

# Behavioral Health Analysis

# Behavioral Health: Introduction

This section reviews detailed operating statistics of reporting community-based behavioral health safety net providers (community mental health and substance use treatment) and safety net hospitals with inpatient psychiatric services in the Eastern Region of Missouri (St. Louis City and Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren). St. Louis City and County providers are denoted throughout (see Appendix D for a list of 2020 reporting institutions). Behavioral health services provided by local health centers are reflected in this section and in the primary care section of this report.

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 Access to Care Report.

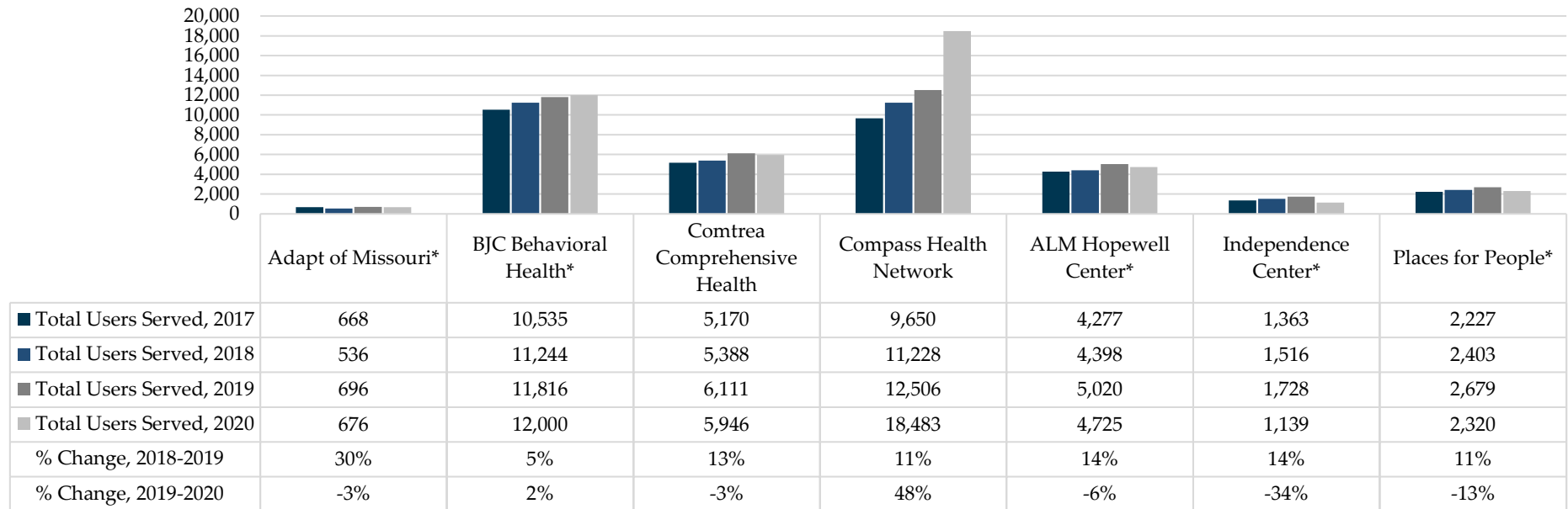
Historical data from 2005 is sourced from the Regional Health Commission's "Eastern Region Public Behavioral Health System: Utilization of Services" report. Historical data covering 2007-2010 stems from the RHC's "MPC Regional Psychiatric Capacity Analysis and Recommendations" report.

# Behavioral Health: Key Findings

- Users increased over the last year and since 2017 (page 94).
  - Behavioral health users served increased 17% to 40,556 in 2019, as compared to 36,713 served in 2018. Total users served have increased by 29%, or nearly 6,666 people, since 2017 (page 94).
  - Behavioral health users served increased 12% to 45,289 in 2020, as compared to 40,556 served in 2019. Total users served have increased by 34%, or nearly 11,399 people, since 2017 (page 94).
- Newly admitted users to behavioral health safety net agency programs increased by 5% to 14,455 in 2019 and increased by 21% to 17,433 users in 2020. Newly admitted users accounted for 41% of all users served in 2019, and 43% of all users served in 2020 (page 95).
- 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 96).
- Behavioral health encounters at safety net primary care providers decreased by 13% over the past year, and by 12% since 2017 (page 97).
- Emergency department encounters with behavioral health diagnoses (primary and secondary) have decreased over the past year and account for 33% of all emergency department encounters in 2020 (page 108). The top primary behavioral health diagnoses remain mood disorders, schizophrenia/delusional disorders, and alcohol use disorders (page 104).
- Acute psychiatric inpatient encounters decreased overall in 2019, inpatient psychiatric staffed bed capacity increased by 21.7% since 2018 and 14% since 2017 (page 113).
- Acute psychiatric inpatient encounters decreased overall in 2020, inpatient psychiatric staffed bed capacity increased by 0.5% since 2019 and 15% since 2017 (page 114).

**Behavioral health safety net community mental health providers<sup>+</sup> served 40,556 users in 2019 and 45,289 users in 2020.**

Behavioral Health Unduplicated Clients Served, 2017-2020



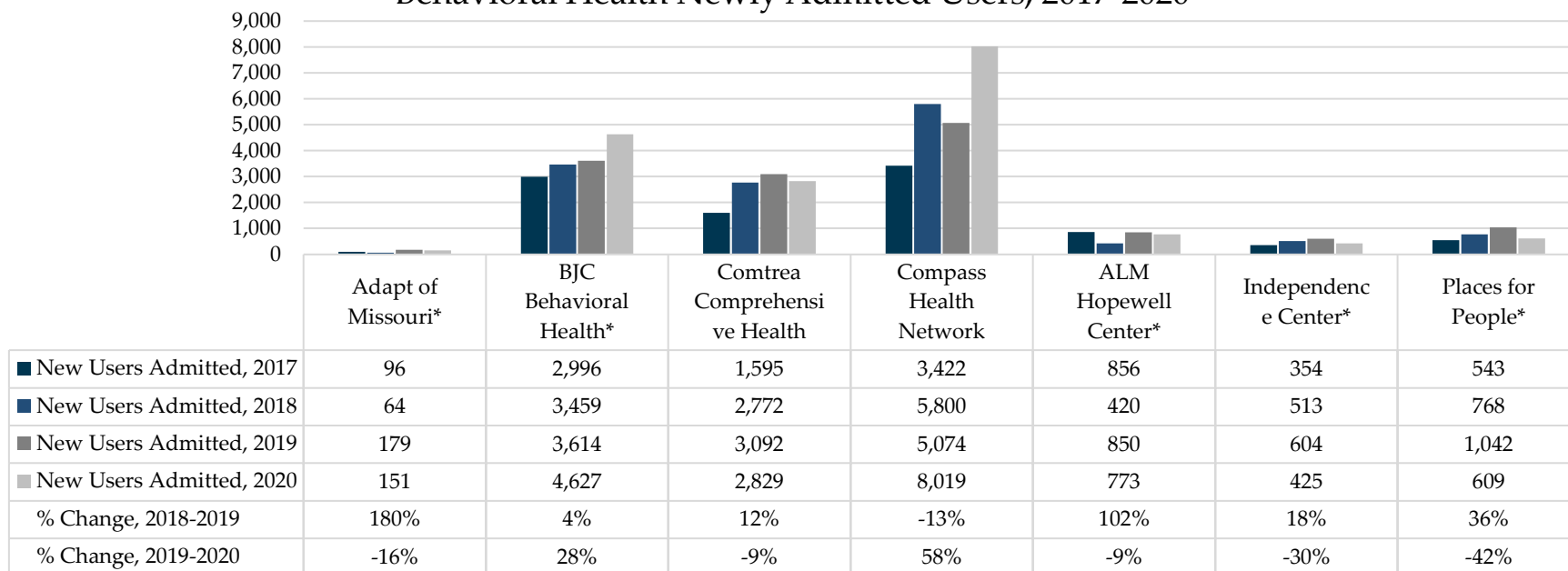
- Behavioral health users served increased 12% to 45,289 in 2020, as compared to 40,556 served in 2019. Total users served has increased by 34%, or nearly 11,399 people, since 2017.
- Behavioral health users served increased 17% to 40,556 in 2019, as compared to 36,713 served in 2018. Total users served has increased by 29%, or nearly 6,666 people, since 2017.
- Between 2018 and 2019, all seven organizations saw an increase in the number of users served. However, Between 2019 and 2020, Only two organizations maintain slight growth in the number of users served, including BJC Behavioral Health (2%) and Compass Health Network (48%). All others had a slightly decrease in number. One organization saw significant decrease, Independence Center (-34%).

<sup>+</sup> 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 served reflects 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 14,455 users to programs in 2019 and 17,433 users to the programs in 2020.

Behavioral Health Newly Admitted Users, 2017-2020



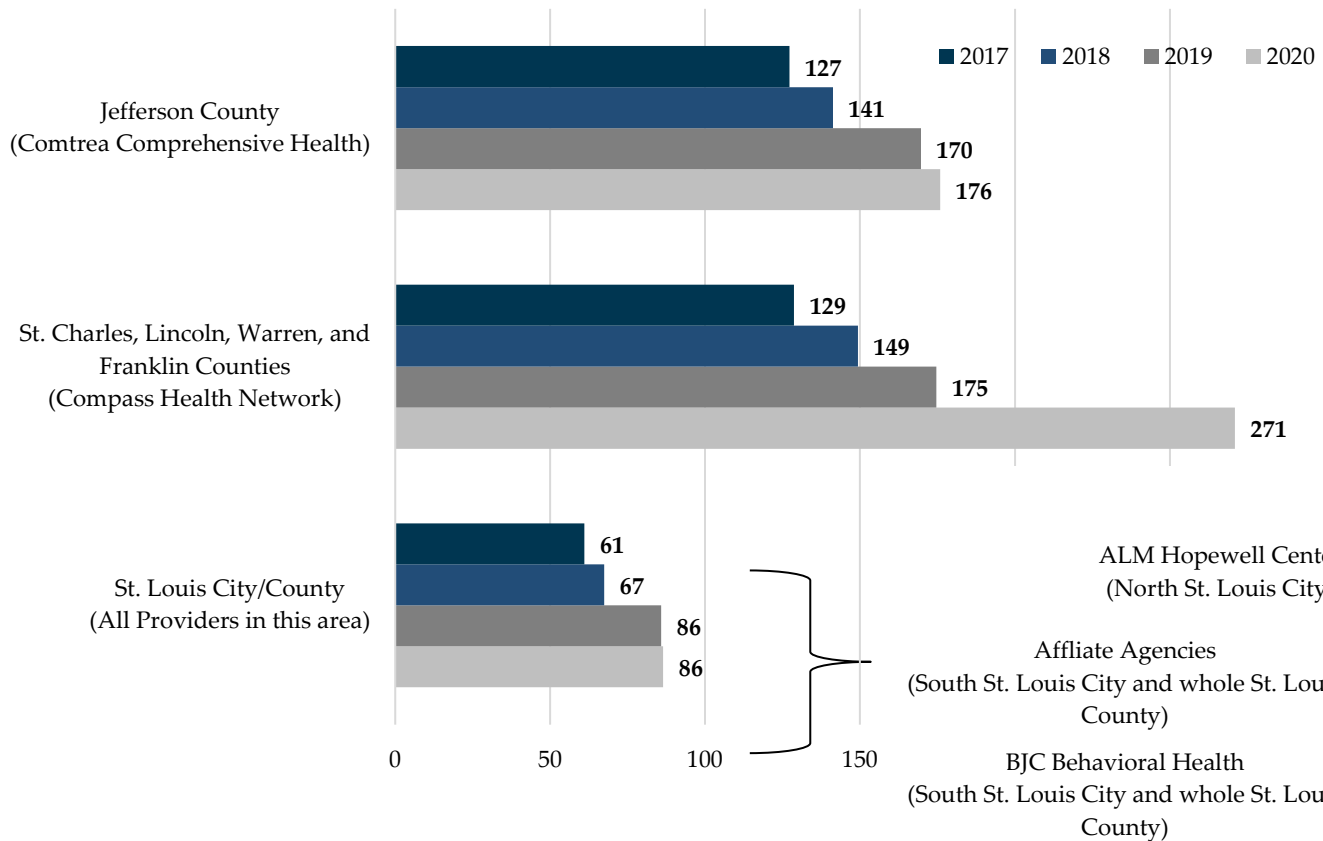
- Newly admitted users to behavioral health safety net agency programs increased by 5% in 2019, as compared to the 13,796 newly admitted in 2018. Newly admitted users have increased by 47% since 2017.
- Newly admitted users to behavioral health safety net agency programs increased by 21% in 2020, as compared to the 14,455 newly admitted in 2019. Newly admitted users have increased by 77% since 2017.
- Newly admitted users served accounted for 41% of overall users served in 2019 and 43% of overall users served in 2020.
- Between 2018 and 2019, newly admitted users increased at six organizations, including Comtrea (12%), Independence Center (18%), Places for People (36%), BJC Behavioral Health (4%), ALM Hopewell Center (102%), and Adapt of Missouri (180%), One organization saw a decrease, Compass Health Network (-13%).
- Between 2019 and 2020, Newly admitted users decreased at five organizations, including Comtrea (-9%), Independence Center (-30%), Places for People (-42%), ALM Hopewell Center (-9%), Adapt of Missouri (-16%). Newly admitted users increased at BJC Behavioral Health (28%) and Compass Health Network (58%).

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 served reflects 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. The increase in Compass Health Network admissions is primarily related to the agency's Open Access System and multi-platform marketing to elevate community visibility. In addition, some of the increase is a result of the 2020 merger with Family Health Care.

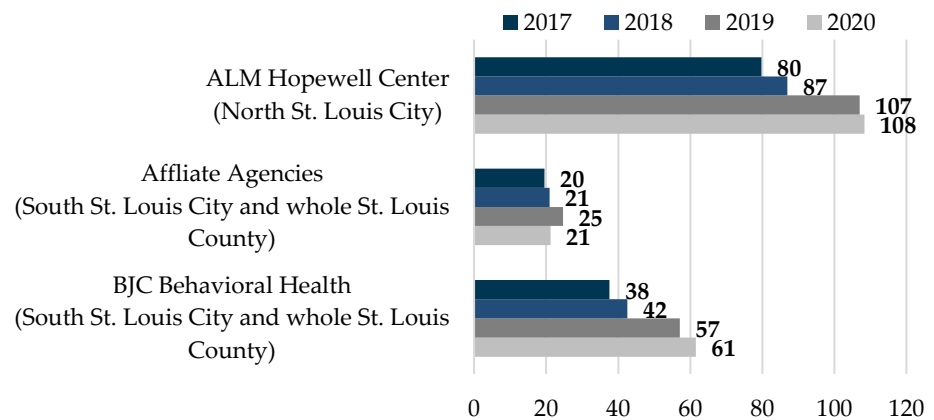
\*Denotes St. Louis City or St. Louis County provider

**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, 2017 - 2020, per 1,000 service area residents below 150% of the Federal Poverty Level (FPL)



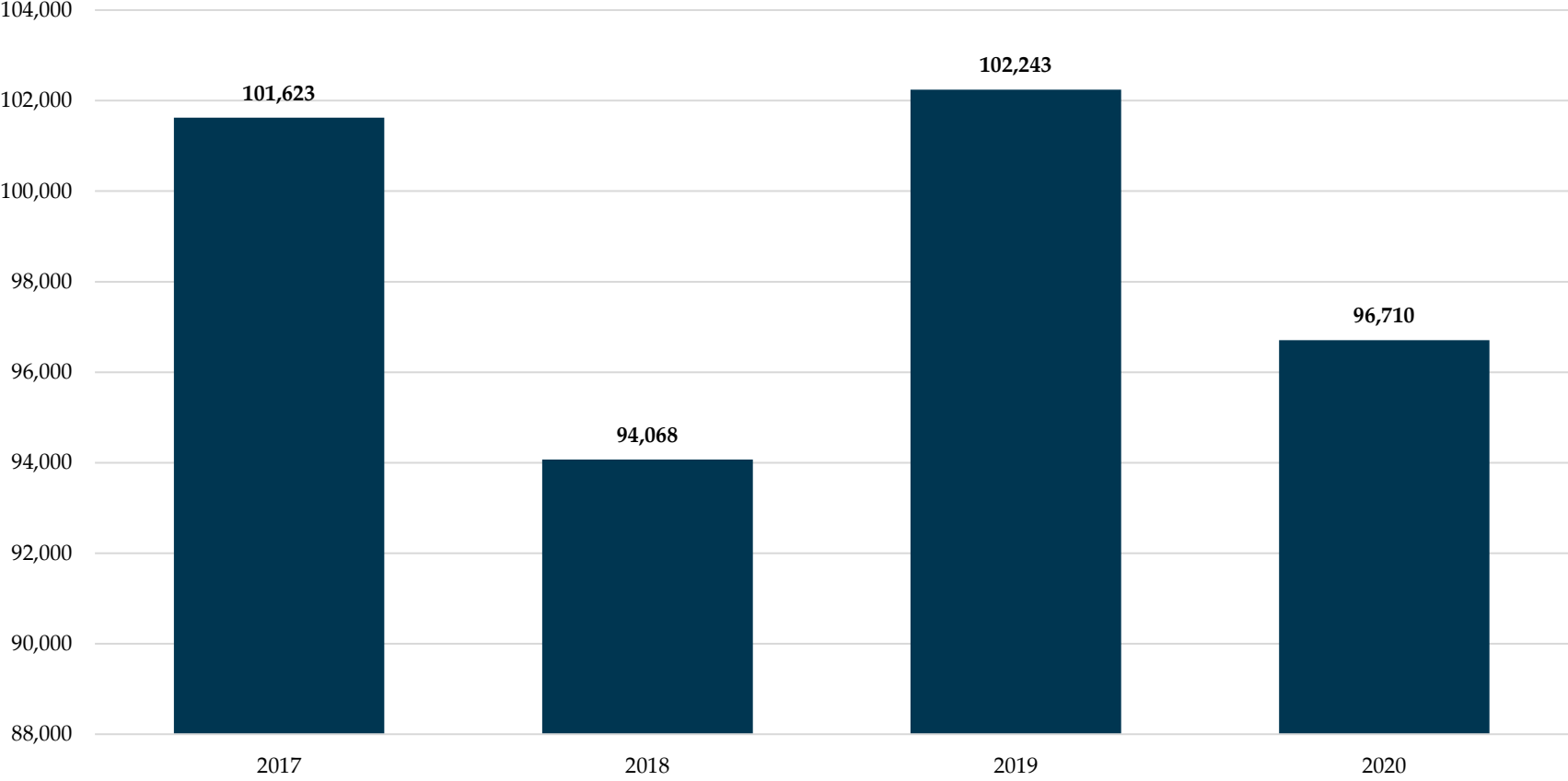
In addition to being served by DMH administrative agents, BJC Behavioral Health and ALM Hopewell, St. Louis City and County users are served by affiliate agencies (Adapt of Missouri, Independence Center and Places for People).



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 American Community Survey Five-Year Estimates (Census table S1701). 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. The increase in Compass Health Network admissions is primarily related to the agency’s Open Access System and multi-platform marketing to elevate community visibility. In addition, some of the increase is a result of the 2020 merger with Family Health Care

**Behavioral health encounters at safety net primary care providers have decreased by 5% (4,900), since 2017.**

Primary Care Behavioral Health Encounters, 2017 - 2020

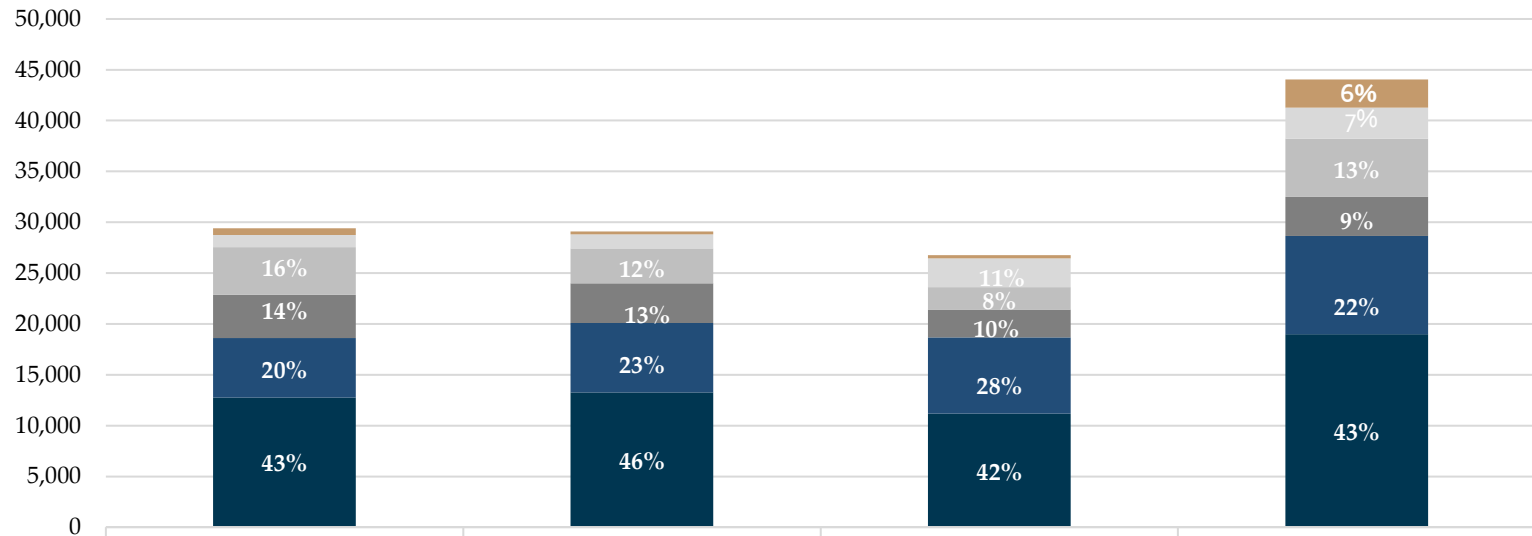


Behavioral health encounters at safety net primary care providers decreased by 5% over the past year.

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.

**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, 2017 - 2020



	2017	2018	2019	2020
Self-pay	670	287	320	2,799
Grant/Tax Levy	1,215	1,374	2,817	3,042
Private/Commercial	4,672	3,430	2,210	5,729
Medicare/Dual-Eligible	4,262	3,902	2,736	3,823
Uninsured/DMH	5,835	6,832	7,491	9,666
Medicaid	12,768	13,259	11,181	18,999
<b>Total</b>	<b>29,422</b>	<b>29,084</b>	<b>26,755</b>	<b>44,058</b>

- In 2020, the percentage of users served by community mental health centers with Private/Commercial and Self-pay primary payor sources increased, while users who were Uninsured/DMH decreased. Other payor sources remained similar between 2019 and 2020.
- The increase in Medicaid behavioral health users can be attributed to users not being dropped off of Medicaid due to COVID-19.

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.



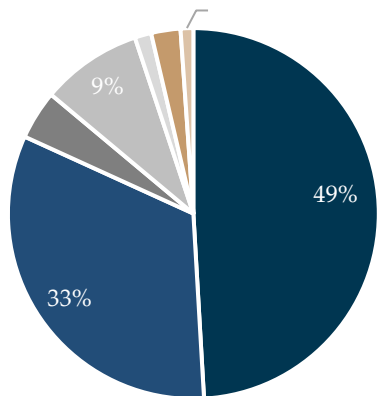
**Behavioral health services are primarily available Monday through Friday, with some providers serving users on weekends at day program or clubhouse sites.**

Organization	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Adapt of Missouri*</b>	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	Closed	Closed
<b>BJC Behavioral Health*</b>	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	Closed	Closed
<b>Comtrea Comprehensive Health Center</b> Site: South (Festus)	8:00am-7:00pm	8:00am-7:00pm	8:00am-7:00pm	8:00am-7:00pm	8:00am-5:00pm	Closed	Closed
<b>Compass Health Network</b> Site : St. Charles	7:00am-5:30 pm	7:00am-5:30 pm	7:00am-5:30 pm	7:00am-5:30 pm	7:00am-5:30 pm	8:00am-5:00 pm	Closed
<b>ALM Hopewell Center*</b>	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-2:00 pm	Closed
<b>Independence Center*</b>	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	(Hours are based on scheduled event times)	Closed
<b>Places For People*</b>	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 2019, 5 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. Hopewell offered open access appointments for services for Children 2 days a week, and Adults 2 half days. In 2020, Hopewell transitioned to full open access 3 days a week.

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

## Crisis Call Outcomes 2019 (N=22,642)



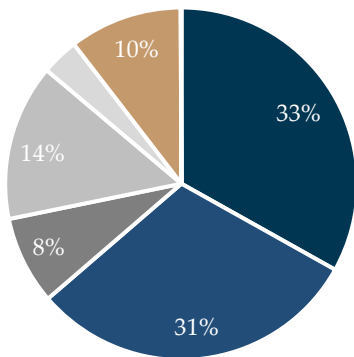
- Referred to other community agency
- Referred to follow-up with existing provider
- Referred to mobile crisis
- Problem Resolved
- Other
- Referred to 911/Law enforcement
- Referred/Admitted to inpatient psychiatric care

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

## BEHAVIORAL HEALTH RESPONSE (BHR) ACCESS CRISIS INTERVENTION HOTLINE RECEIVED 22,642 CRISIS CALLS IN 2019. BHR PROVIDED IN-PERSON CRISIS INTERVENTION THROUGH 1,407 MOBILE OUTREACHES.

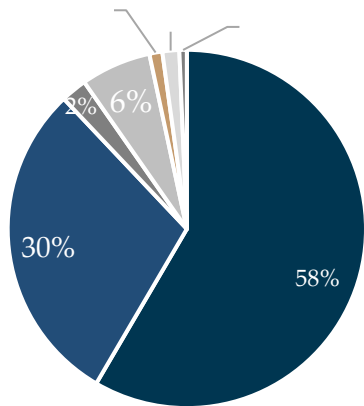
- While regional behavioral health services are available predominantly during traditional business hours, providers surveyed collaborate with BHR's regional Access Crisis Intervention hotline to provide 24/7 telephonic crisis intervention and mobile outreach services. Between 2017-2019, a majority of these calls resulted in referral to community-based services.
- BHR partners with community mental health providers (CMHCs) to give consumers access to next-day urgent appointments to comprehensive psychiatric services and provides follow-up services to consumers to ensure ongoing safety and linkage to needed support.
- BHR has reported these numbers using the DMH ACI method – calls actually equal cases or what BHR call episodes of care. Each case has multiple calls, on average about 2.5 per case. BHR also excluded all calls originating from outside the eastern region of Missouri.

## Mobile Outreach Outcomes 2019 (N=1,407)



- Referred to other community agency
- Referred for next-day urgent (NDU) CPS appointments
- Referred to follow-up with existing provider
- Referred to a hospital for psychiatric care
- Problem Resolved
- Other
- Referred to 911/Law enforcement
- Referred/Admitted to inpatient psychiatric care

### Crisis Call Outcomes 2020 (N=27,546)



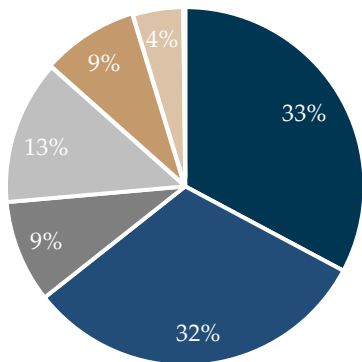
- Referred to other community agency
- Referred to follow-up with existing provider
- Referred to mobile crisis
- Problem Resolved
- Other
- Referred to 911/Law enforcement

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

**BEHAVIORAL HEALTH RESPONSE (BHR) ACCESS CRISIS INTERVENTION HOTLINE RECEIVED 27,546 CRISIS CALLS IN 2020- AN INCREASE OF 4,904 FROM THE 22,642 IN 2019. BHR PROVIDED IN-PERSON CRISIS INTERVENTION THROUGH 1125 MOBILE OUTREACHES – AN DECREASE OF 20% FROM THE 1,407 IN 2019.**

- 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. Between 2017-2020, a majority of these calls resulted in referral to community-based services.
- BHR partners with community mental health providers (CMHCs) to give consumers access to next-day urgent appointments to comprehensive psychiatric services and provides follow-up services to consumers to ensure ongoing safety and linkage to needed support.
- BHR has reported these numbers using the DMH ACI method – calls actually equal cases or what BHR call episodes of care. Each case has multiple calls, on average about 2.5 per case. BHR also excluded all calls originating from outside the eastern region of Missouri.

### Mobile Outreach Outcomes 2020 (N=1,125)

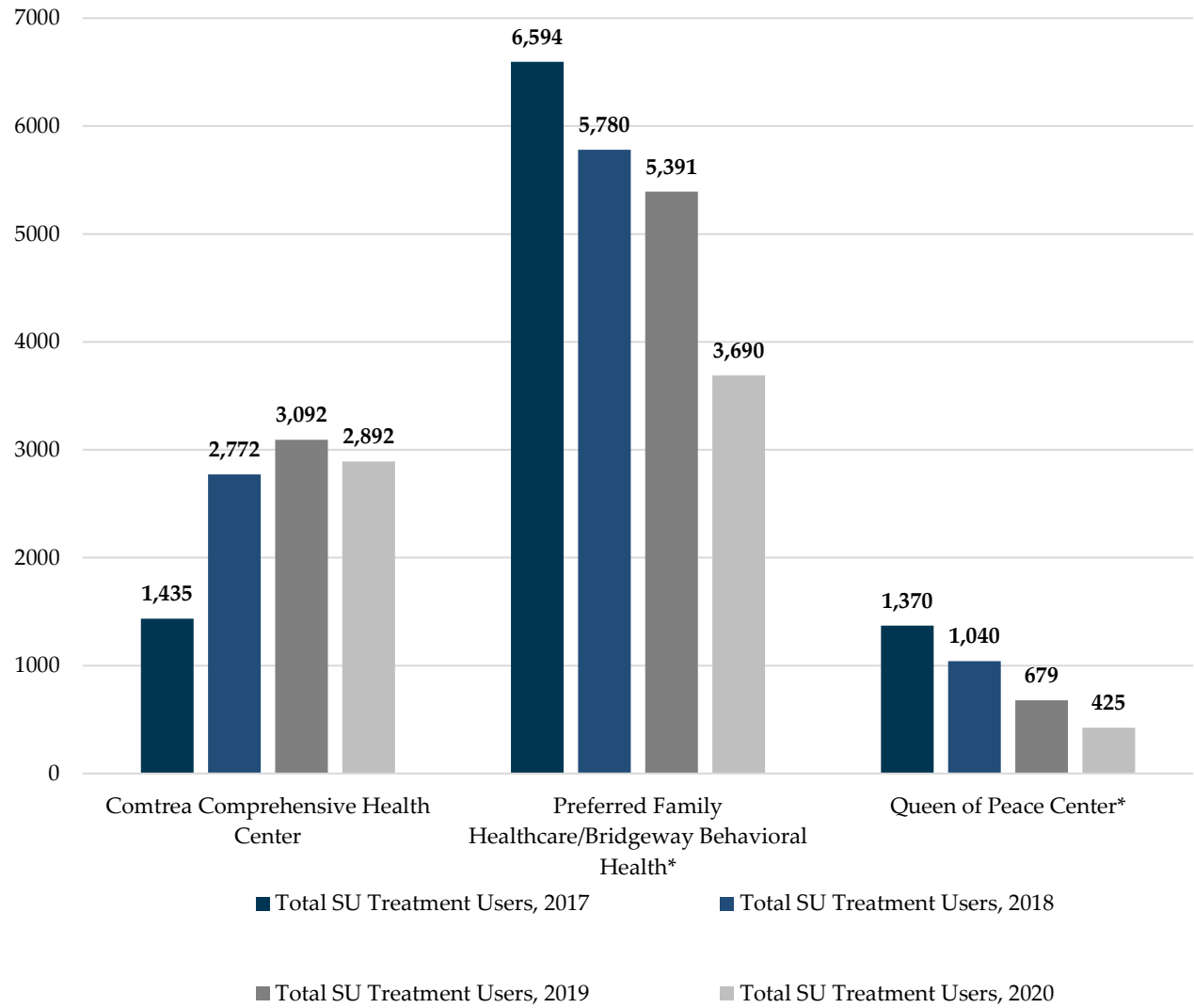


- Referred to other community agency
- Referred for next-day urgent (NDU) CPS appointments
- Referred to follow-up with existing provider
- Referred to a hospital for psychiatric care
- Problem Resolved
- Other
- Referred to 911/Law enforcement
- Referred/Admitted to inpatient psychiatric care

**STATE-FUNDED SUBSTANCE USE TREATMENT PROVIDERS IN THE EASTERN REGION NEWLY ADMITTED 9,162 TREATMENT USERS TO PROGRAMMING IN 2019 AND 7,007 TREATMENT USERS TO PROGRAMMING IN 2020.**

- Substance use treatment user admissions decreased by 4.5% in 2019, as compared to 9,592 users in 2018.
- Substance use treatment user admissions decreased by 24% in 2020, as compared to 9,162 users in 2019.
- Service mix varies by substance use treatment provider. Preferred Family Healthcare/Bridgeway Behavioral Health provides modified medical detox, residential and outpatient services. Comtrea Comprehensive Health Center provides outpatient services. Queen of Peace Center provides residential and outpatient services.

Substance Use Treatment (SUT) Users Newly Admitted to Programming, 2017-2020



Note: Only services delivered by the three largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region are listed. Substance use treatment services are provided by several additional agencies in the region through state-funding. Bridgeway Behavioral Health and Preferred Family Healthcare are reflected as a combined total for 2017-2020 for consistency in reporting, as they merged on January 1, 2016.

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

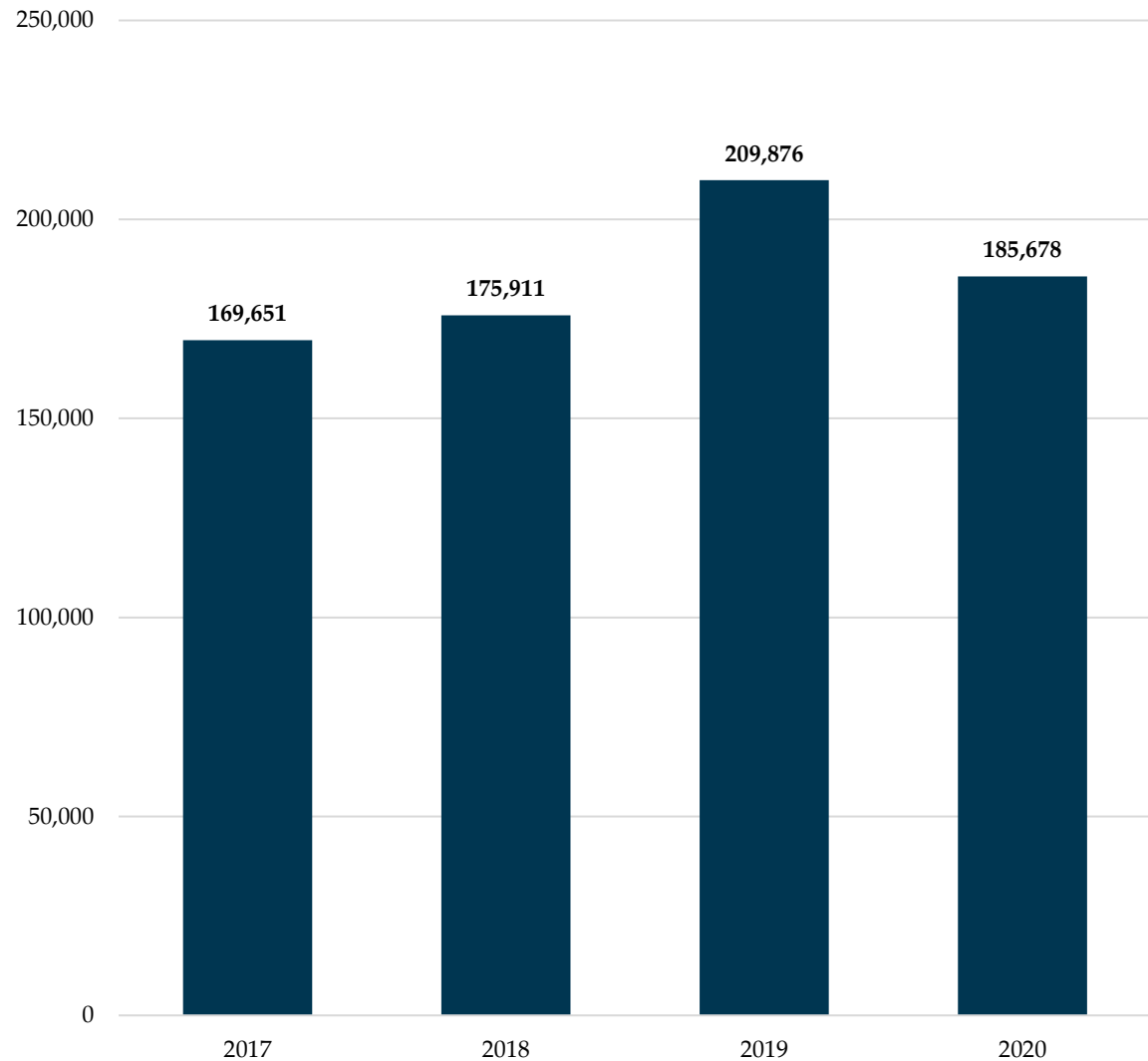
**Emergency department encounters with primary or secondary behavioral health diagnoses decreased by 12% over the past year and account for 33% of total emergency department encounters in 2020.**

Behavioral health emergency department encounters have increased by 10% over the past four years.

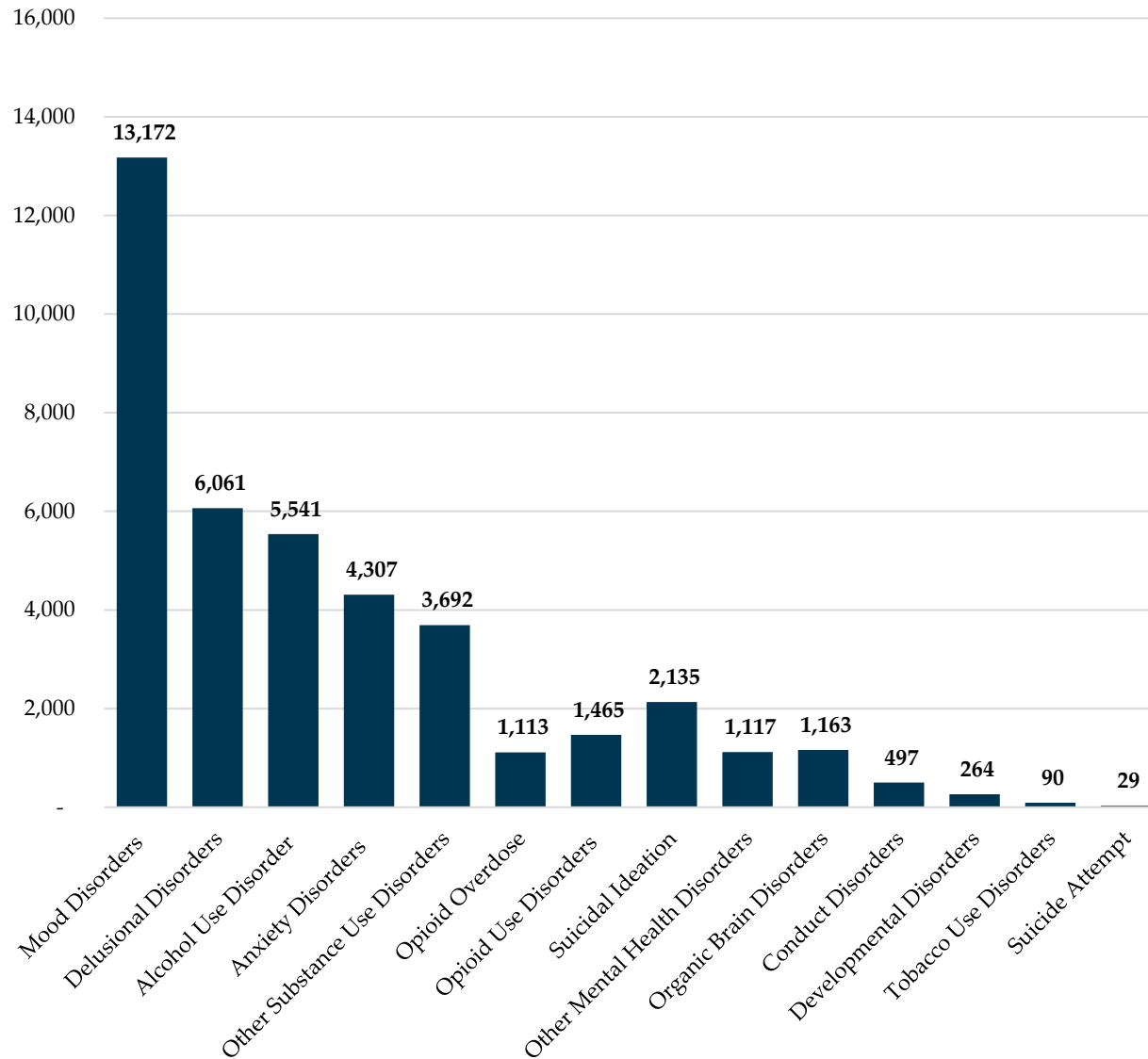
\*Behavioral health encounters include mental health and substance abuse disorder emergency department encounters as a primary or secondary diagnosis.

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.

Emergency Care Encounters with Behavioral Health\* as Primary or Secondary Diagnosis, 2017 - 2020



## Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



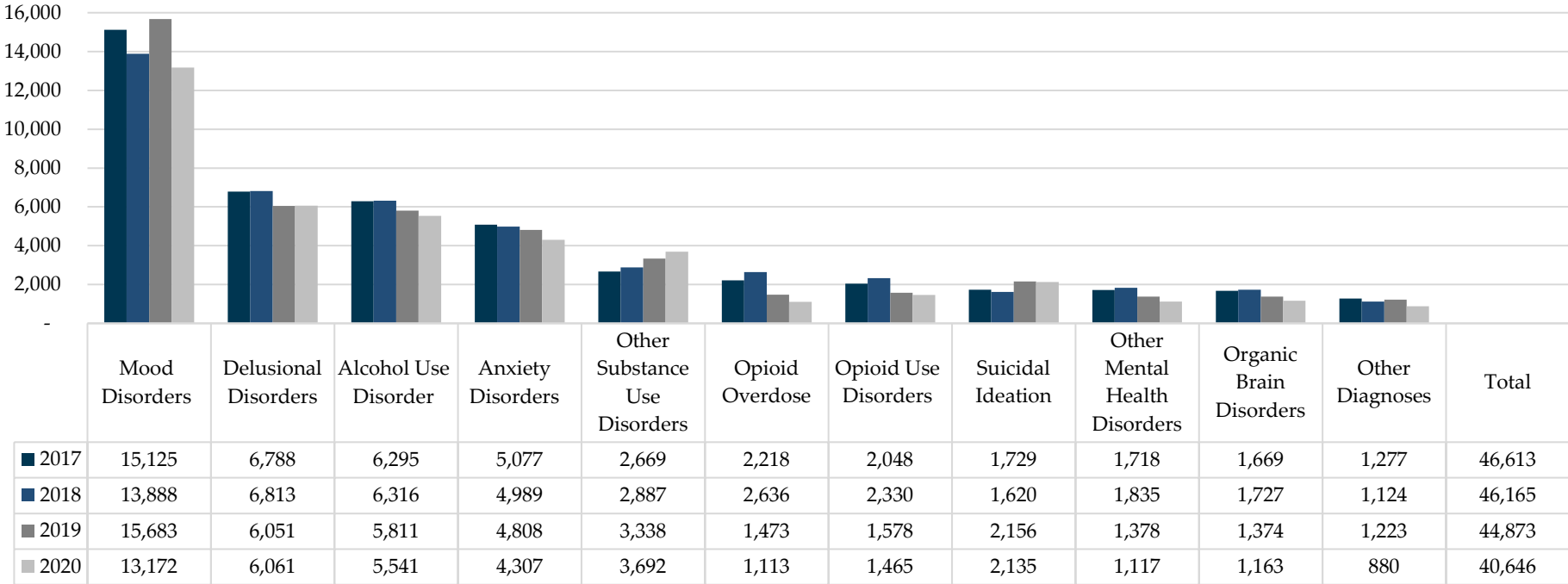
**Emergency department encounters with primary behavioral health diagnoses account for more than 40,600 (7%) of total emergency department encounters in 2020.**

Mood disorders (32%), 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.*

**Opioid overdose and opioid use disorders decreased by 24% and 7%, respectively, over the past year.**

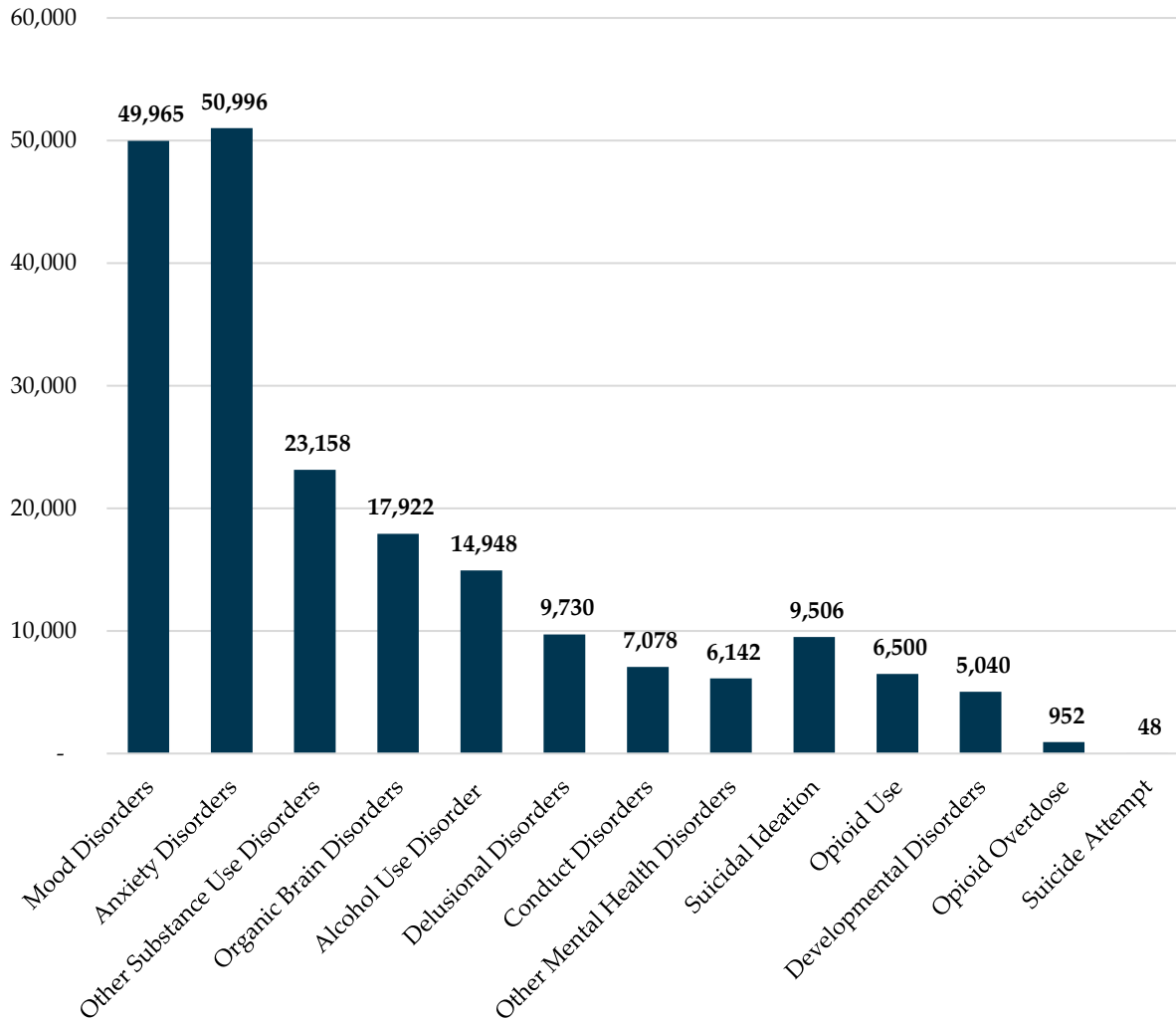
Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020



- The total number of primary behavioral health diagnoses for emergency department encounters decreased by 10% over the past year.
- Other Substance Use Disorders increased by 11% over the past year.
- Five behavioral health diagnoses decreased by 10% or more over the past year: Other Diagnoses (28%), Other Mental Health Disorders (19%), Mood Disorders (16%), Organic Brain Disorders (15%), and Anxiety Disorders (10%).

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.

## Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



**Emergency department encounters with secondary behavioral health diagnoses account for more than 201,900 (36%) of total emergency department encounters in 2020.**

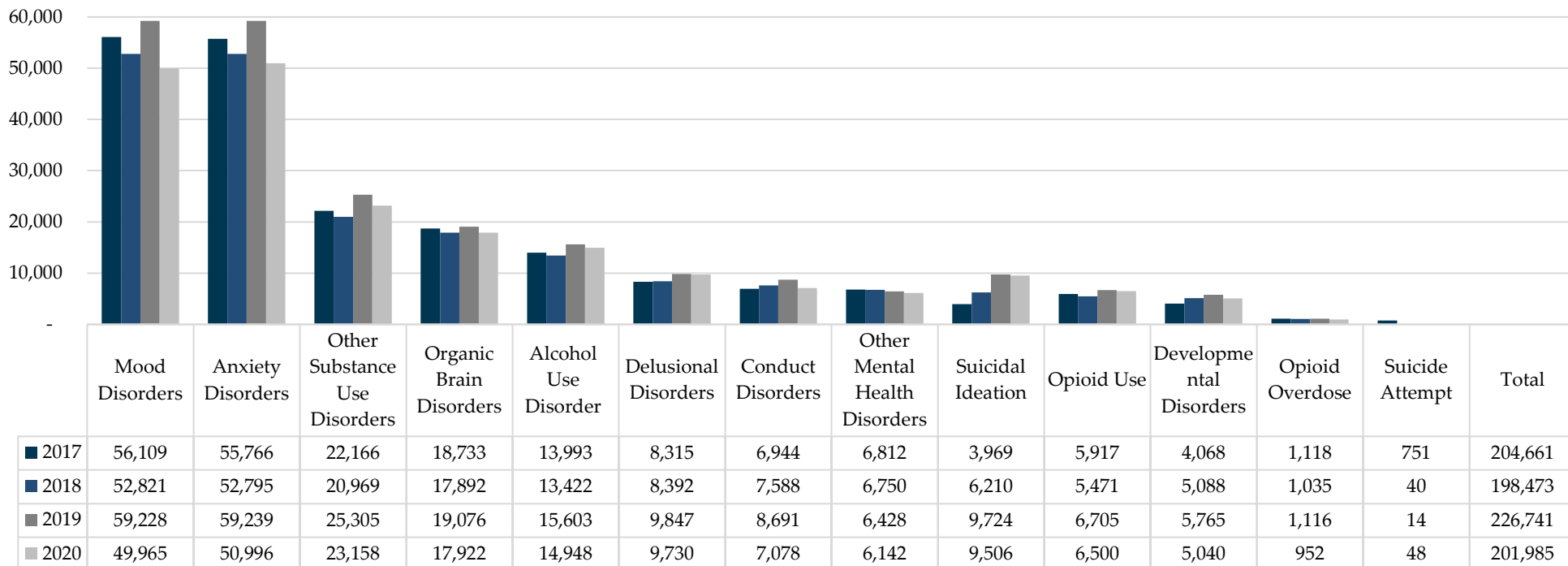
Mood and anxiety disorders make up to 50% of all secondary emergency department behavioral health diagnoses in 2020.

*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.*



**The number of secondary behavioral health diagnoses for emergency department encounters have decreased by 11% over the past year.**

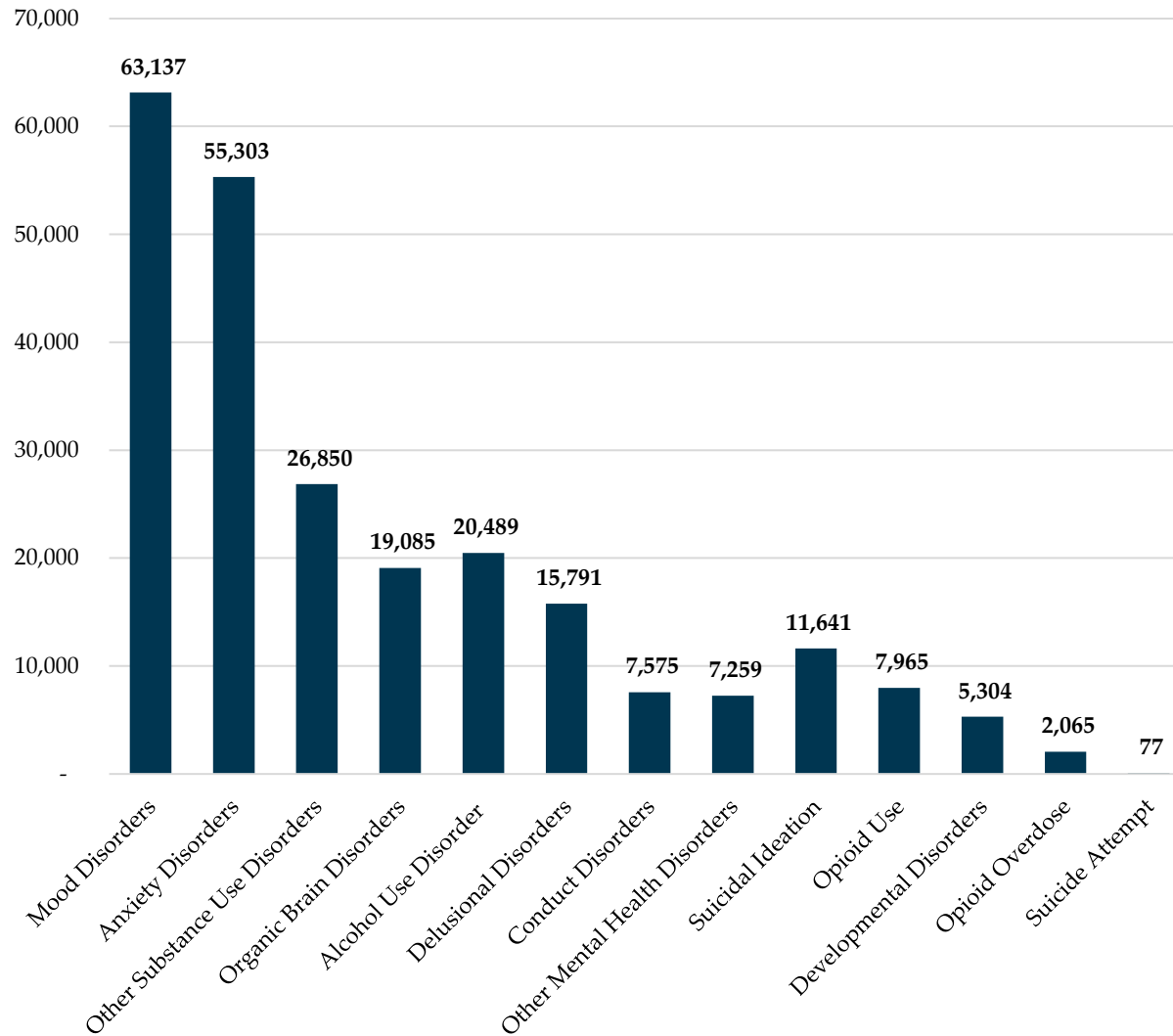
Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020



- Six behavioral health diagnoses decreased by 5% or more over the past year: Conduct Disorders (19%) Mood Disorders (16%), Opioid Overdose (15%), Anxiety Disorders (14%), Developmental Disorders (13%), Other Substance Use Disorders (8%), Organic Brain Disorders (6%).
- Suicide Attempts increased by 243% 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.

## Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



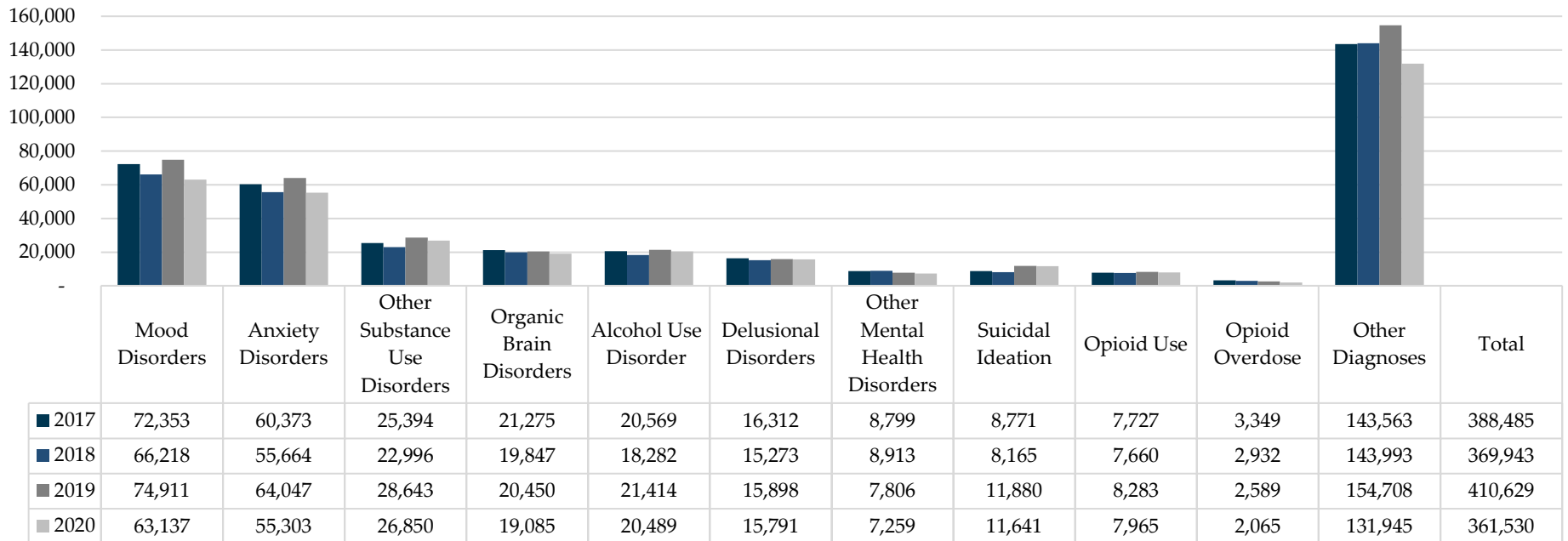
**Emergency department encounters with primary and secondary behavioral health diagnoses account for more than 242,500 (44%) of total emergency department encounters in 2020.**

Mood and Anxiety Disorders make up 49% of all primary and secondary emergency department behavioral health diagnoses in 2020.

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 2020.

The number of primary and secondary behavioral health diagnoses for emergency department encounters have decreased by 12% over the past year.

Primary Behavioral and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020

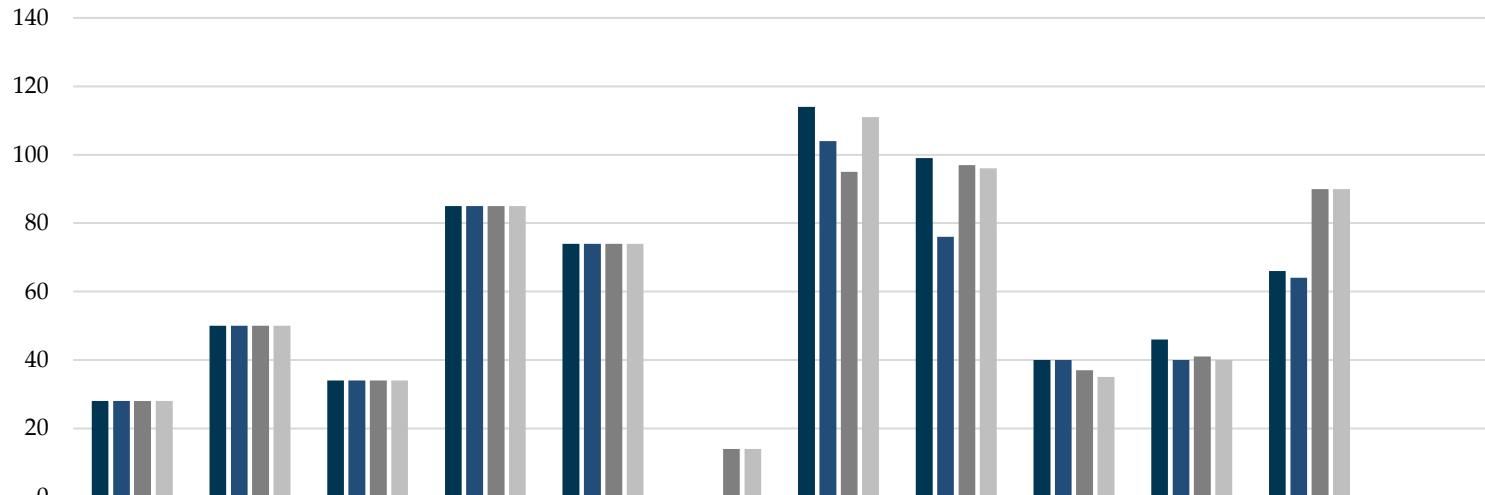


Eight behavioral health diagnoses decreased by 5% or more over the past year: Opioid Overdose (21%), Mood Disorders (16%), Other Diagnoses (15%), Anxiety Disorders (14%), Other Substance Use Disorders (7%), Organic Brain Disorders (7%), Other Mental Health Disorders (7%), and Alcohol Disorders (5%).

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.

**Inpatient behavioral health safety net hospital staffed bed capacity increased by 129 beds (22%) in 2019 and 4 beds (0.6%) in 2020, part of a 14% increase between 2017-2020.**

Staffed Inpatient Behavioral Health Beds, 2017 - 2020



	Barnes-Jewish Hospital (BJH)*	BJH Psych. Support Center (PSC)*	Mercy Hospital Jefferson	Mercy Hospital St. Louis *	Mercy Hospital South *	BJC St. Louis Children's Hospital*	SSM Health DePaul Hospital *	SSM Health St. Joseph Hospital-St. Charles/Wentz.	SSM Health St. Louis Univ. Hospital*	SSM Health St. Mary's Hospital*	South City Hospital *	Total
■ 2017 Staffed Bed Capacity	28	50	34	85	74	0	114	99	40	46	66	636
■ 2018 Staffed Bed Capacity	28	50	34	85	74	0	104	76	40	40	64	595
■ 2019 Staffed Bed Capacity	28	50	34	85	74	14	95	97	37	41	90	724
■ 2020 Staffed Bed Capacity	28	50	34	85	74	14	111	96	35	40	90	728

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. Data reflects staffed bed capacity as of December 31, 2020. 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	Year 2020 Staffed Bed Capacity				Total
	ADULT	GERIATRIC	ADOLESCENT	CHILD	
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 *	42	16		27	85
Mercy Hospital South*	52	0		22	74
SSM Health DePaul Health Center *	85	0	24	0	109
SSM Health St. Joseph Health Center - St. Charles	0	0	0	0	0
SSM Health St. Joseph Health Center - Wentzville	65	0	31	0	96
SSM Health St. Louis University Hospital*	35	0	0	0	35
SSM Health St. Mary's Hospital - St. Louis*	18	22	0	0	40
South City Hospital*	58	32	0	0	0
Children's Hospital	0	0		14	14
<b>TOTAL</b>	<b>445</b>	<b>92</b>	<b>118</b>		<b>655</b>

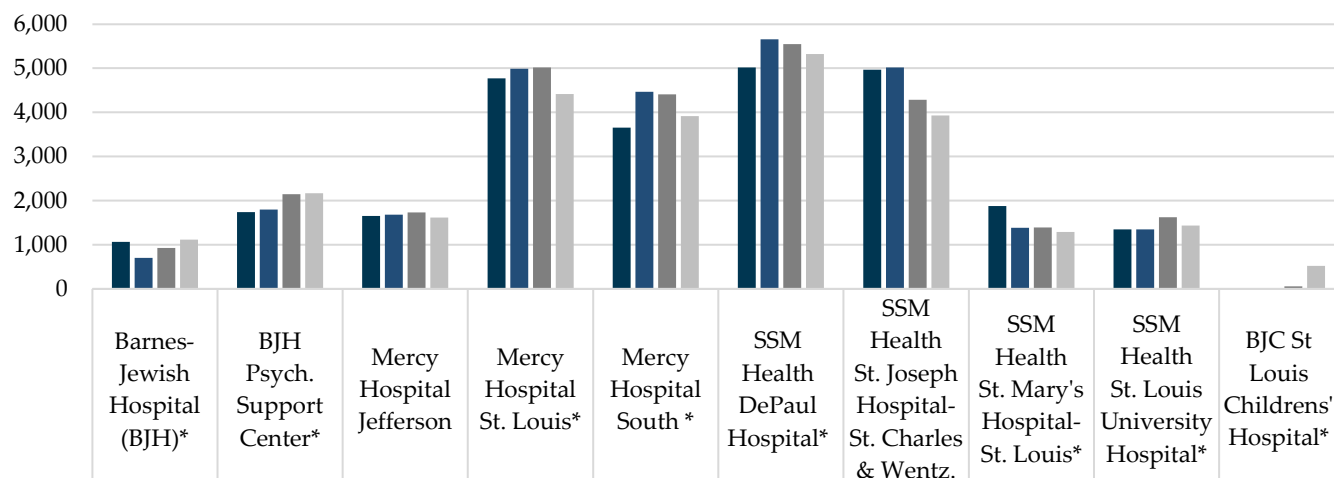
In 2020, total staffed beds increased by 12 beds across adult and geriatric populations.

Note: Data reflects community hospitals which provide acute psychiatric services and staffed bed capacity as of December 31, 2020. 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 decreased 11% in 2019, and this number dropped 1% further in 2020.**

Total Inpatient Psychiatric Encounters, 2017- 2020



■ Total Inpt Psych. Encounters, 2017	1,067	1,737	1,652	4,774	3,654	5,014	4,969	1,879	1,347	0
■ Total Inpt Psych. Encounters, 2018	699	1,795	1,681	4,985	4,469	5,652	5,015	1,383	1,347	0
■ Total Inpt Psych. Encounters, 2019	929	2,143	1,734	5,015	4,409	5,547	4,286	1,392	1,619	56
■ Total Inpt Psych. Encounters, 2020	1,118	2,164	1,616	4,418	3,917	5,324	3,931	1,290	1,436	521
% Change, 2018-2019	-45%	-35%	3%	1%	-1%	-2%	-15%	1%	20%	
% Change, 2019-2020	190%	85%	-7%	-12%	-11%	-4%	-8%	-7%	-11%	830%

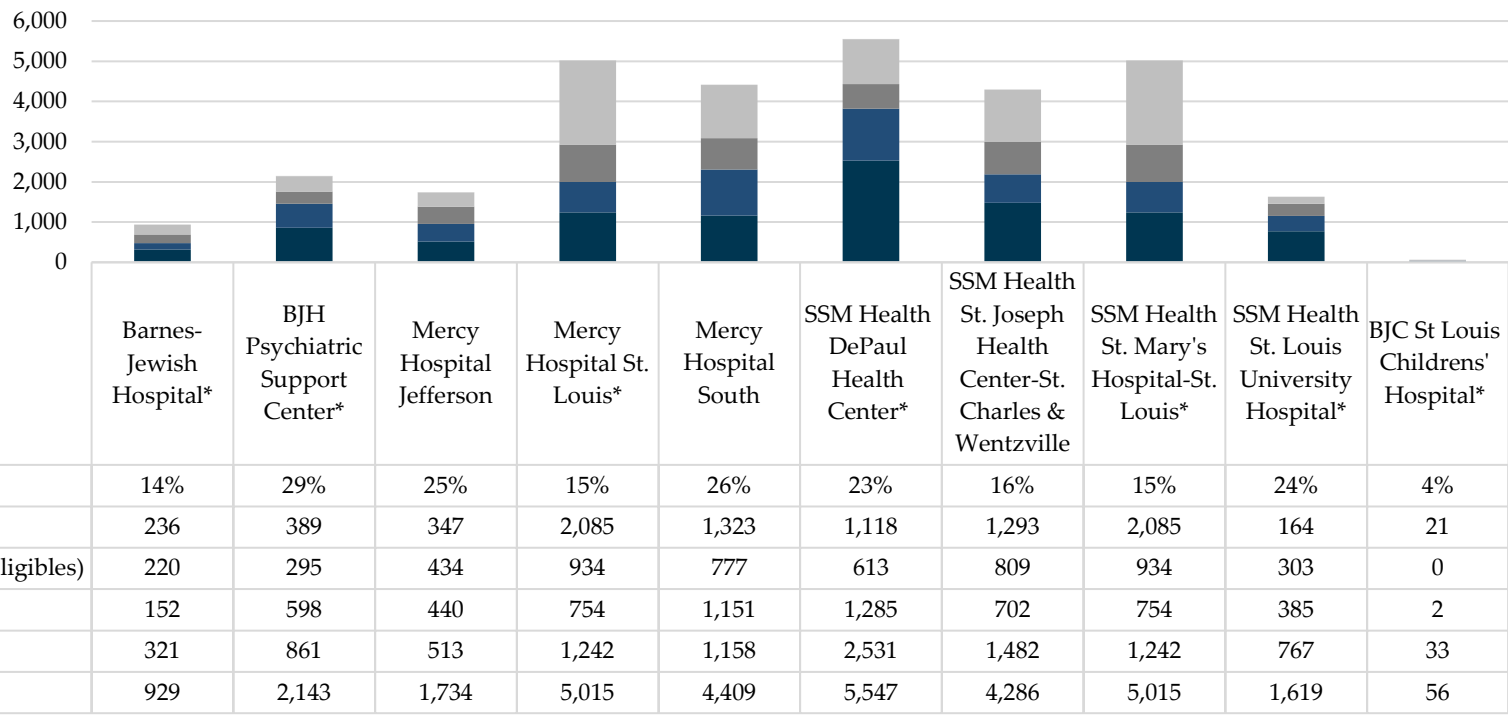
The number of total acute psychiatric encounters was 28,646 in 2018, 25,554 in 2019, and 25,214 in 2020

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 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 (33%), private insurance (30%) or Medicare (17%), varying by hospital provider.**

Inpatient Psychiatric Encounter, by Payor Category and Organization, 2019



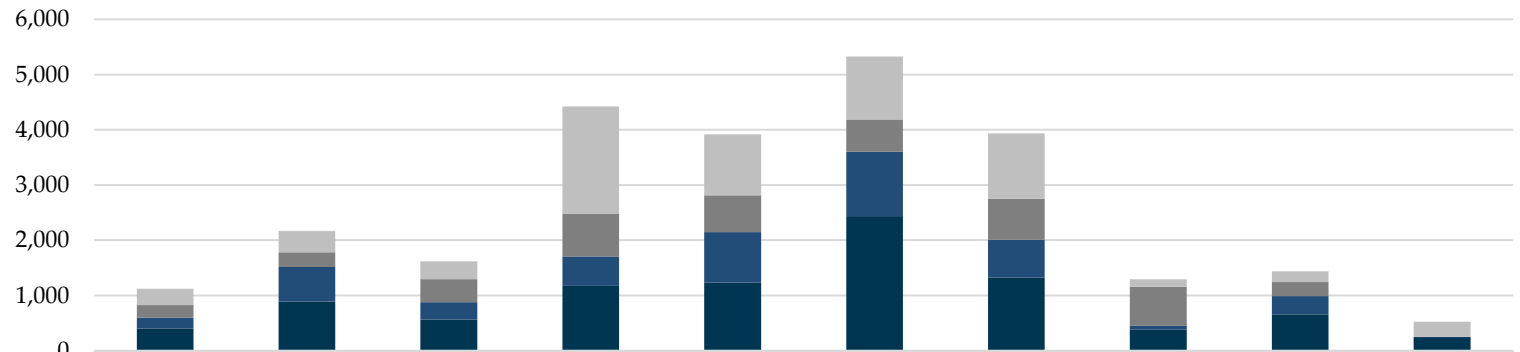
All agencies other than Barnes-Jewish Hospital, Mercy Hospital St. Louis, and SSM Health St. Joseph Health Center- St. Charles & Wentzville saw more than 5% increase in the percentage of acute psychiatric encounters that were uninsured in 2019 compared to those of 2018.

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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**Acute psychiatric encounters were predominately covered by Medicaid (35%), private insurance (27%) or Medicare (19%), varying by hospital provider.**

Inpatient Psychiatric Encounter, by Payor Category and Organization, 2020



	Barnes-Jewish Hospital*	BJH Psychiatric Support Center*	Mercy Hospital Jefferson	Mercy Hospital St. Louis*	Mercy Hospital South	SSM Health DePaul Health Center*	SSM Health St. Joseph Health Center-St. Charles & Wentzville	SSM Health St. Mary's Hospital-St. Louis*	SSM Health St. Louis University Hospital*	BJC St Louis Childrens' Hospital*
% Uninsured	18%	28%	19%	12%	23%	22%	17%	5%	23%	2%
Private	292	381	318	1,937	1,105	1,138	1,182	131	190	266
Medicare (incl. Dual Eligibles)	226	267	421	773	666	584	741	708	257	0
Uninsured	197	627	312	535	911	1,166	683	70	332	10
Medicaid	403	889	565	1,173	1,235	2,436	1,325	381	657	245
Total	1,118	2,164	1,616	4,418	3,917	5,324	3,931	1,290	1,436	521

The percentage of acute psychiatric encounters that were uninsured in 2020 increased at Barnes-Jewish Hospital to 18%, from 14% in 2019. All other hospitals' percentage of acute psychiatric encounters that were uninsured either remained stable or decreased in 2020.

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.

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



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