



New Orleans Mental Health Dashboard

A Community Assessment Tool » January 2016

New Orleans Mental Health Dashboard

The New Orleans Mental Health Dashboard (Dashboard) is a compilation of the data the New Orleans Health Department (NOHD) assembles regarding adult and child mental health patients presenting to outpatient facilities and emergency rooms from twelve (12) area hospitals.

The Dashboard is a direct result of the work of the Behavioral Health Council, a collaboration of community partners who strive to improve behavioral health service coordination. The Council determined the behavioral health indicators which NOHD now assembles for the Dashboard. The Dashboard serves as a community wide tool for assessing how individuals move through and use behavioral health care in New Orleans.

Data is intended to reflect the current status of behavioral health in New Orleans. Correlation does not necessarily imply causation.

- Enclosed:
 - Monthly Dashboard Summary Report, p. 3
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 - Dashboard Dictionary, p. 12

Monthly Dashboard Summary Report

January 2016

- January reflects a **slightly lower than average number of mental health holds** (individuals in crisis who have been evaluated and are waiting for an inpatient bed):
 - Overall average holds (last 12 months): 23 holds
 - Average holds for **January 2015**: 19
 - Average holds for **January 2016**: 22
- There were **2 days in January** in which the number of ER patients in mental health crisis **met or exceeded the upper limit** of 30 holds.
 - January 3rd & 12th
 - Compared to **3 days in January 2015** where ER patients in mental health crisis exceeded the upper limit

	Average/ Totals	Trend compared to previous month
ER Holds	22 per day	Decreased Compared to: <ul style="list-style-type: none"> • December 2015: 23 • January 2015: 19
NOPD Calls	12 per day	Stayed Constant Compared to: <ul style="list-style-type: none"> • December 2015: 12 • January 2015: 10
Inpatient Bed Saturation	87.23%	N/A
Children Crisis Intervention	23 monthly total	Increased Compared to: <ul style="list-style-type: none"> • December 2015: 18 • January 2015: 22
Adult Crisis Intervention	150 monthly total	Increased Compared to: <ul style="list-style-type: none"> • December 2015: 106 • January 2015:

Demand: ER Patients in Crisis, by Week

January 2016

Figure 1: Patients with Mental Health Holds at Local Emergency Rooms, Weekly

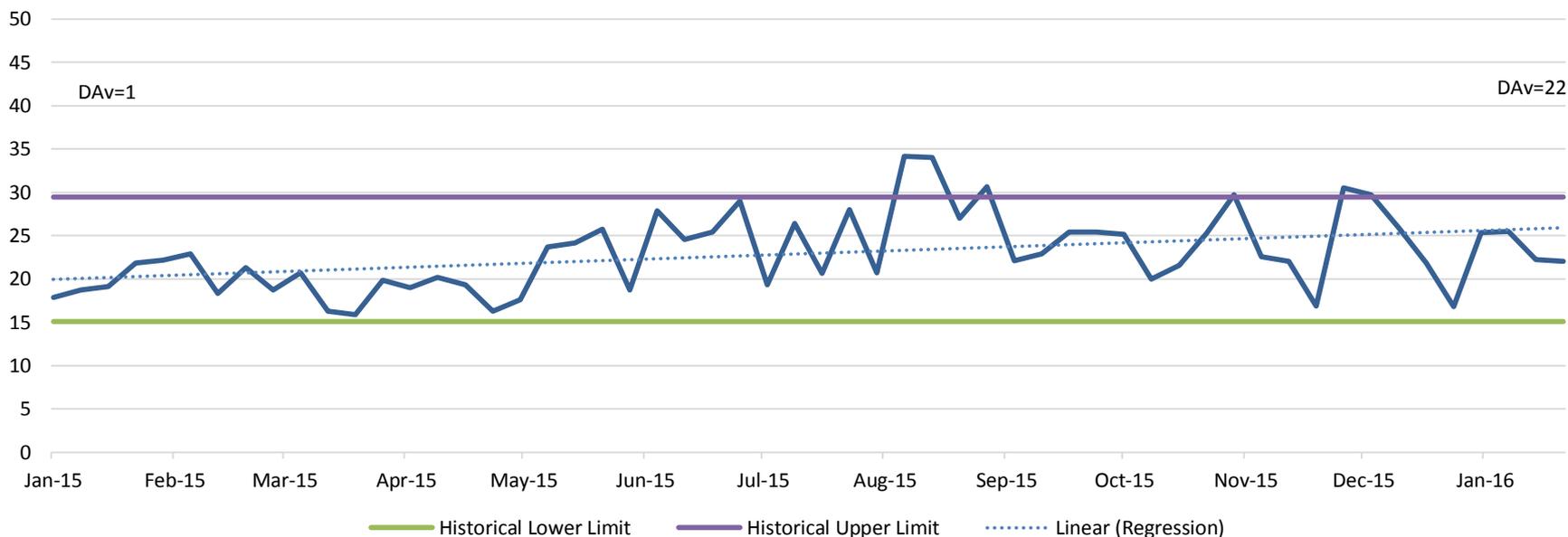


Table 1: Average Daily Mental Health Crisis Patients in ER, by Hospital

University Hospital	10
East Jefferson General Hospital	0
New Orleans East Hospital	1
Ochsner Baptist Medical Center LLC	0
Ochsner Medical Center	0
Ochsner Medical Center Westbank	1
Ochsner Medical Center Kenner LLC	2
St. Bernard Parish Hospital	1
Touro Infirmary	1
Tulane Lakeside Hospital	0
Tulane Medical Center	0
West Jefferson	3

Figure 1 displays the average weekly number of patients in mental health crisis who present to local hospital emergency departments. These individuals also may be awaiting admission into an inpatient psychiatric unit.

The current average of ER patients in mental health crisis per day is 22, which is a 16% increase since January 2015.

Table 1 shows the daily average number of patients in mental health holds by hospital.

**The DAV is the daily hold average for the current month and the previous year's month.*

Current through 1/31/2015.

Demand: ER Patients in Crisis, by Day

January 2016

Figure 2: Patients in Mental Health Holds at Local Emergency Rooms, Daily for January 2016

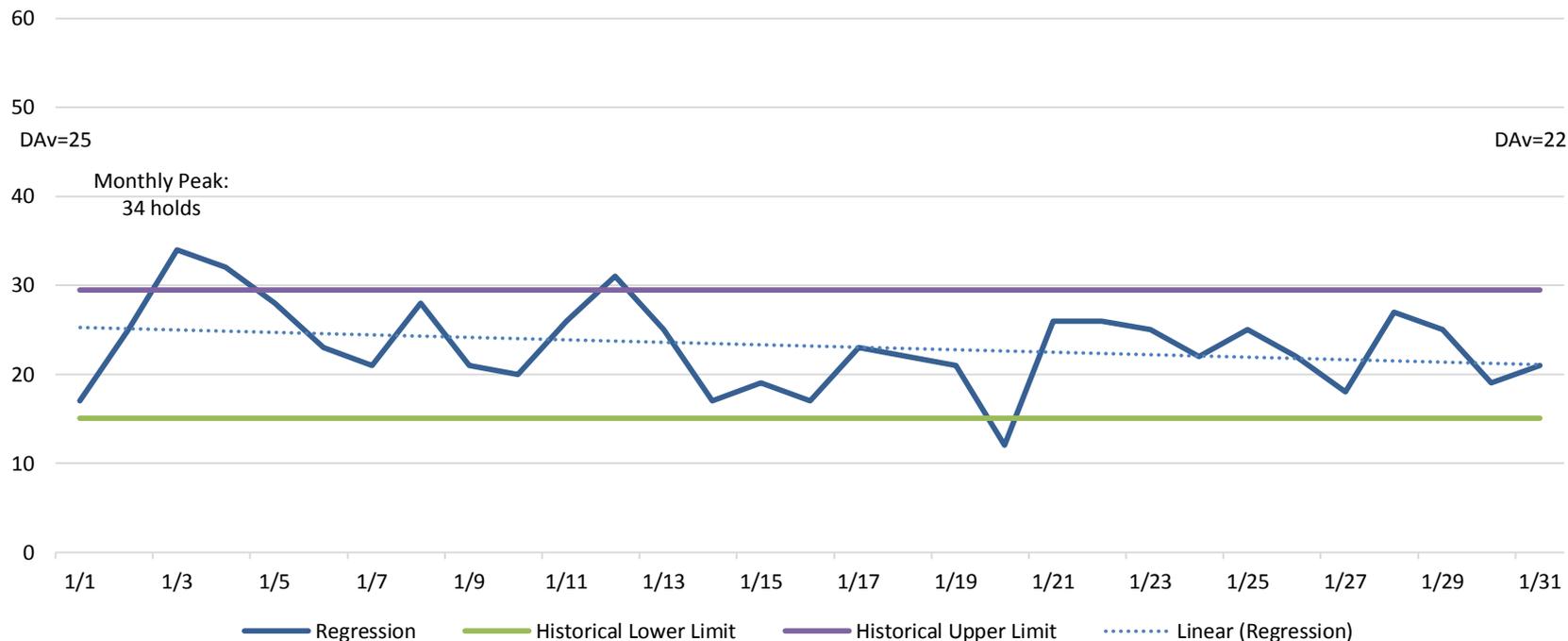


Figure 2 shows the actual daily number of patients in mental health holds for the month of January 2016. The number of holds peaked in the beginning and end of the month with an overall high on January 3rd with 34 holds. The month had an overall **decreasing** trend in mental health holds.

**The DAV is the daily hold average for the first and last week of the month.*

Current through 1/31/2016.

Demand: ER, Inpatient, and 911 Utilization

January 2016

Figure 3: Patients in Mental Health Crisis at Local Emergency Rooms, NOPD Calls for Service, and Average Inpatient Psych Saturation, Daily for October 2015

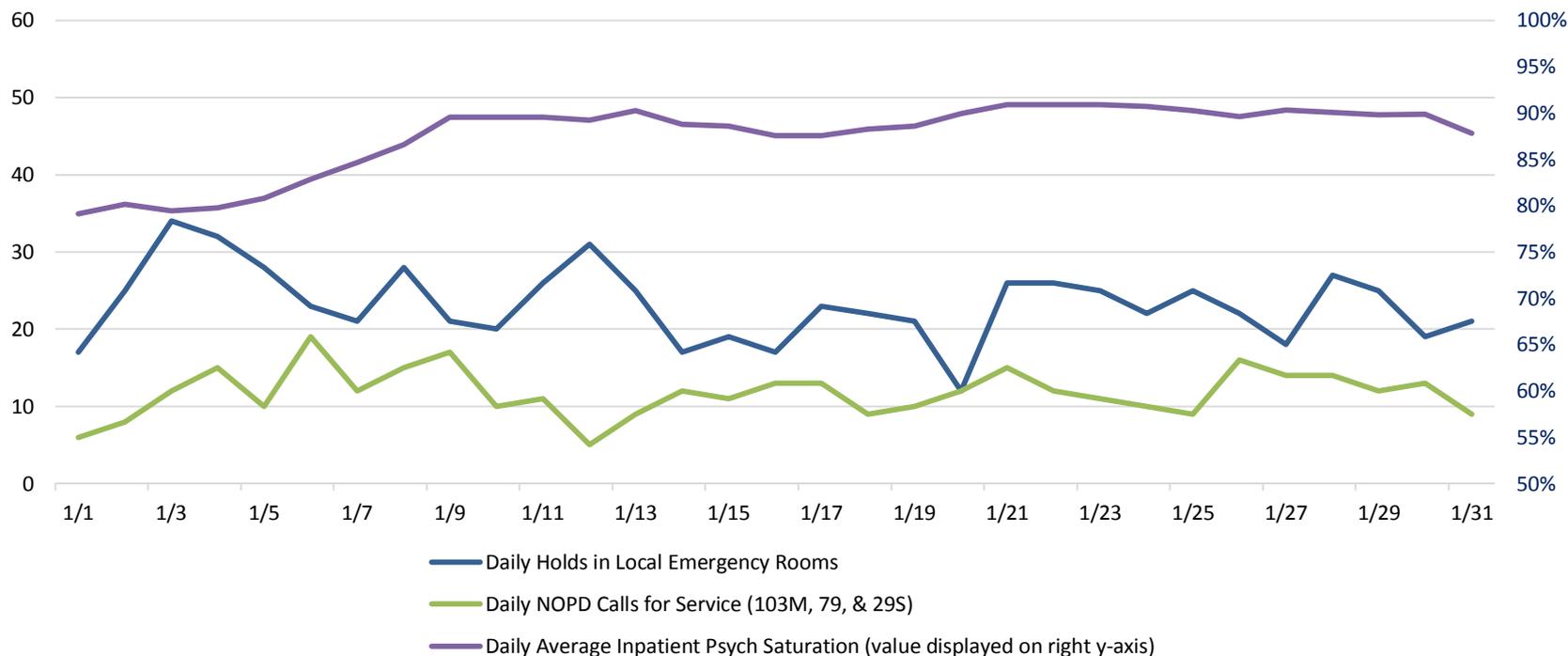


Figure 3 shows the average daily number of patients in mental health holds compared with the average inpatient psychiatric saturation of region hospitals and daily calls for service to NOPD related to mental health:

- *Mental Health Crisis*: individual in crisis due to mental health complications
- *Violations of Protective Custody*: these include calls related to involuntary commitment to a psychiatric facility
- *Suicide*: the intentional and deliberate act of taking one’s own life

This information is displayed to show the availability of services compared to demand, particularly for a mental health crisis that would warrant police involvement and/or hospitalization.

Current through 1/31/2016.

Demand: ER Holds & Crisis Calls for Service, by Month

January 2016

Figure 4: Average Daily MHSD Crisis Calls, NOPD Calls for Service (Mental Patient, Violations of Protective Custody, and Suicide) and Daily Holds

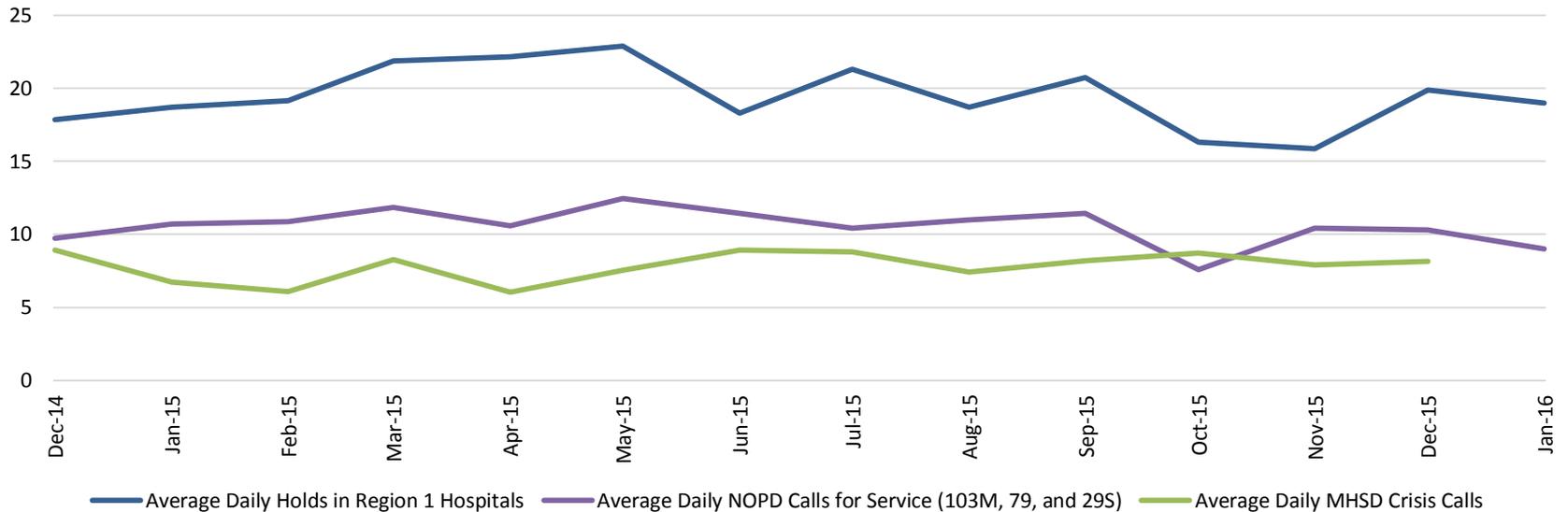


Figure 4 shows the number of calls for service related to mental health, which includes calls for:

- New Orleans Police Department:**
 - Mental Health Crisis:* individual in crisis due to mental health complications
 - Violations of Protective Custody:* these include calls related to involuntary commitment to a psychiatric facility
 - Suicide:* the intentional and deliberate act of taking one's own life
- Metropolitan Crisis Response Team (MCRT):**
 - MHSD 24/7 Crisis Line for adults and children experiencing a crisis related to mental illness, developmental disability, or substance abuse.

These calls are compared to daily mental health patients in emergency rooms to show how many individuals may cycle through both NOPD and hospital emergency departments. **There are currently an average of 12 NOPD and 7 MCRT calls for service each day related to mental health**, compared to a daily average of 22 ER patients in mental health crisis.

Current through 1/31/2016.

Utilization: Inpatient Psychiatric Saturation

January 2016

Figure 5: Inpatient Psychiatric Unit Saturation, Daily

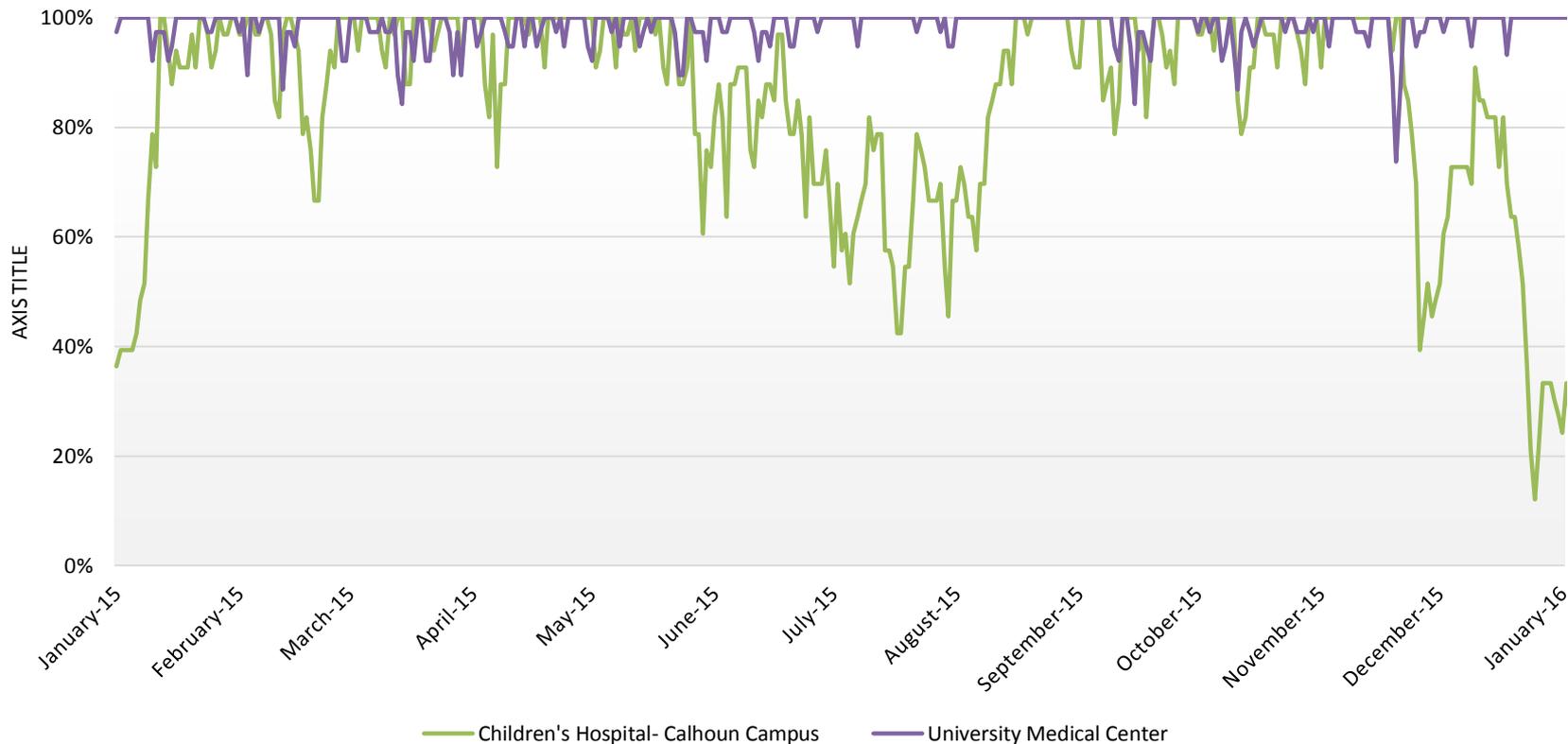


Figure 5 shows the percentage of inpatient beds in psychiatric unit at Children’s Hospital and University Medical Center. These two hospitals receive the majority of New Orleans children and adults with mental health crises in their respective Emergency Departments.

- Over the last 12 months, Children’s Hospital averaged **85% saturation** of its 33 inpatient psychiatric beds.
- Over the last 12 months, University Medical Center averaged **98% saturation**. UMC increased its psychiatric bed count from 38 to 44 beds in December 2015.

Current through 1/31/2016.

Capacity: Outpatient Resources

January 2016

Figure 6: Outpatient Resource Saturation, Weekly

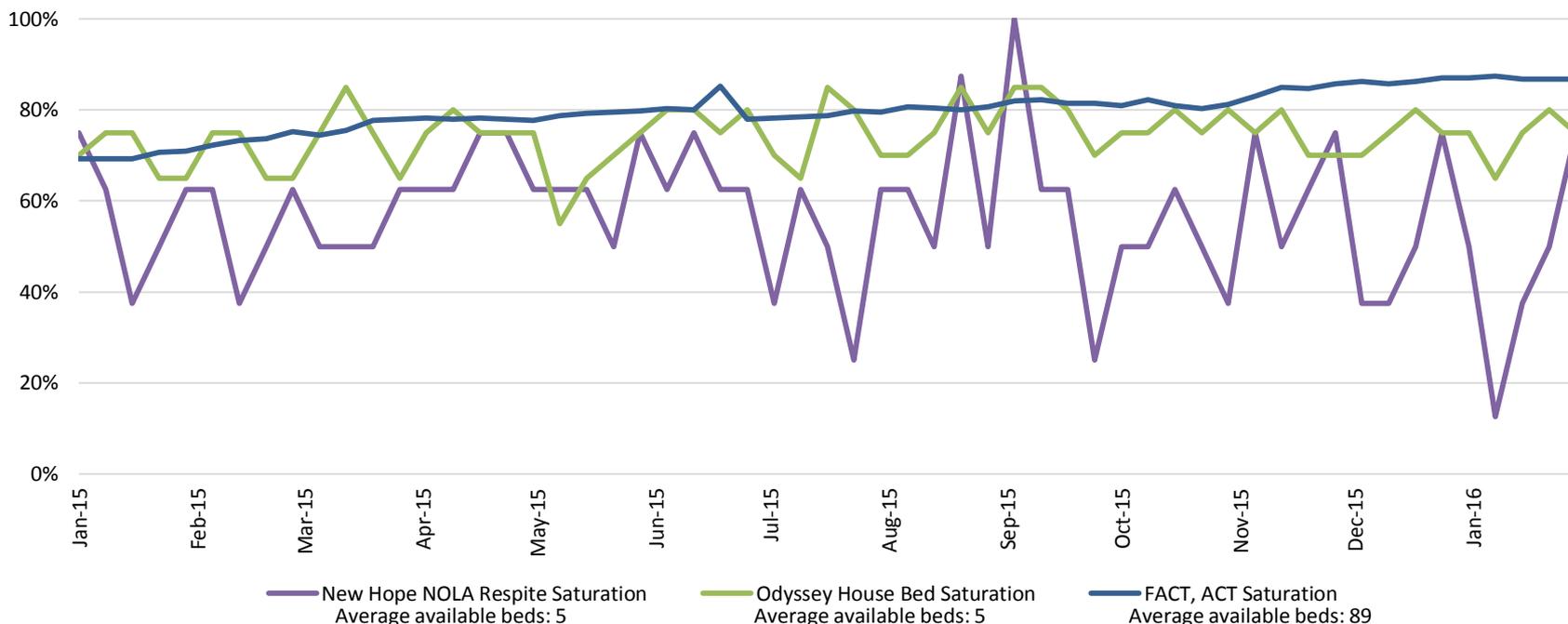


Figure 6 shows how many outpatient slots are available by week in four outpatient resources for clients with behavioral health diagnoses. This graph shows the utilization and availability of the following services (full definitions available in Dashboard Dictionary):

- **ACT/FACT:** one FACT and four ACT teams serve a total of **500** clients. * **January 2016: 89% saturation; daily average of 447 clients.**
- **New Hope NOLA:** **8** respite beds for individuals in crisis that offer stabilization in a home-like environment. **January 2016 : 75% saturation; daily average of 6 clients.**
- **Odyssey House:** medical detoxification beds, total capacity of **20** beds. * **January 2016: 75% saturation; daily average of 15 clients.**

Since January 2015, **utilization of outpatient resources have increased overall**, reflecting recent investments in outpatient resources.

*Current through 1/31/2016; *ACT/FACT capacity increased by 100 March 2014, *Odyssey beds increased by 6 March 2014.*

Adult: Demand, Crisis Intervention, by Month

January 2016

Figure 7: Metropolitan Crisis Response Team – Adult Disposition Total

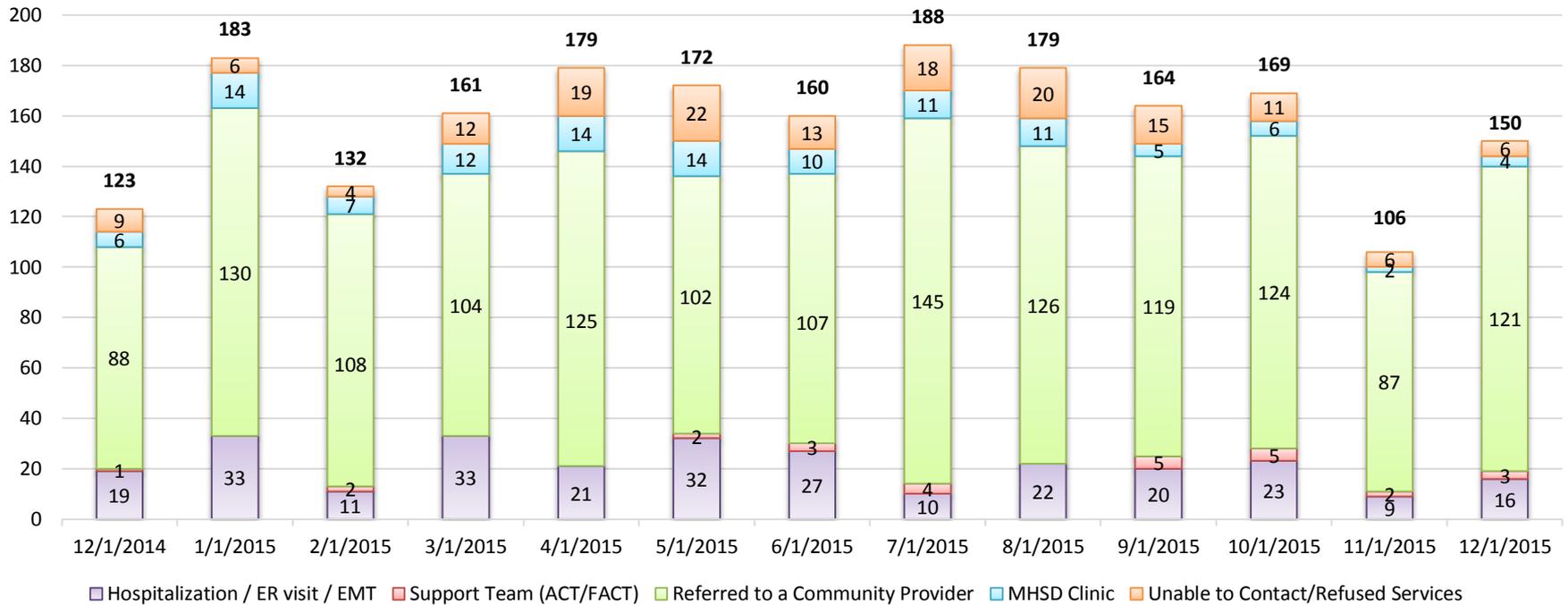


Figure 7 shows the number of adults served by the Metropolitan Crisis Response Team from September 2014 and how the team served those adults (disposition):

- *Hospitalization/ER visit/EMT*: the number of adults transported to the hospital as a result of their behavioral health crisis.
- *Support Team (ACT/FACT)*: the number of adults who receive services from ACT/FACT or are referred to ACT/FACT.
- *Referred to a Community Provider*: the adult is connected to an existing outpatient provider.
- *Refused/Unable to Contact*: the Team is not able to follow up on the original crisis call.
- *MHSD Clinic*: the adult is provided with an appointment at MHSD.

In December 2015, the Metropolitan Crisis Response Team served **150 adults, and a majority of the adults served were connected to outpatient resources.**

Current through 12/31/2015.

Children: Demand, Crisis Intervention, by Month

January 2016

Figure 8: Metropolitan Crisis Response Team – Child Disposition Total

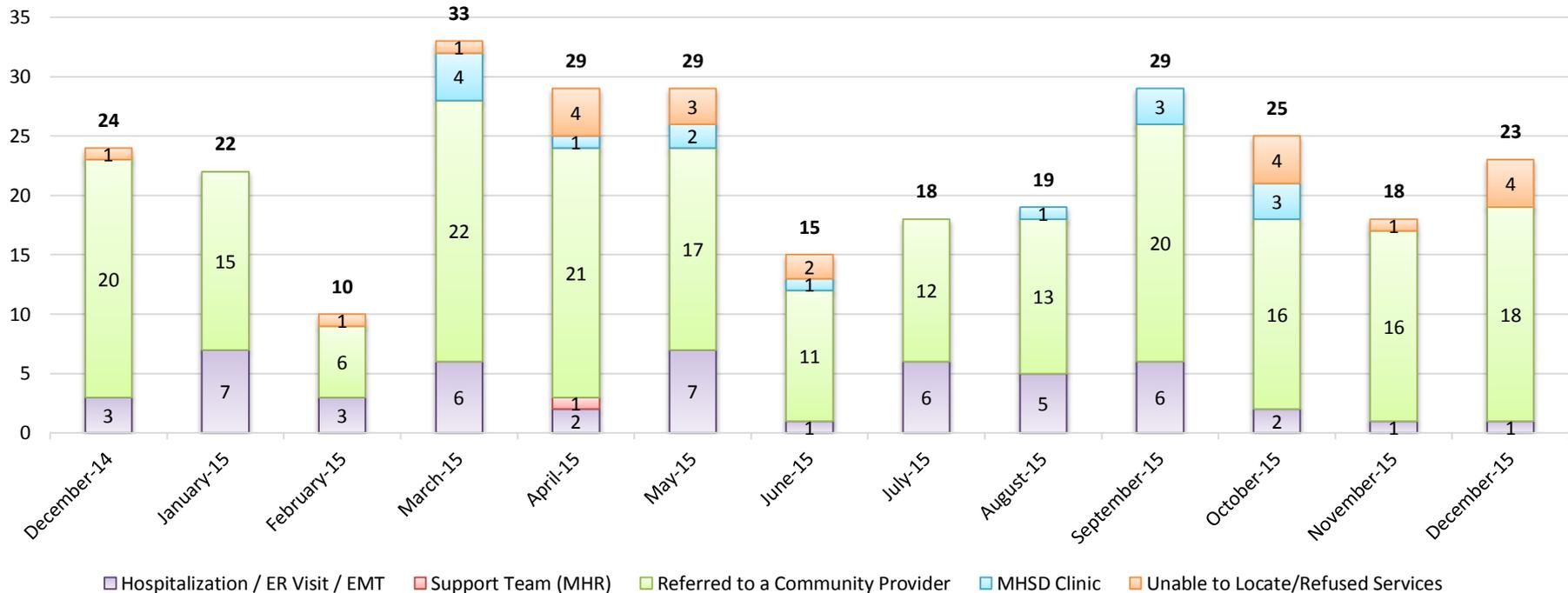


Figure 8 shows the number of children served by the Metropolitan Crisis Response Team from September 2014 and how the team served those children (disposition):

- *Hospitalization/ER visit/EMT*: the number of children transported to the hospital as a result of their behavioral health crisis.
- *Support Team (MHR)*: the number of children who receive more intensive services or are referred to intensive services such as an MHR.
- *Outpatient Connect*: the child is connected to an existing outpatient provider.
- *Refused/Unable to Contact*: the Team is not able to follow up on the original crisis call.
- *MHSD Clinic*: the child is provided with an appointment at MHSD.

In December 2015, the Metropolitan Crisis Response Team served **23 children, and a majority of the children served were connected to outpatient resources.**

Current through 12/31/2015.

Dashboard Dictionary

- **ACT, Assertive Community Treatment:** Four ACT teams exist in the Greater New Orleans area; two are operated by Northwest Human Services (NHS) and two by the Resources for Human Development (RHD). The four teams have the capacity for a total of four hundred (400) clients. These mobile mental health teams comprised of psychiatrists, nurses, clinicians, peer specialists, daily living counselors, and vocational specialists. They provide in-home treatment to clients with mental illness or developmental delays.¹ ACT teams provide more direct treatment services to clients than Community Psychiatric Support Teams.
- **Census:** total number of patients. Here, census is referring to the total number of psych holds.
- **EMS Wall Time:** the amount of time an EMS paramedic spends caring for a patient at the hospital as the patient awaits a bed. A paramedic remains at the hospital with the patient, while the ambulance is able to respond to another call.²
- **Wall Time:** indicates the amount of time an ambulance is tending to a patient awaiting admission to the hospital or discharge.³ The first twenty (20) minutes a patient spends with the ambulance are not counted toward wall time. Wall time hours begin their count at twenty one (21) minutes.²
- **FACT, Forensic Assertive Community Treatment:** The FACT team is operated by NHS and performs the same functions as the ACT team but is intended for those who have been through the criminal justice system. There is one FACT team with space for one hundred (100) clients.⁴
- **Limited Diversion:** indicates the hospital is near or at its capacity for psychiatric patients. While criteria differ between facilities, a hospital on limited diversion may be looking to other hospitals to accept patients. This prevents the hospital's emergency room from exceeding its capacity.⁵

Dashboard Dictionary, *continued*

- **MCRT, Metropolitan Crisis Response Team:** a 24/7 service operated by Resources for Human Development that allows crisis response and prevention of hospitalization. The MCRT triages, assesses, and intervenes for individuals experiencing a mental health or substance abuse crisis. The main goal is to prevent a client from being admitted to a hospital and instead access community resources that may be more suitable to his or her needs.⁶
- **Mental Health Hold:** A patient in the Emergency Department, or other area of the hospital, who is awaiting transfer or admission to an inpatient psychiatric unit⁵
- **MHERE, Mental Health Emergency Room Extension:** unit located in University Hospital intended to allow physicians and psychiatrists to evaluate an individual with behavioral or mental health needs. The MHERE is equipped with a medical team as well as psychiatric triage services. Staff in MHERE is able to complete an evaluation and determine the proper community resource suitable to the patient's needs.⁷
- **MHR, Mental Health Rehab:** Mental health rehabs are independent agencies that provide community-based mental health services, such as counseling and medication management, to adults and children. MHRs provide their own crisis services for existing clients.
- **Odyssey House Medically Supported Detoxification:** a behavioral health care facility that offers treatment for addiction. Odyssey House provides medically supported detoxification. Patients occupy detox beds for five (5) to seven (7) days. While other Odyssey House beds exist in the city, the capacity for the figures presented here is twenty (20) beds. Odyssey House also offers other programs such as life-skills training, vocational training, and case management through its long-term inpatient residential program.⁴
- **Respite Beds at New Hope NOLA** (referred on the graph as New Hope NOLA, also known as Crisis Step-Down Beds): These beds are used for individuals who are experiencing a behavioral health crisis and do not feel comfortable in their usual surroundings. The intent is to stabilize the person and prevent a potentially harmful incident. The patient is evaluated by a psychiatrist and is able to work with social workers or case managers during his or her stay. Patients can occupy a crisis step-down bed for up to five (5) days and there are a total of eight (8) beds.⁴

Dashboard Dictionary, *Sources*

■ Sources

1. Resources for Human Development (RHD). (2011) Assertive community treatment team. Retrieved from <http://www.rhd.org/Program.aspx?pid=8>
2. Dr. Jeff Elder, Director and Medical Director, New Orleans Emergency Medical Services. Email to P. Cunningham, May 9, 2012.
3. Dr. Jeff Elder, Director and Medical Director for New Orleans Emergency Medical Services. (2012) Mayor's EMS stats.
4. Cathy Storm, Director of Addiction Services, Metropolitan Human Services District, phone interview with N. Dowell, August 21, 2012.
5. Cynthia Davidson, HHS Administrative DRC. Email with Cynthia Davidson, July 15, 2015
6. RHD. (2011). Metropolitan crisis response team (MCRT). Retrieved from <http://www.rhd.org/Program.aspx?pid=16>
7. Cathy Storm, Director of Addiction Services, Metropolitan Human Services District, phone interview with N. Dowell, September 5, 2012.