The Scope and Impact of the
Metropolitan St. Louis Psychiatric Center (MPC)
Emergency Department (ED)/Acute Care Closure

Draft Prepared by the Short-Term Crisis Management Team
June 23, 2010

Background

The Missouri Department of Mental Health (DMH) announced plans in April 2010 to close the emergency department and the 50 remaining acute care beds at the Metropolitan St. Louis Psychiatric Center (MPC) as a result of declining state revenues. Since that time, DMH has determined they will close the emergency department (ED) and 25 acute care beds after July 1 and before September 15, 2010. The remaining 25 beds will close by May 2011.

In the past year, DMH has privatized two acute care psychiatric hospitals – one in Kansas City and the other in Columbia. In those markets, private hospitals assumed operations of the DMH facilities. The two remaining acute care hospitals in the state – MPC and Southeast Missouri Mental Health Center -- are now scheduled to close.

Since 2006, MPC has been at 100 beds or fewer. Over the last several years, this number has steadily declined. Since December 2009, MPC has been operating at 50 beds. This decline has reduced the annualized discharges from about 1,500 in fiscal year 2009 to about 1,200 for the fiscal year 2010.

The MPC ED also has experienced declining volumes. The ED treated about 4,000 patients in fiscal year 2009, down to an annualized 2,800 patients for fiscal year 2010.

Fiscal Year 2010 MPC ED Visits

	Non-Admissions	Admissions	Total
July 2009	152	121	273
August 2009	136	159	295
September 2009	147	149	296
October 2009	144	140	284
November 2009	127	95	222
December 2009	161	82	243
January 2010	137	93	230
February 2010	144	78	222
March 2010	140	89	229
April 2010	123	86	209
May 2010	130	69	199

These recent numbers represent an average of about **7 - 8 patient visits per day** at MPC's emergency department, resulting in **2-3 inpatient admissions per day**. While these numbers are averages, it is important to note that the emergency department can reach up to 17 visits per day with peak capacity Monday through Friday from 10 a.m. – 8 p.m.

Community hospitals have been absorbing the decreasing capacity of MPC over the last couple of years. The impending closure of MPC's emergency department and 25 acute care beds presents an immediate challenge for the community hospitals and other behavioral health providers in the St. Louis region. At the request of DMH, the St. Louis Regional Health Commission (RHC) is facilitating the development of a community-driven plan to address these challenges. It is anticipated that there will be an additional planning process to address the long-term capacity of the region's acute psychiatric care, including the remaining 25 acute psychiatric beds at MPC. Through the work of the Planning Group, organized by the RHC, the region's behavioral health providers will work to quickly assess the services, protocols and procedures at MPC to ensure the needs of MPC's clients are met after the closure.

Outlined below is the understanding to date of the scope and impact of the closure on:

- Patients and families
- Police/EMS/Courts
- Corrections
- Community Hospitals
- Community Mental Health Centers
- Other Behavioral Health Providers
- Homeless Shelters

At the request of the Planning Group, an Addendum to this impact statement is attached outlining some of the operational details of the Southeast Missouri Mental Health Center in Farmington, Mo.

Patients and Families

Families and patients with behavioral health needs have come to appreciate the expert care and services provided at MPC. The hospital's sole focus on psychiatric care has led to the development of procedures, protocols and programs that best serve acute psychiatric patients, particularly when their illness has brought them into contact with the courts and police.

About 50 percent of metro area patients admitted to MPC are residents of the City of St. Louis. (This calculation excludes those patients served from outside the metro area.)

Inpatient Admissions by Service Area
December 2009 – May 2010

Service Area (SA)	Inpatient Admissions	Percentage
SA 16 (Crider – St. Charles, Franklin, Lincoln, Warren Counties)	76	15%
SA 22 (Comtrea – Jefferson County)	11	2%
SA 23 (BJC North & South – St. Louis County)	137	28%
SA 24 (Hopewell – St. Louis City)	127	26%
SA 25 (BJC Central – St. Louis City)	66	13%
Out of Service Area	80	16%

The MPC uninsured population increased from 44 percent to 61 percent from 2006 to 2008. The closing of MPC creates the greatest concern for uninsured patients. These patients will need to find care from other providers in the region that are receiving little to no additional funding to provide these services. Because MPC's licensure status does not allow it to receive reimbursement from Medicaid, MPC has not been incented to enroll eligible patients in the Medicaid program. Community hospitals are adept at enrolling patients in Medicaid and may be able to assist some MPC patients in receiving Medicaid.

MPC is known by other area providers as opening doors to services that patients with chronic, persistent mental illness need. With the closure of MPC, other providers are going to have to help these patients receive these services.

Patients access MPC through a number of organizations, including but not limited to first responders, the justice system, corrections departments, homeless shelters and community mental health centers. Patients also self refer to MPC.

MPC Referral Source

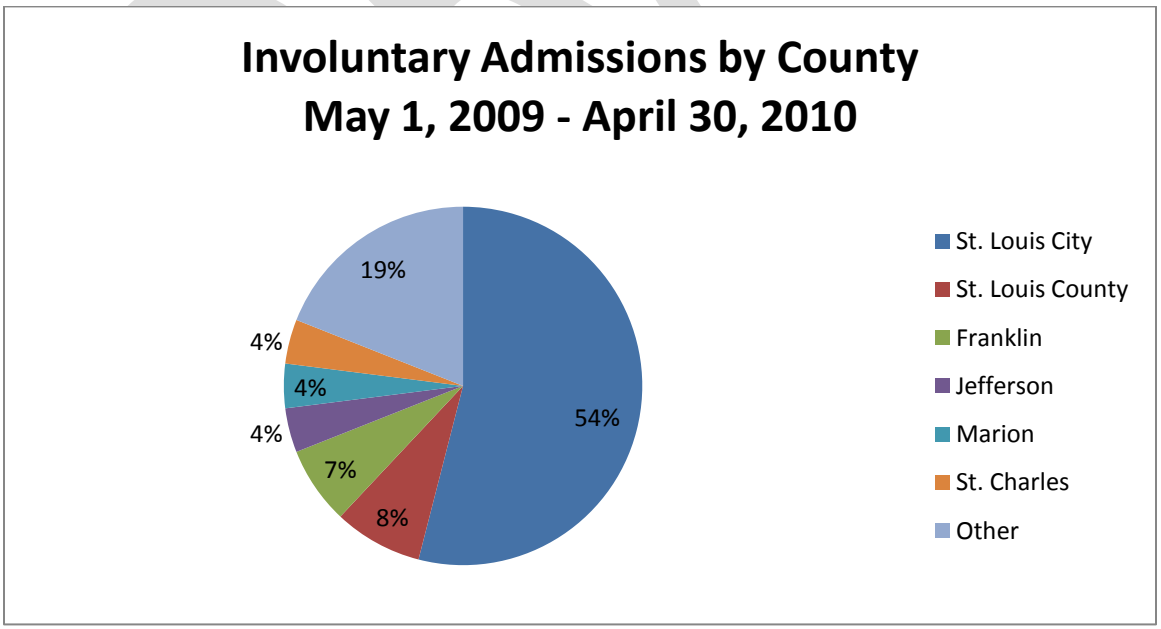
Admissions December 2009 – May 2010

Court, Law Enforcement, Jails	241
Self, Family, Friend	136
Social or Community Agency	33
General Hospital w/Psych Ward	32
Non-Psychiatric Hospital	29
DMH Hospital	8
Private Psychiatrist	8
Other	3
Hopewell	2
Boarding/Nursing Home (non-Supportive Community Living Program)	2
BJC North & South	1
Crider	1
Supportive Community Living Program	1

From December 2009 to May 2010, MPC admitted 389 involuntary patients, representing 78 percent of all admissions. Generally speaking, about 50 percent of MPC's involuntary patients go before a judge who considers MPC's request for a 21-day commitment. This number demonstrates the acuity of MPC's patients. MPC reports six of its current patients are receiving care under a 90-day commitment order.

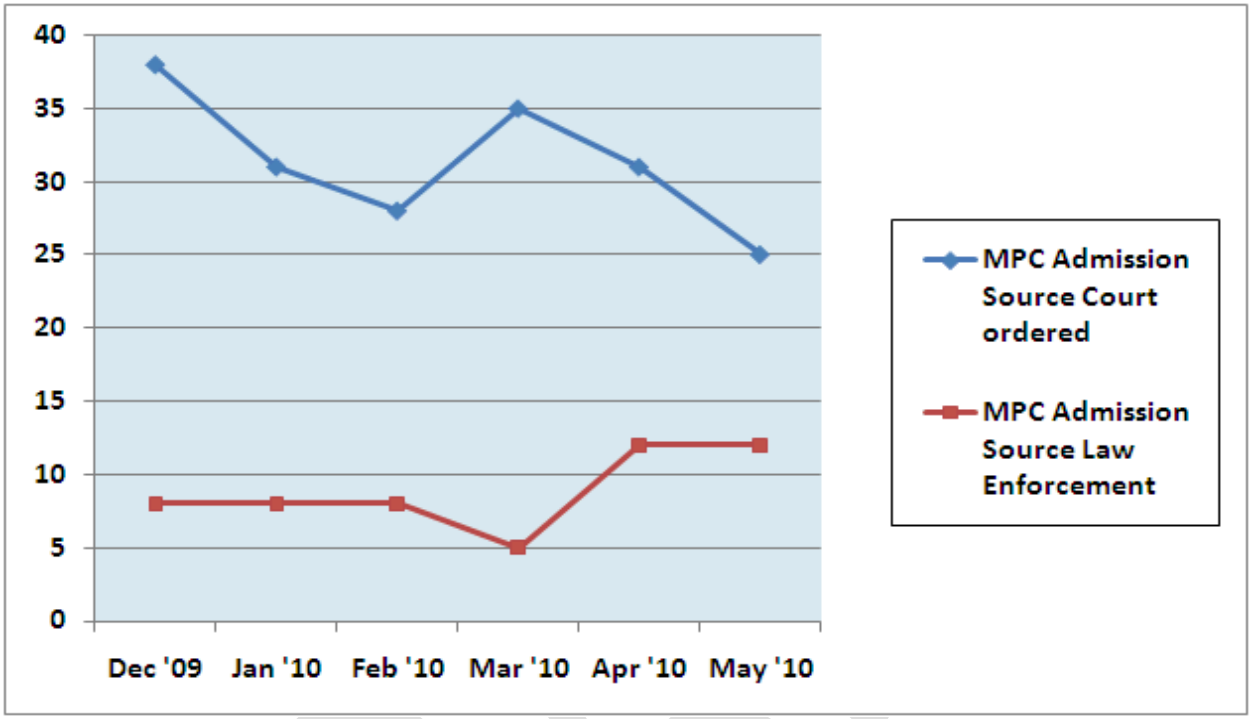
Given the high percentage of involuntary patients at MPC, the Short-Term Crisis Team as part of the planning effort, will address how to care for a greater number of these patients in the community.

Involuntary patients come to MPC from across the region.



Police/EMS/Courts

MPC reports that between December 2009 and May 2010, 241 patients were referred by courts or brought in by law enforcement officers to MPC.



St. Louis City Police report EMS typically transports patients for them. St. Louis City EMS reports transporting about 1 patient per day to MPC. If EMS psychiatric patients are presenting any other medical conditions, they are taken to a community hospital that can handle both the behavioral and physical health needs of the patient.

One of the issues to be addressed by the planning process is the proper HIPAA communication with law enforcement when patients admit and discharge from community hospital psychiatric units. Also, as a community plan is developed for managing the closure of MPC's ED and acute care services, 911 dispatchers will need to be informed.

With MPC's declining bed count over the last few years, several community hospitals report receiving an increasing number of court ordered patients and patients brought in by police.

In general, first responders and courts appreciate the services MPC provides. They report choosing MPC because:

- A perception exists that MPC takes higher acuity patients than community hospitals
- Psychiatrists are not on-site in EDs in community hospitals to handle "fit for confinement" evaluations
- MPC offers rapid intake to assess patients brought by police (Police report many other community hospitals also give high priority to police officers. This experience is not consistent across all hospitals.)
- MPC's location is convenient for police in certain jurisdictions
- Crisis Intervention Team (CIT) Training in St. Louis City and St. Louis County has encouraged police to use MPC as a resource

Jails

Local jails are accustomed to working with MPC, and MPC staff are accustomed to working with patients from jails. Community hospitals do not have an established history of working with these patients. Jail health administrators have many questions about community hospitals' protocols in handling these patients. These include:

- Which hospitals are equipped to take corrections patients and have locked facilities that can assure appropriate security?
- How will corrections identify which hospital has a bed available?
- How is custody appropriately managed when an inmate is in a community hospital for treatment?

Jails with significant psychiatric facilities report using MPC when inmates need medications. Jails are unable to provide involuntary administration of psychiatric medications. Many departments relied on MPC to help them care for patients who would be best served with psychiatric medications. Protocols and procedures for involuntary administration of psychiatric medications are inconsistent across community hospitals. Greater understanding and consistency of these protocols will help community hospitals care for patients from jails.

Many municipal jails do not have acute psychiatric care available in their facilities. These facilities refer patients to community hospitals and MPC.

Corrections departments also rely on MPC to provide "fit for confinement" evaluations. As part of the Short-Term Crisis Team's work, they will identify procedures and protocols for providing these services in the community.

Corrections departments have relied on MPC and DMH to provide and fund psychiatric services for their patients. The providers in the community now will provide these services with little to no additional funding.

MPC reports treating 44 patients from corrections, from May 1, 2009, to April 30, 2010. These patients are from a 17 county area.

Community Hospitals

Currently, hospitals in St. Louis that offer emergency and adult acute psychiatric services include:

Hospital	Adult, Non-Specialty Beds (age 18-64) 2010
Barnes-Jewish Hospital	46
CenterPointe Hospital	48
Christian Hospital NE/NW	20
Forest Park Community Hospital	24
Jefferson Memorial Hospital	41
Metropolitan St. Louis Psychiatric Center	50
St. Alexius Hospital – Broadway Campus	64
St. Anthony's Medical Center	54
St. John's Mercy Medical Center	42
St. Louis University Hospital	24*
SSM DePaul Health Center	39
SSM St. Joseph Health Center (Wentzville & St. Charles)	48
SSM St. Mary's Hospital	34
TOTAL	534

*Involuntary patients are not admitted.

Community hospitals have absorbed a 25-bed reduction in capacity at MPC over the last couple of years.

Several community hospitals report noticing an increase in demand for their services during that time frame. Some specifically report treating an increasing number of court-ordered patients and patients from corrections. To understand how to better treat these patients, community hospitals have expressed a desire to understand the protocol and procedures that have been successful at MPC.

St. Louis area emergency departments at hospitals with psychiatric units provided 619,816 emergency visits in 2009. MPC's additional 3,000 visits will represent an increase of about .5 percent to the community's emergency departments, keeping in mind that behavioral health patients have longer stays in the emergency department, especially if they have to be admitted to one of the scarce psychiatric

inpatient beds. It also is anticipated that the emergency departments of hospitals in closer proximity to MPC will be impacted more.

While there is a perception that MPC handles higher acuity patients, community hospitals report treating a significant number of high acuity patients as well. To better understand the difference in acuity of patients between MPC and community hospitals, the Short-Term Crisis Team, working as part of the community-driven planning process, will conduct additional research and analysis. It is understood that MPC patients tend to experience longer lengths of stay than patients of community hospitals. The Short-Term Crisis Team will need to better understand this difference.

Today, under most conditions, community hospitals only refer patients to MPC when they do not have a bed available, or if the hospital believes MPC could open a door to other services that would benefit the patient.

It also is understood that MPC provides services that other providers will need to absorb, including:

- Community hospitals refer patients to MPC in order to get them admitted to DMH long-term care facilities; protocol for these referrals will need to be identified.
- MPC screens criminals who have committed major felonies (murder, rape, arson, etc.) before they go to Fulton; someone will have to assume this responsibility.
- MPC's emergency department facilitates the court's assignment of attorneys for involuntary commitment. A protocol will need to be developed to manage this process. (This assignment needs to happen as soon as possible after an admission decision. It currently happens in the ER because it is open 24/7.)

Community Mental Health Centers

Community Mental Health Centers (CMHCs) report that MPC's closure will minimally impact their ability to care for their current patients. They are accustomed to calling hospitals in advance of sending a patient to ensure capacity exists. Most often police or EMS transfer CMHC patients to hospitals.

From May 1, 2009, to April 30, 2010, 31 percent of patients admitted to MPC had provision of care in place at a CMHC within six months prior to admission. MPC reports about 61 percent of patients are discharged with recommended follow up at a CMHC in the region. Other follow up care includes drug and alcohol treatment programs, private treatment, CMHCs out of the region, or other options in the community. However, due to state budget cuts, availability of follow up care at CMHCs for non-Medicaid patients is minimal.

It is believed that closer coordination between community hospitals and CMHCs can help support shorter length of stay at community hospitals, allowing an increase in overall capacity. Today, CMHCs are contractually obligated to visit MPC patients from the metro area within 14 days of discharge.

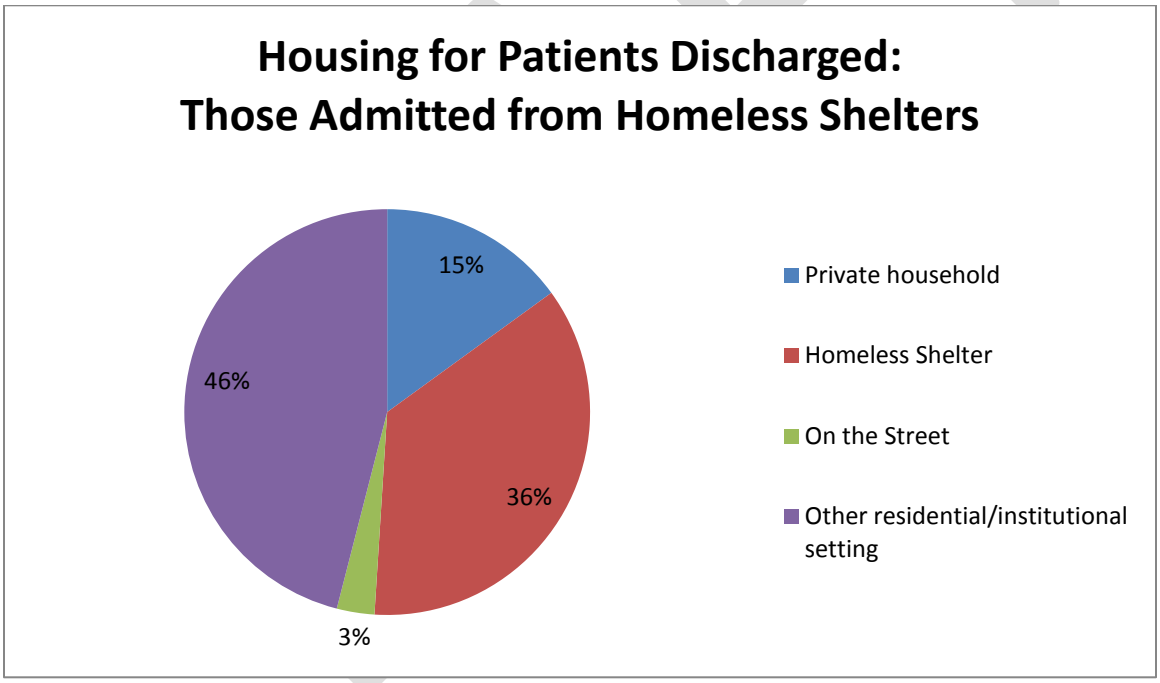
Other Behavioral Health Providers

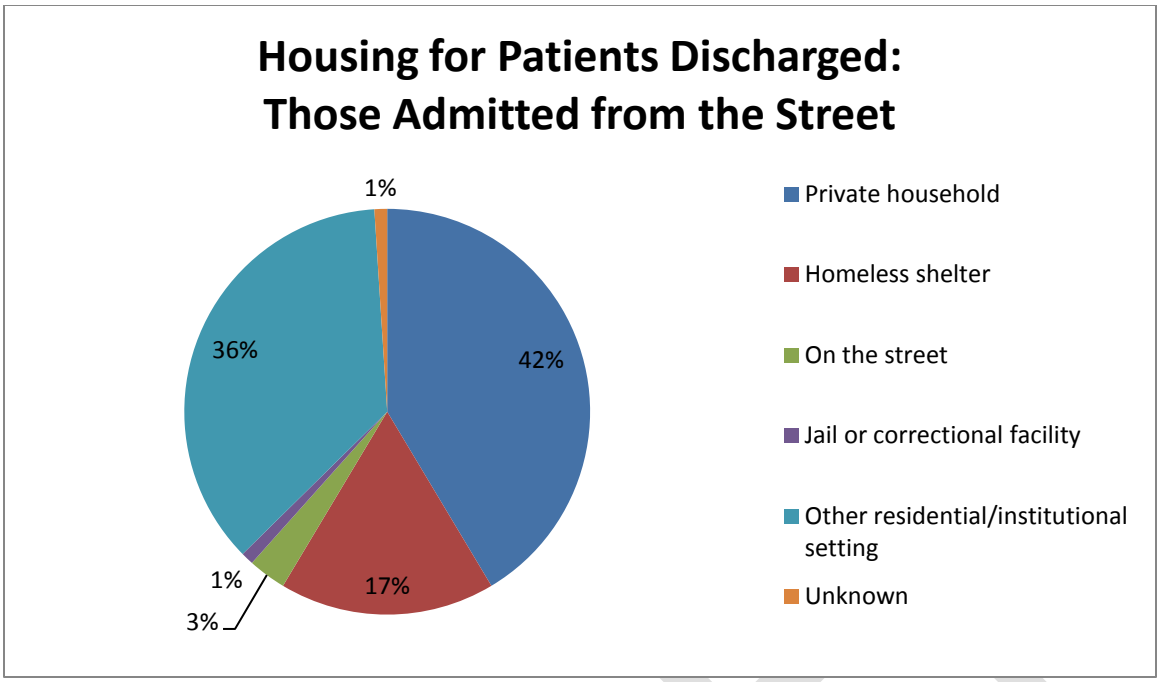
Several organizations, including Adapt , Bridgeway, Community Alternatives, Independence Center and Places for People, have very close relationships with MPC. Adapt, for example, serves more than 40 forensic clients. At this point they rely almost solely on MPC for acute care needs because it is a state facility.

Bridgeway has 25 alcohol and substance abuse rehab beds at MPC. These beds will remain in place at MPC. Bridgeway needs to understand how it can coordinate care with other psychiatric and medical providers.

Homeless Shelters

Of those admitted to MPC in FY 2009, 10 percent (153 patients) had housing concerns at admission. 4 percent of total admissions come from homeless shelters; 6 percent of total admissions are individuals living on the streets.





9 percent of patients who were treated at the ER but not admitted in FY 2009 had housing concerns. Of these 139 patients, 37 percent were living in homeless shelters, and 63 percent were living on the streets.

Conclusion

The initial assessment of the impact of the closure of MPC's emergency department and acute care beds reveals that community hospitals have been increasingly absorbing the decreasing capacity at MPC. Community hospitals already treat court ordered patients, those brought in by police, involuntary commitments, and acute psychiatric cases. For the most part, community hospitals do not treat patients from jails at this time. Additional analysis will be conducted to understand the ability of the community to absorb MPC's current patients and replace the services MPC provides.

The resulting plan will be a cross-organizational, solution-oriented plan focused on serving patients and their families in the St. Louis region.

Appendix I

Southeast Missouri Mental Health Center Data

(The Emergency Department at Southeast Missouri Mental Health Center will close August 15, 2010.)

Acute Care Capacity	38 beds
Average Monthly Admissions	104
Average Monthly ED Visits	130
Percent of ED visits admitted	80%
Percent of admissions from St. Francois, Iron and Washington Counties	50%
Percent admitted as transfers from other hospitals	24 – 29%
Average Length of Stay	10 days

(Large number of patients come from group homes.)