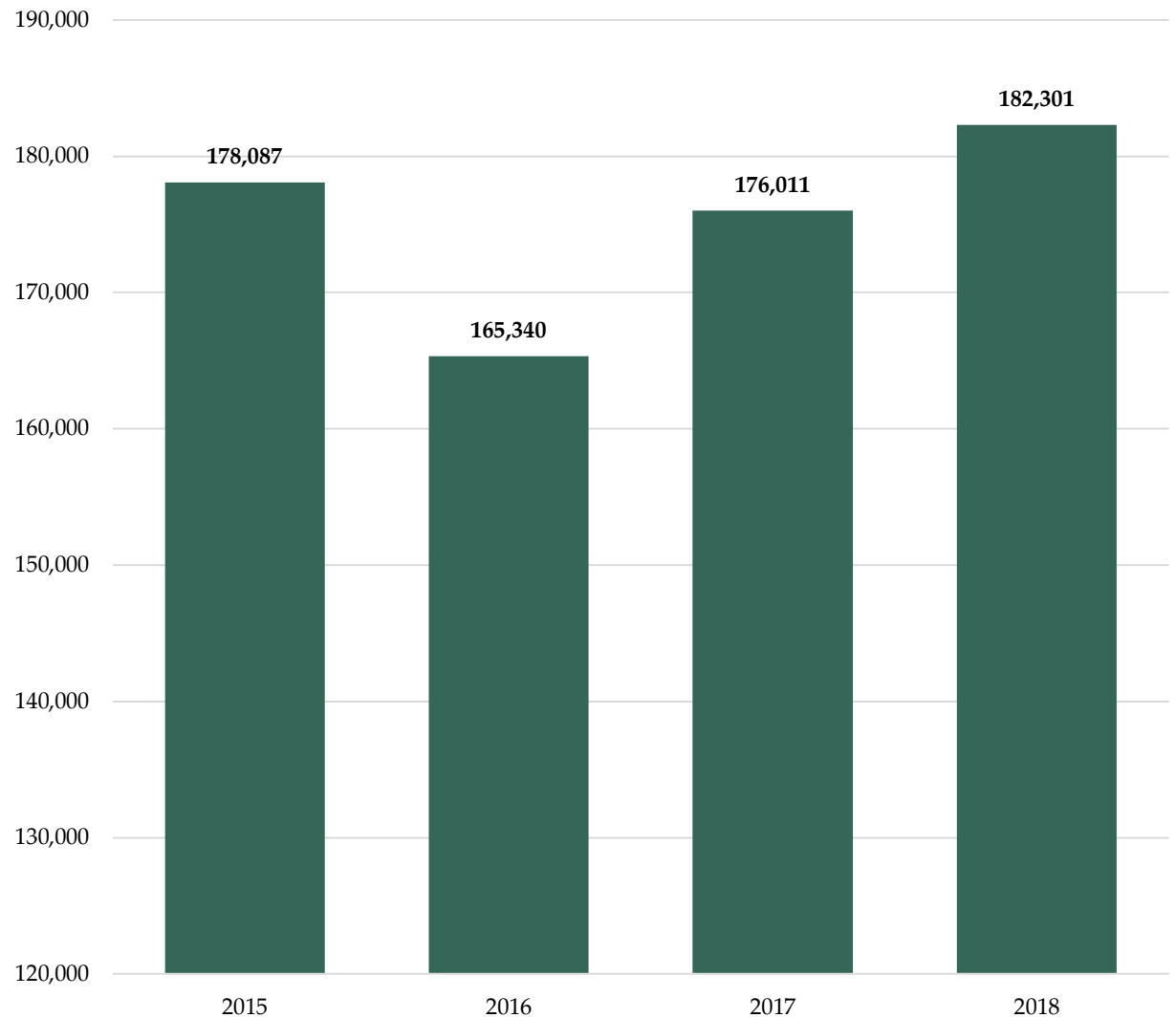
Emergency department encounters with primary or secondary behavioral health diagnoses remained relatively stable over the past year and account for 26% of total emergency department encounters in 2018.

Behavioral health emergency department encounters have remained relatively stable over the past four years.

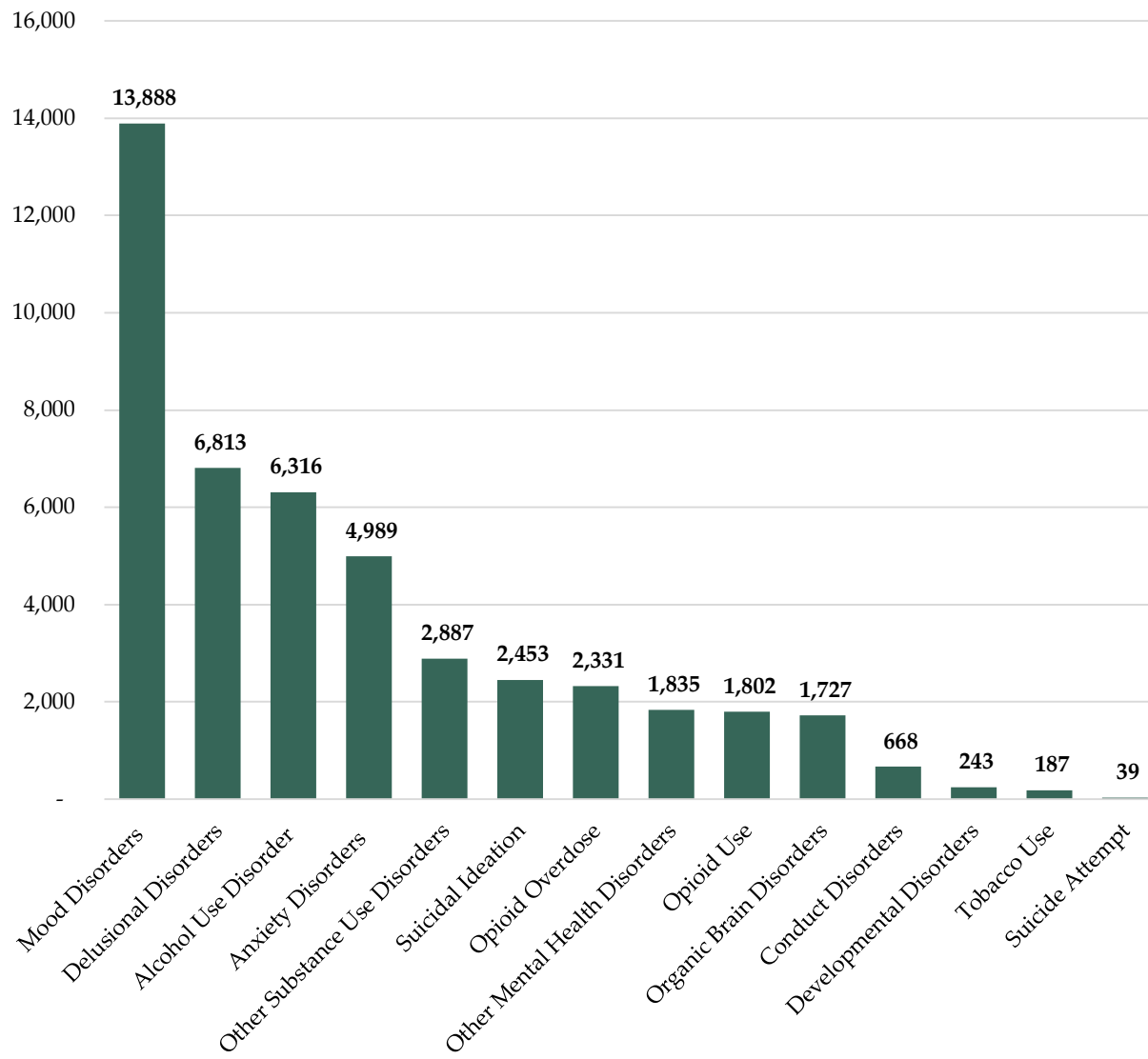
*Behavioral health encounters include mental health and substance abuse disorder emergency department encounters as a primary.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Changes in coding practices over time may impact trends seen in the prevalence of behavioral health encounters in emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Emergency Care Encounters with Behavioral Health* as Primary or Secondary Diagnosis, 2015 - 2018



Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2018



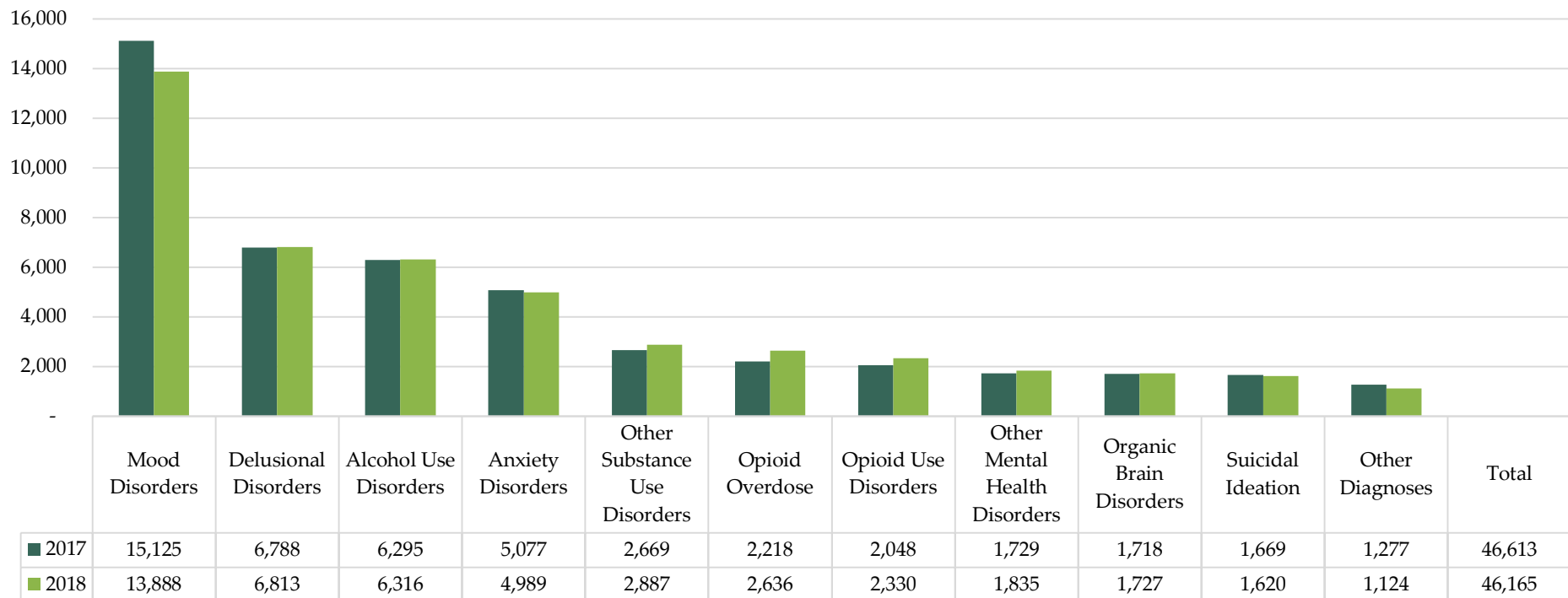
Emergency department encounters with primary behavioral health diagnoses account for more than 46,100 (7%) of total emergency department encounters in 2018.

Mood disorders (30%), schizophrenia/delusional disorders (15%) and alcohol use disorders (14%) are the main primary behavioral health diagnoses presenting to St. Louis area emergency departments.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018.

Opioid overdose and opioid use disorders increased by 19% and 14%, respectively, over the past year.

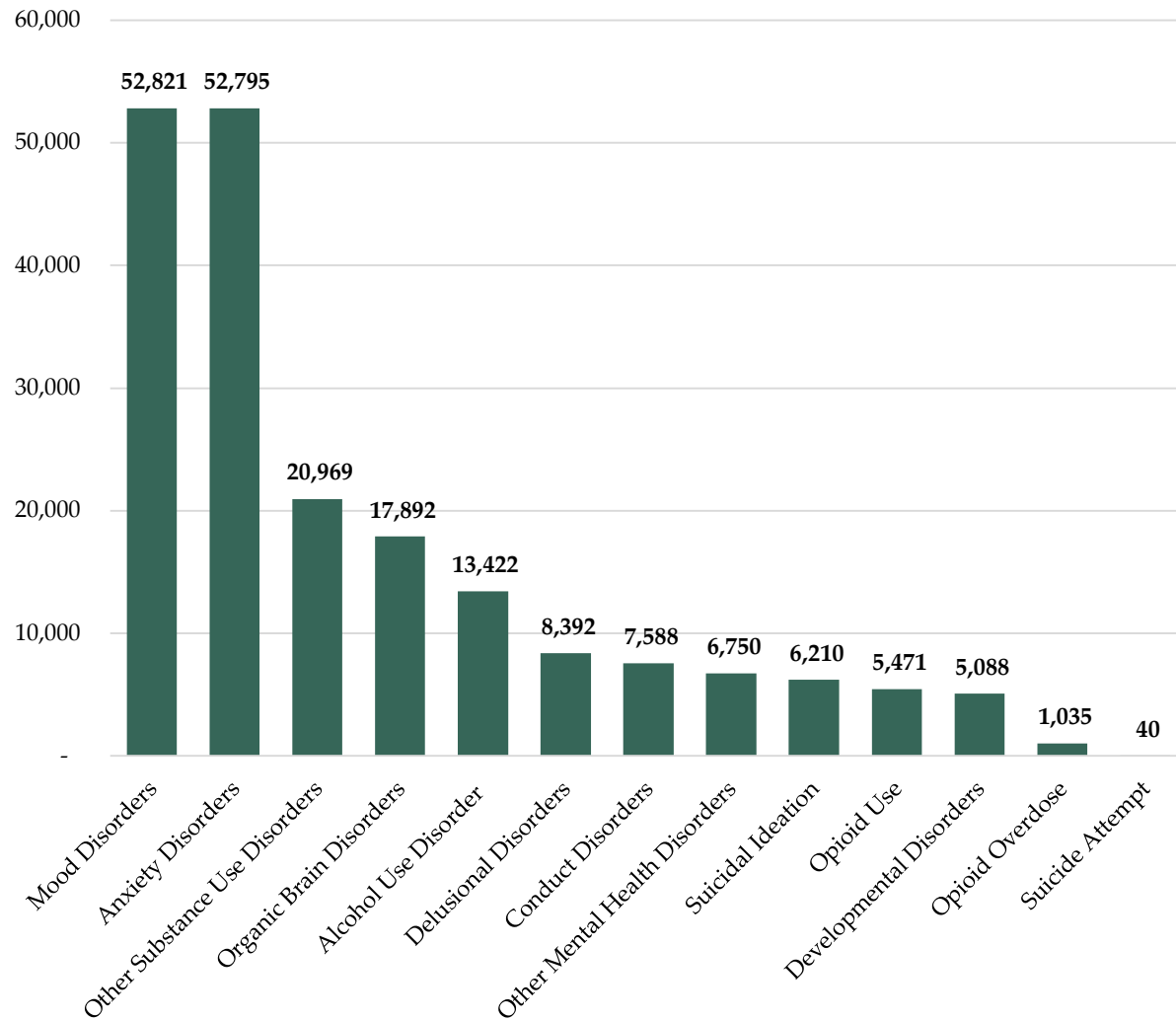
Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2018



- The number of primary behavioral health diagnoses for emergency department encounters have remained relatively stable over the past year.
- Three behavioral health diagnoses decreased by 5% or more over the past year: Other Diagnoses (12%), Mood Disorders (8%) and Other Substance Use Disorders (8%).

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2018



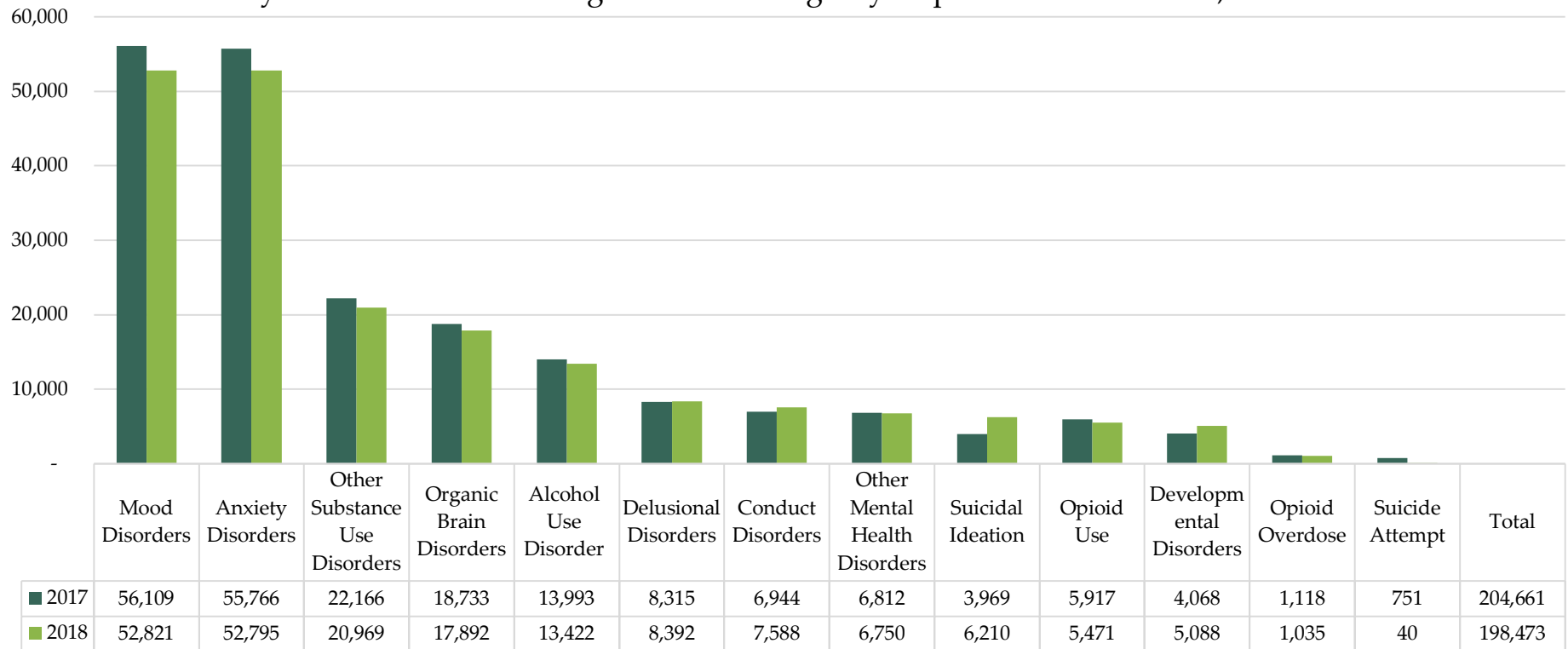
Emergency department encounters with secondary behavioral health diagnoses account for more than 198,400 (28%) of total emergency department encounters in 2018.

Mood and anxiety disorders make up to 53% of all secondary emergency department behavioral health diagnoses in 2018.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018.

The number of secondary behavioral health diagnoses for emergency department encounters has remained relatively stable over the past year.

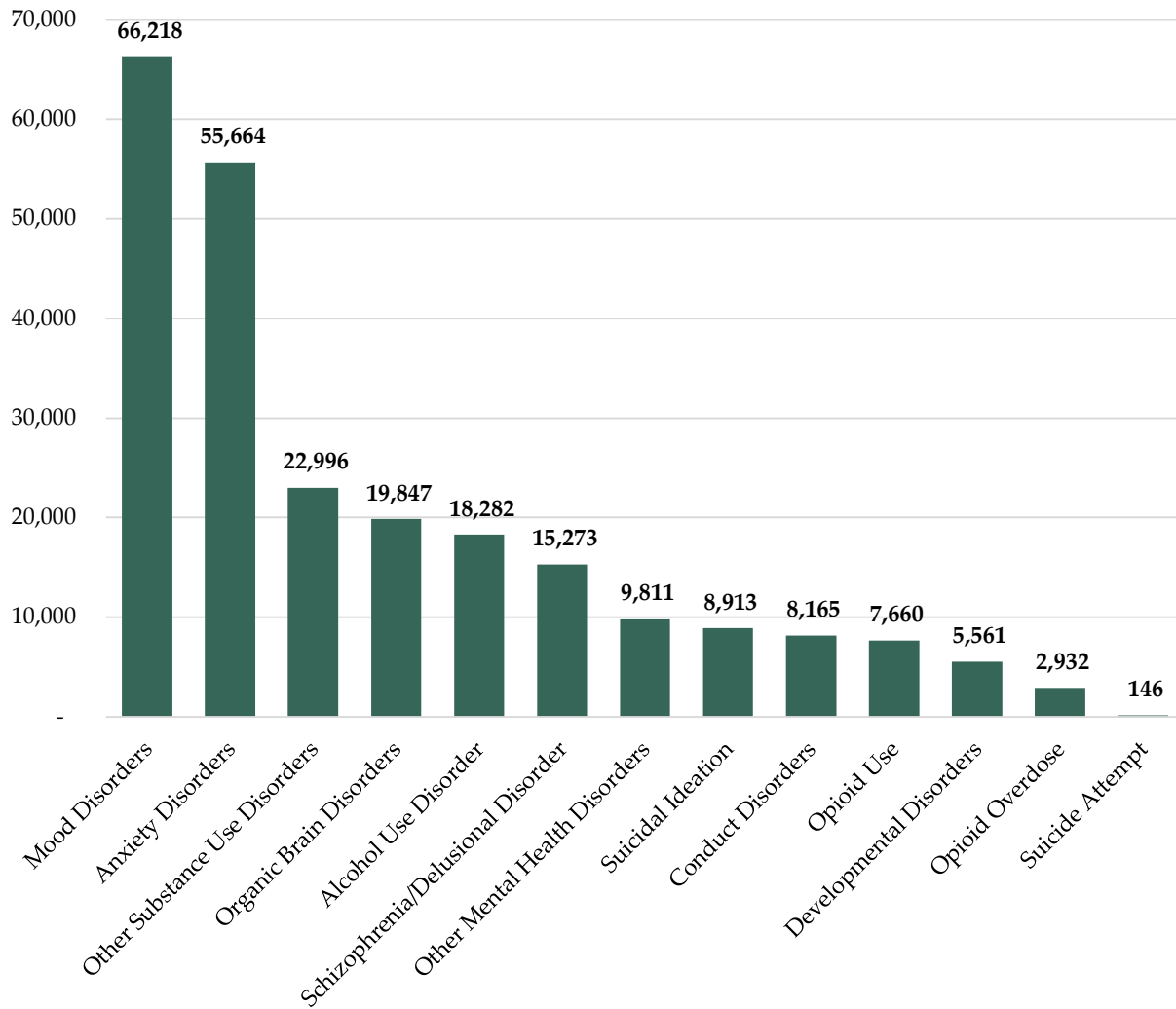
Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2018



- Six behavioral health diagnoses decreased by 5% or more over the past year: Suicide Attempt (95%), Opioid Use (8%), Opioid Overdose (7%), Mood Disorders (6%), Anxiety Disorders (5%) and Other Substance Use Disorders (5%).
- Three behavioral health diagnoses increased by 5% or more over the past year: Suicide Ideation (56%), Developmental Disorders (25%) and Conduct Disorders (9%).

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2018



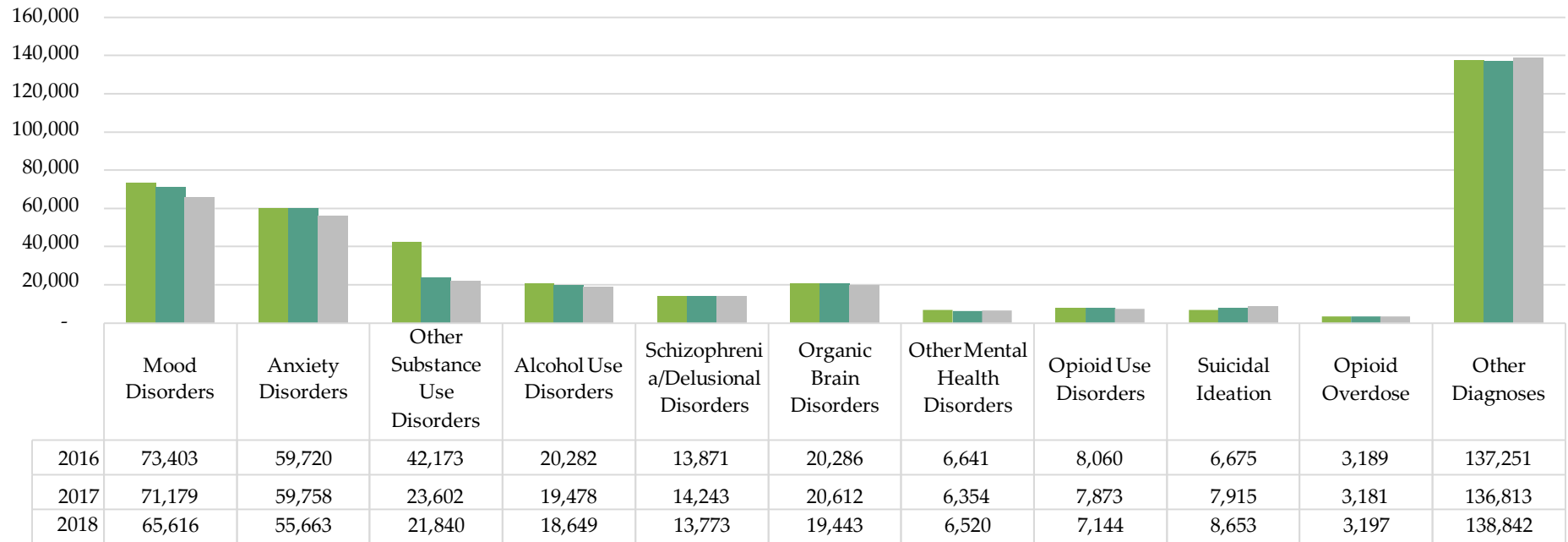
Emergency department encounters with primary and secondary behavioral health diagnoses account for more than 241,400 (34%) of total emergency department encounters in 2018.

Mood and anxiety disorders make up to 50% of all primary and secondary emergency department behavioral health diagnoses in 2018.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018.

The number of primary and secondary behavioral health diagnoses for emergency department encounters has remained relatively stable over the past year.

Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2016 - 2018

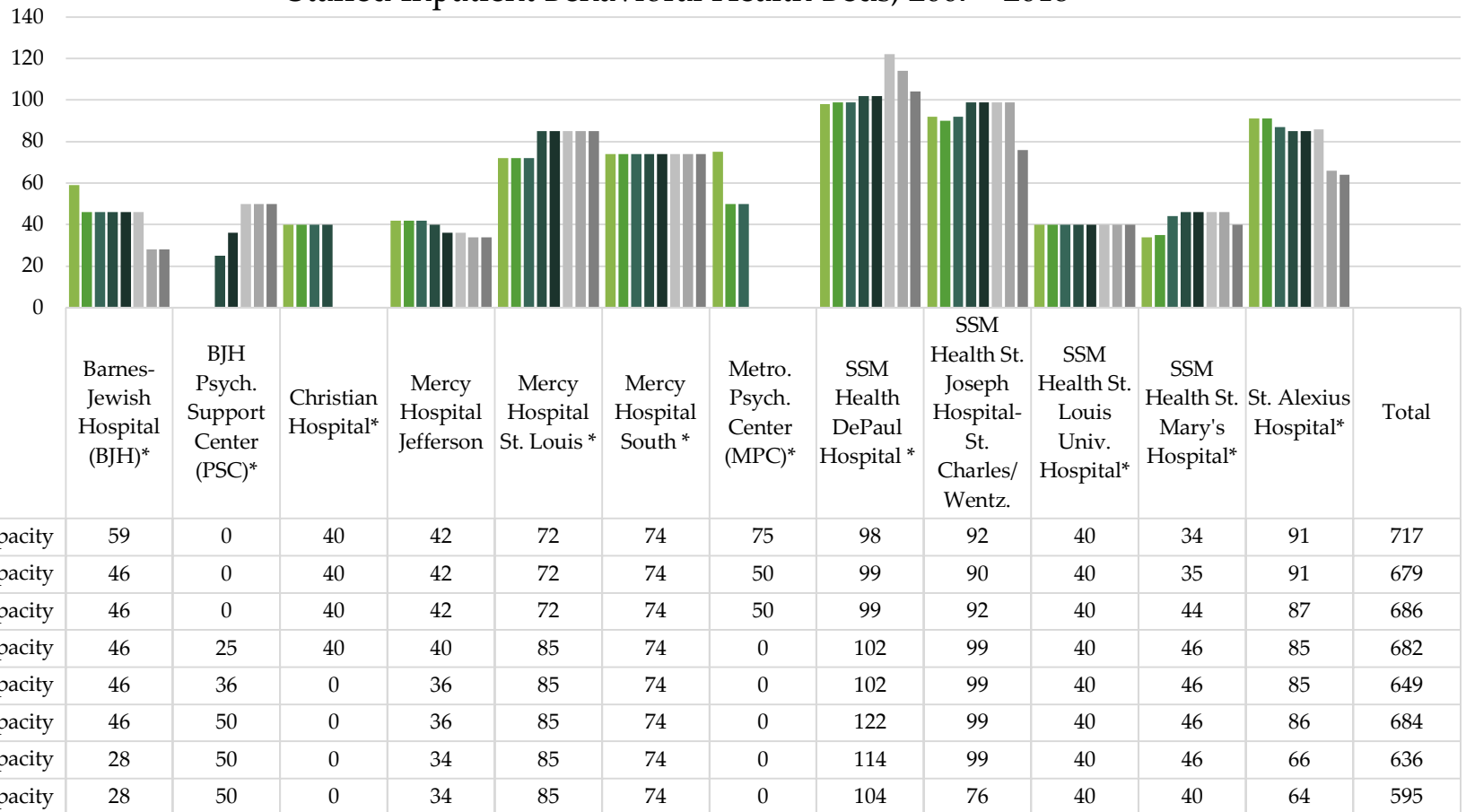


- Six behavioral health diagnoses decreased by 5% or more over the past year: Other Diagnoses (12%), Opioid Use Disorders (9%), Mood Disorders (8%), Anxiety Disorders (7%), Other Substance Use Disorders (7%) and Organic Brain Disorders (6%).
- Suicidal Ideation increased by 9% over the past year.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

Between 2017 and 2018 inpatient behavioral health safety net hospital staffed bed capacity decreased by 41 beds, or 6% (from 636 to 595 total staffed beds), and decreased by 13% since 2014.

Staffed Inpatient Behavioral Health Beds, 2007 - 2018



Note: Data reflects community hospitals that provide acute psychiatric services, as well as Metropolitan Psychiatric Center (MPC), a former state-run hospital. MPC ceased services in July 2010. Psychiatric Stabilization Center, later renamed Psychiatric Support Center (PSC), opened at MPC's former site in January 2012. As of April 2015, Christian Hospital's 40 psychiatric beds were closed. As part of this 2015 transition, BJC HealthCare took over operations of PSC and expanded PSC's capacity to 50 licensed beds, opening April 2015. Data reflects staffed bed capacity as of December 31, 2017. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2018. St. Louis Children's Hospital did add an inpatient psychiatric unit in 2019. Barnes-Jewish Hospital's bed decrease is a temporary result of renovation requiring the rotational closure of units within its psychiatric services — variation in capacity is anticipated through 2019. SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

*Denotes St. Louis City or St. Louis County provider

2007-2010 data source: Regional Health Commission "MPC Regional Psychiatric Capacity Analysis and Recommendations"

Inpatient behavioral health staffed safety net hospital bed capacity varied by hospital and population.

Hospitals with Inpatient Psychiatric Services	Staffed Bed Capacity ADULT	Staffed Bed Capacity GERIATRIC	Staffed Bed Capacity ADOLESCENT	Staffed Bed Capacity CHILD	Total Staffed Bed Capacity
Barnes-Jewish Hospital* (BJH)	18	10	0	0	28
BJH Psychiatric Support Center*	50	0	0	0	50
Mercy Hospital Jefferson	22	12	0	0	34
Mercy Hospital St. Louis *	56	16	13 combined		85
Mercy Hospital South*	52	0	22	0	74
SSM Health DePaul Health Center *	79	0	25 combined		104
SSM Health St. Joseph Health Center-St. Charles	0	19	0	0	19
SSM Health St. Joseph Health Center-Wentzville	26	0	31	0	57
SSM Health St. Louis University Hospital*	40	0	0	0	40
SSM Health St. Mary's Hospital-St. Louis*	18	22	0	0	40
St. Alexius Hospital*	42	22	0	0	64
TOTAL	403	101	91		595

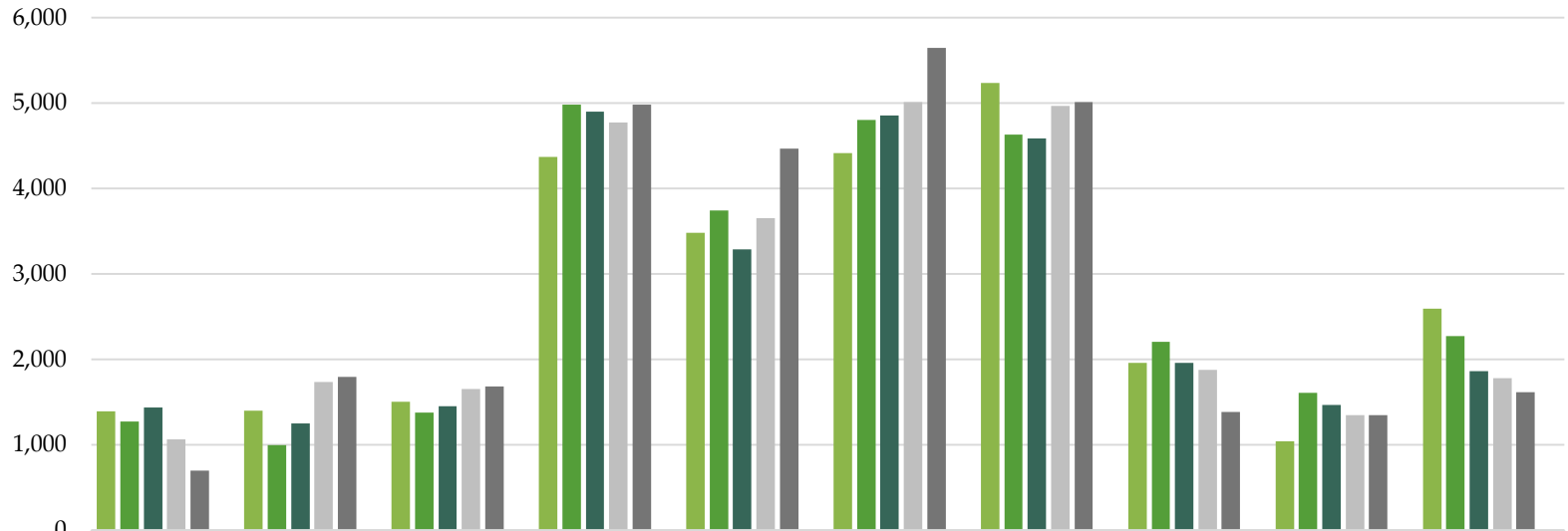
In 2018, total staffed beds decreased by 41 beds across adult and geriatric populations.

Note: Data reflects community hospitals which provide acute psychiatric services and staffed bed capacity as of December 31, 2017. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2018. St. Louis Children's Hospital did add an inpatient psychiatric unit in 2019. State-run facilities are also not included. Barnes-Jewish Hospital's bed decrease is a temporary result of renovation requiring the rotational closure of units within its psychiatric services – variation in capacity is anticipated through 2019. In December 2017, SSM Health St. Louis University Hospital began to transition their geriatric beds to adult beds, maintaining a total of 40 staffed beds. . SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

*Denotes St. Louis City or St. Louis County provider

Total acute psychiatric encounters at inpatient behavioral health safety net hospitals remained stable in 2018, with 28,646 encounters, compared to 27,872 total encounters in 2017.

Total Inpatient Psychiatric Encounters, 2014 - 2018



	Barnes-Jewish Hospital (BJH)*	BJH Psych. Support Center*	Mercy Hospital Jefferson	Mercy Hospital St. Louis*	Mercy Hospital South *	SSM Health DePaul Hospital*	SSM Health St. Joseph Hospital- St. Charles & Wentz.	SSM Health St. Mary's Hospital-St. Louis*	SSM Health St. Louis University Hospital*	St. Alexius Hospital*
Total Inpt Psych. Encounters, 2014	1,394	1,404	1,509	4,370	3,481	4,415	5,236	1,960	1,043	2,598
Total Inpt Psych. Encounters, 2015	1,277	999	1,377	4,985	3,745	4,804	4,635	2,206	1,611	2,274
Total Inpt Psych. Encounters, 2016	1,439	1,255	1,452	4,899	3,292	4,857	4,585	1,962	1,468	1,861
Total Inpt Psych. Encounters, 2017	1,067	1,737	1,652	4,774	3,654	5,014	4,969	1,879	1,347	1,779
Total Inpt Psych. Encounters, 2018	699	1,795	1,681	4,985	4,469	5,652	5,015	1,383	1,347	1,620
% Change, 2017-2018	-34%	3%	2%	4%	22%	13%	1%	-26%	0%	-9%

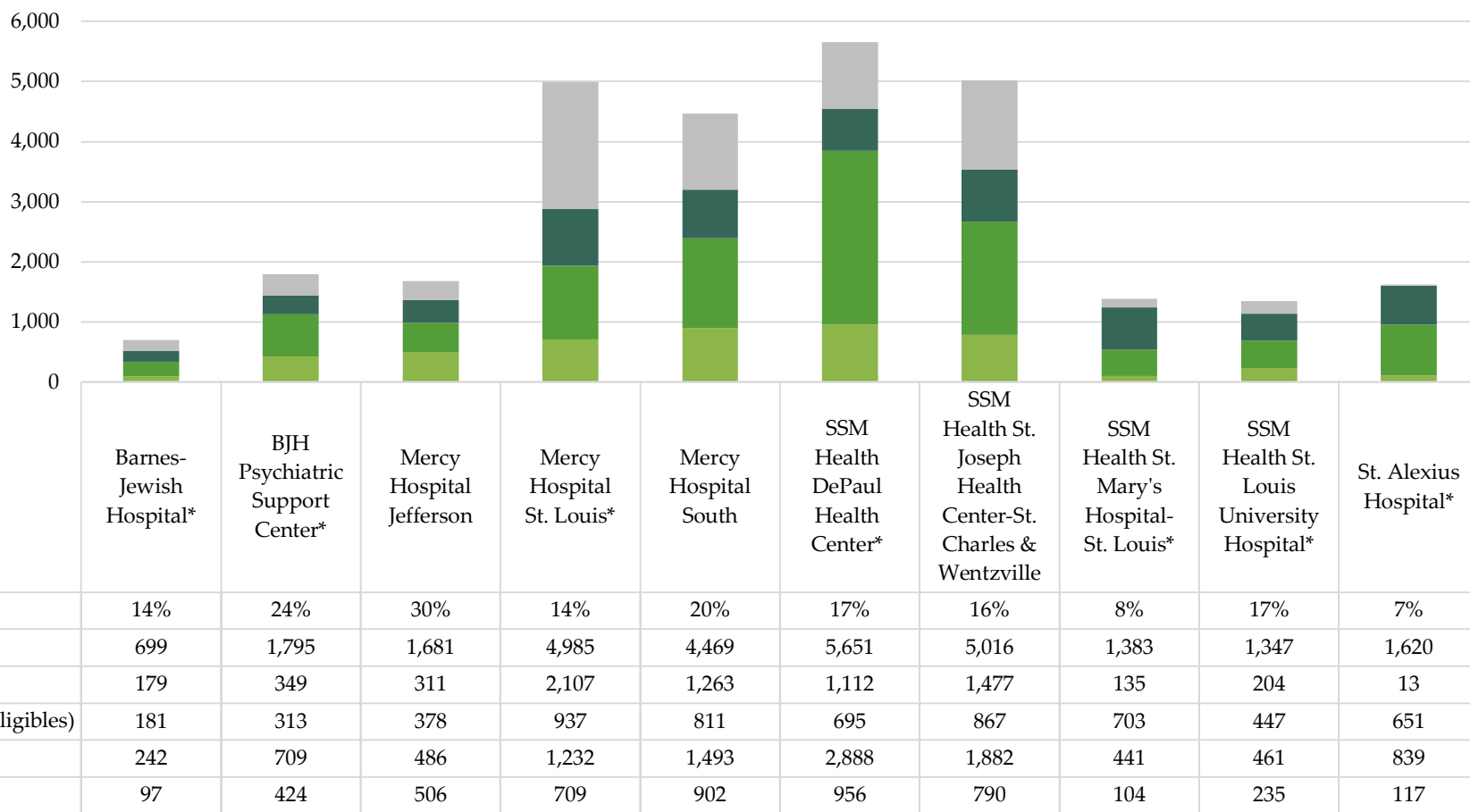
Acute psychiatric encounters remained stable overall in 2018, while inpatient psychiatric staffed bed capacity decreased by 6% since 2017.

Note: Data reflects community hospitals which provide acute psychiatric services. Encounter numbers reflect total admissions, including duplicate users. Encounters on medical service floors are not included. Barnes-Jewish Hospital Psychiatric Support Center data reflects encounters delivered post-BJC transition (initiated in April 2015). St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2018. State-run facilities are also not included. SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

*Denotes St. Louis City or St. Louis County provider

Acute psychiatric encounters were predominately covered by Medicaid (37%), private insurance (25%) or Medicare (21%), varying by hospital provider.

Inpatient Psychiatric Encounter, by Payor Category and Organization, 2018



The percentage of acute psychiatric encounters that were uninsured in 2018 increased at Mercy Hospital Jefferson to 30%, from 23% in 2017. All other hospitals' percentage of acute psychiatric encounters that were uninsured remained stable in 2018.

Note: Data reflects community hospitals which provide acute psychiatric services. Encounter numbers reflect total admissions, including duplicate users. Encounters on medical service floors are not included. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2017. State-run facilities are also not included. SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

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