



Snohomish County, WA

Human Services

Research Division

Policy Brief No. 3-2013

High Utilization of the Snohomish County Triage Center (SCTC) Suggests the Need for Policy Changes and Increased Community Capacity for Those Residents with Crisis Mental Health Issues

Frequent Utilizers Project

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Results in Brief:

Frequent utilizers of the Snohomish County Triage Center constituted 3.7% of the total number of unduplicated clients for the study period yet accounted for 16.0% of the total referrals. Differences in service utilization were seen between those clients with documented jail time and those without as well as between those with known use of homeless services and those who did not use such services. Examination of the current linkages between the emergency departments and the mental health system as well as policies that would allow emergency medical services (EMS) to transport directly to SCTC should be considered.

Background

In April 2011, Governor Chris Gregoire signed a bill authorizing law enforcement directed detentions in triage facilities as a cost effective alternative to local jails and emergency departments to evaluate persons in crisis. Initially opened in March 2011 for a 90 day pilot period, the Snohomish County Triage Center (SCTC) is operated by Compass Health and cooperatively funded by the North Sound Mental Health Administration and the Snohomish County Human Services Department. It is designed to accept direct referrals from first responders, emergency rooms, and others who come into contact with those experiencing crises and provides a secure and safe place where individuals experiencing a behavioral health crisis requiring stabilization and triage can receive immediate care and follow-up referrals for treatment. To date, law enforcement and hospital emergency rooms are referring to the SCTC; however, EMS first responders are not. The reasons for this will be addressed in a separate policy brief.

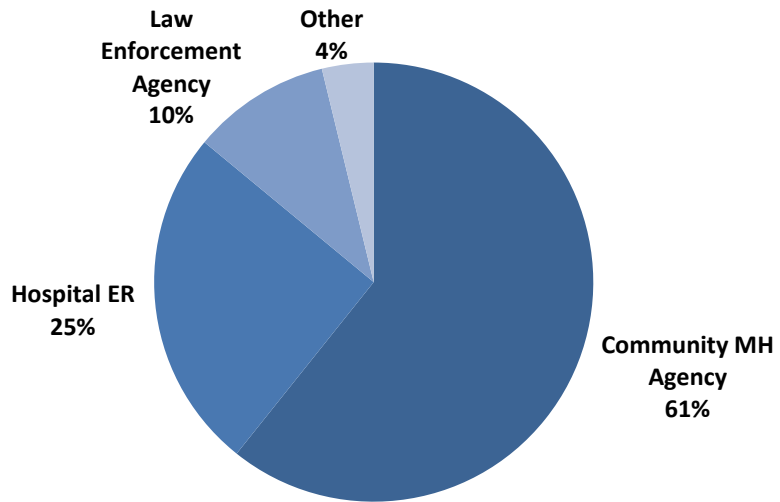
As part of an ongoing project examining the frequent utilization of the County's emergency and health services, the Research Division of the Snohomish County Human Services Department conducted an analysis of those clients who were repeat users of SCTC for the time period 1 January 2012 through 31 October 2012. Clients who had at least four referrals to SCTC during this time period were included. In addition to examining their use of the Triage Center, their utilization of emergency medical services (EMS), hospital emergency rooms, inpatient mental health services, alcohol and drug treatment services, the Snohomish County Jail and the County's homeless shelter was examined.

Between 1 January 2012 and 31 October 2012, there were 1,159 referrals to SCTC for 807 unduplicated clients. Those clients who had four or more separate referrals during this time period constituted 3.7% of the total number of unduplicated clients but 16.0% of the total referrals. There were 30 clients who had at least four separate referrals each to SCTC. These 30 clients constituted a total of 186 separate referrals (range=4 to 14 referrals.)

Clients Who Frequently Utilize the SCTC Are Most Often Referred by Other Community Mental Health Agencies

About two-thirds of frequent SCTC utilizers were referred by other community mental health agencies. One quarter of the frequent utilizers were referred to SCTC after an encounter at a local emergency department and about 10 percent were referred to SCTC by local law enforcement.

Community Mental Health Agencies Are the Largest Source of SCTC Referrals for Frequent Utilizers



Notes: Sources categorized as “Other” include hospital medical units, individual professional staff and referrals classified as “other” by SCTC.

Frequent Utilizers of SCTC Are Frequent Utilizers of Other Crisis And Emergency Services Within The County

In addition to the 186 encounters with SCTC constituting 1,182 days of SCTC service, these 30 individuals with multiple referrals to SCTC frequently use other crisis and emergency services within the County. During the study period, there were:

- 343 documented days in the Snohomish County Jail
- 158 documented visits to local hospital emergency rooms
- 120 documented contacts with emergency medical services (EMS)
- 70 documented days spent in a homeless shelter in Snohomish County

Frequent Utilizers of SCTC Use Emergency Medical Services (EMS) for Conditions that May Be Related to Their Mental Health Issues

Twenty-two (73.3%) of the frequent utilizers of the SCTC had at least one contact with EMS during the study period (range=1 to 20 contacts.) Based on EMS primary impression notes:

- 2.5% of calls were behavioral AND alcohol/drug related (including overdose/poison ingestion)
- 10.9% of calls were alcohol/drug related only (including overdose/poison ingestion)
- 38.3% of calls were behavioral/psychiatric only

While EMS providers are not able to assign specific diagnoses to patients whom they transport, the primary impressions they gave to SCTC frequent utilizers suggest that these patients may use EMS for concerns that could have been mitigated by different or more intense treatment of their underlying mental health issues.

Frequent Utilizers of SCTC Who Use the Snohomish County Jail Require Special Services While in Custody

8 (26.7%) of the 30 SCTC frequent utilizers had at least one booking into the Snohomish County Jail during the study period. Of those:

- 8 (100%) required a special module (behavioral, mental health or observational unit)
- 5 (62.5%) required psychiatric medications
- 4 (50%) required at least one special watch (for either detox or suicide)
- 5 (62.5%) had contact with Jail Transition Services while incarcerated.

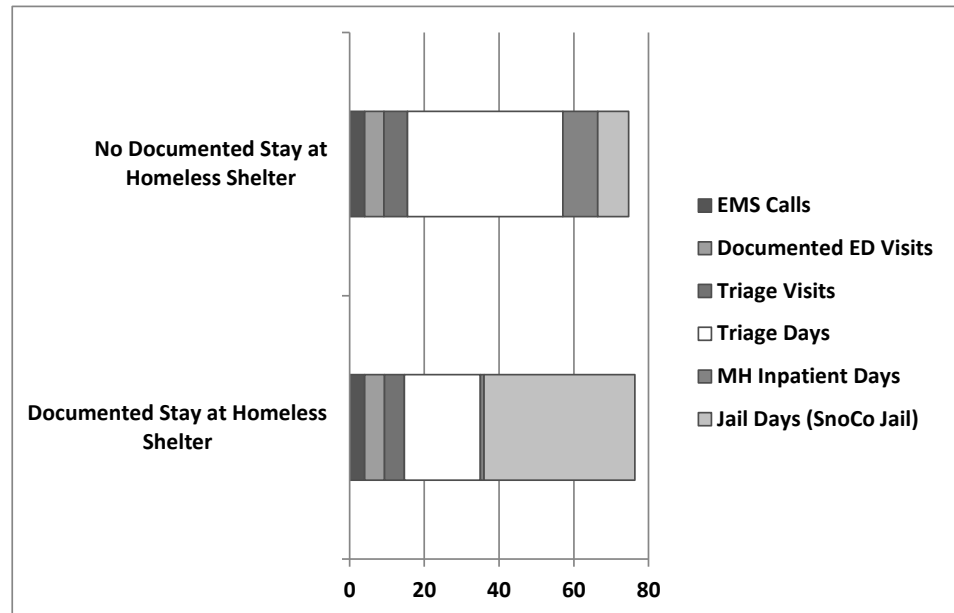
In comparing the average use of other crisis and emergency services, those frequent utilizers of SCTC who had been booked into jail showed very little difference from those who had not been booked into jail with the exception of days spent in a homeless shelter (average of 8.63 days for those with jail time vs. average of .5 days for those without jail time.)

Use of Other Snohomish County Crisis and Emergency Services by Homeless Frequent Utilizers of the Triage Center

Of the 30 frequent utilizers of SCTC, only 3 (10%) had any documented use of county homeless shelters in the study period. It is possible that others may have had episodes of homelessness during this time period but that they did not seek shelter services.

There were notable differences between those with and without documented homeless shelter use with regards to number of days spent at SCTC, number of days spent in inpatient mental health services and number of days spent in jail.

Average Use of Crisis and Emergency Services—Comparison between Frequent Utilizers of SCTC With and Without Documented Stays at Homeless Shelters



Policy Implications

Frequent utilizers of SCTC are most likely to be referred by an outpatient mental health agency. Efforts should be made to review the services these individuals are receiving to determine whether more intensive or different kinds of outpatient services would reduce their use of crisis emergency mental health services.

For those clients referred to SCTC by the emergency department, expanded care coordination to link these individuals with on-going outpatient treatment services may be warranted. Enhancing the overall linkages between local

hospital emergency departments and the Regional Support Network (RSN) to identify those individuals with profound mental health issues could help ameliorate the use of crisis emergency services (SCTC, emergency departments, EMS.) Streamlining the sharing of patient data between these entities as well as refining the current communication process can serve as a starting point to bridge any gaps between these systems.

In examining the use of EMS by SCTC frequent utilizers, it is clear that some individuals transported to the hospital with mental health emergencies were then routed to SCTC through the emergency department. In these cases, it would have been optimal to have EMS transport directly to SCTC. However, a modification of current EMS transport policy would need to occur for direct transport to happen.

Only about 10% of the referrals to SCTC for the frequent utilizers were made by law enforcement. About one-quarter of the SCTC frequent utilizers, however, had been booked into the Snohomish County Jail during the study period. While incarcerated, all received additional jail resources directed at addressing their mental health issues (e.g., special watches, special units, provision of psychiatric medications.) Despite this, these clients continued to utilize the SCTC thus suggesting that the services they may have received while incarcerated were insufficient in mitigating future mental health crises. Stronger linkages between the Snohomish County Jail and the mental health services offered within the county should be made so as to fully attend to the ongoing mental health needs of this group.

While only 10% of the referrals for the frequent utilizers were made by local law enforcement, the overall law enforcement referral rate for all clients for 2012 was 24.5%. Anecdotal information from law enforcement, EMS and other stakeholders suggests that low use of SCTC by some law enforcement jurisdictions may be related to its location and the distance that would be required to transport clients from outlying areas. Thus, some law enforcement agencies may continue to transport clients to the closer—and more costly—emergency departments. This has raised the question at the local level of expanding capacity by creating comparable crisis centers (as well as sobering and detoxification sites) in both north and south Snohomish County.

Additionally, this finding suggests that further analysis of those people law enforcement currently takes to jail is warranted to determine how many might be better served at SCTC and would be appropriately diverted there under Senate Bill (SB) 5533.*

Further analysis to examine the actual and societal costs associated with frequent utilization of SCTC will be undertaken by the Research Division of the Snohomish County Human Services Department.

**SB 5533 states, in part: When a police officer has reasonable cause to believe that the individual has committed acts constituting a nonfelony crime that is not a serious offense as identified in RCW 10.77.092 and the individual is known by history or consultation with the regional support network to suffer from a mental disorder, the arresting officer may: (a) Take the individual to a crisis stabilization unit as defined in RCW 71.05.020(6). Individuals delivered to a crisis stabilization unit pursuant to this section may be held by the facility for a period of up to twelve hours: PROVIDED, that they are examined by a mental health professional within three hours of their arrival.*

This project was funded by the Amerigroup Foundation and the Snohomish County Chemical Dependency/Mental Health Program Advisory Board.

Technical Notes:

Triage Data: Patient identified data from Snohomish County Triage Center including date of referral, date of exit and referral source.

Use of Emergency Medical Services (EMS): Patient identified data from all ALS fire districts within Snohomish County who utilize the ESO data system in addition to data from Everett Fire Department and Snohomish Fire District #4 both of whom used a different data collection system during the study period.

Emergency Department (ED) Encounters: Encounters with emergency departments were established using the following:

- Patient identified records from the Emergency Department Information Exchange (EDIE) for all Swedish Edmonds patients; the EDIE database lists patient encounters beginning August 2012.
- Patient identified records from EPIC for all Providence Hospital patients; the EPIC database lists patient encounters beginning July 2012.
- If emergency medical services (EMS) transported a patient to a hospital ED during the time prior to the hospital data systems EDIE and EPIC capturing the encounter, the ED visit was included as an ED encounter.

Mental Health Inpatient Days: Number of days that a patient spent in an inpatient mental health institution as listed in the patient identified data provided by the Regional Support Network/North Sound Mental Health Administration.

Housing and Homelessness Data: Patient identified information pulled from the Housing Management Information System (HMIS).

Jail Data: Inmate identified information from the Snohomish County Jail including booking date, offense, release date, special watch, medication and module.

Jail Transition Services Data: Patient identified data provided by the Jail Transition Services program.

Chemical Dependency Treatment Data: Patient identified data pulled from TARGET