

OVERALL STRUCTURE OF THE ITASCA COUNTY CRT

- **1999 INCEPTION: CRISIS ASSESSMENT, INTERVENTION AND STABILIZATION. 24/7/365 BY DIALING 2-1-1 FIRST CALL FOR HELP**
- **24 CRT STAFF PROVIDING 2x DAYTIME COVERAGE AND 3x FOR EVENINGS AND WEEKENDS WHEN PROVIDERS ARE CLOSED.**
- **SUPPORT ALL THREE ITASCA COUNTY HOSPITALS BIGFORK, DEER RIVER AND GRAND RAPIDS.... AND EACH CLINIC AND MH PROVIDER BOTH AGENCY BASED AND INDEPENDENT.**
- **VIREO – (PRIVATE) ELECTRONIC HEALTH RECORDS ALLOWS FOR BETTER SERVICE TO CLIENTS.**
- **PARTNERSHIPS WITH SCHOOL DISTRICTS REGARDING SUICIDE INTERVENTION AND EARLY DETECTION OF STUDENTS EXPERIENCING MH SYMPTOMS.THE SCHOOLS OF THIS COUNTY HAVE INVESTED STAFFING, RESOURCES AND BEEN 100% DEDICATED TO MH SUPPORTS INSIDE THEIR WALLS.**
- **IN 2015 CRT HAS TRAINED/CERTIFIED AN ADDITIONAL 30 COUNTY RESIDENTS IN ASIST “SUICIDE PREVENTION” (LIVING WORKS PROGRAM) BUILDING SUICIDE SAFER COMMUNITIES WHICH BRINGS OUR TOTAL TO 351 OVER 4 YEARS. TWO MORE TRAINING SESSIONS ARE SCHEDULED FOR 2016.**
- **PARTNERSHIP WITH NAMI AND ITASCA COUNTY LAC REGARDING PUBLICIZING THESE STATISTICS SO RECOMMENDATIONS/LOBBYING CAN OCCUR AND PROGRAMMING CAN BE DEVELOPED TO FILL THE GAPS AND REMOVE BARRIERS TO TIMELY TREATMENT.**

HIGHLIGHT POINTS OF STATISTICS 2015

- MALE TO FEMALE RATIO OF CLIENTS ASSESSED REMAINED CONSISTENTLY ABOUT 50/50, PRIOR YEARS REFLECTED MORE FEMALES UTILIZING SERVICES. The male to female ratio of clients assessed remains consistently about 50 male to 50 female.
- ADOLESCENTS ASSESSED BY THE CRT HAVE RISEN SIGNIFICANTLY again this year= 3 years of stats 2013=79, 2014=168, 2015=200.
- ADOLESCENTS HOSPITALIZED HAS INCREASED AGAIN THIS YEAR: FROM 9(OFF 182) IN 2013, TO 45 (OF 197) IN 2014 AND 67 (OF 209) IN 2015.
- 2014 STATS SHOWED 82 % OF ADOLESCENTS ASSESSED IN AN EMERGENCY ROOM DEPARTMENT WERE SCREENED POSITIVE FOR TOXINS THAT WERE NOT PRESCRIBED MEDICATIONS. THE 2015 SHOW A DIFFERENT PICTURE: 11% (23 ADOL) SCREEN POSITIVE, 44% (88 ADOL) SCREEN NEG, 45% (89 ADOL) WERE NOT SCREENED. CHANGES: (STATE PUSH TO CONDUCT ASSESSMENT COMMUNITY BASED AND AVOID OVERUSE OF EMERGENCY ROOMS RESULTED IN) INCREASED COMM BASED SCREENING SUCH AS AT HOME OR SCHOOL, ER SCREENINGS THAT WILL NOT LEAD TO PLACEMENT DO NOT REQUIRE DRUG SCREENING SO THEY ARE NOT COMPLETED UNLESS NECESSARY.
- SAME AS LAST YEAR: BEHAVIOR HEALTH (PSYCH UNIT) PLACEMENTS FOR INDIVIDUALS NEEDING MEDICATION STABILIZATION OR ARE UNSTABLE BUT NOT SUICIDAL HAVE BEEN DECLINED BY HOSPITALS DUE TO THE MORE SEVERE NEEDS OF THE STATE. IN THE PAST WE WERE ABLE TO UTILIZE THE BH UNITS FOR LESS INTENSE PATIENTS. THIS IS NO LONGER THE CASE. ADULTS BEING PLACED BACK ON MEDICATIONS WHO ARE NOT CURRENTLY SUICIDAL ARE REQUIRED TO RESTART MEDICATIONS ON A COMMUNITY BASED LEVEL.
- SAME AS IN 2014: BH BED AVAILABILITY CONTINUES TO BE AN ISSUE. THIS CREATES A CHALLENGE FOR COMMUNITY LINKS, TRANSPORTATION BACK TO OUR COUNTY AND CARE COORDINATION. In 2013 out of area BH

placements (meaning MPLS and south or ND) were:41 , 2014 = 46 and 2015=105

- 9 INDIVIDUALS WERE HELD IN EMERGENCY ROOMS 55+ HOURS DUE TO NO BED AVAILABILITY. (MEDICAL STABILITY TREATMENT IS PROVIDED BY NO MH SERVICES WHILE HELD=NO IMPROVEMENTS TO BH STATUS.)
- 2016 WE STARTED TRACKING LENGTH OF TIME FOR BH PLACEMENT PROCESS: AVERAGE AFTER 4 MONTHS OF STATS IS 7.2 HOURS.
- BH UNIT PLACEMENT ISSUES CONTINUE TO BE THE TRANSPORTATION BARRIERS WHEN PLACED SO FAR OUT OF OUR 90 SERVICE AREA. CRT IS REQUIRED TO GUARANTEE PICKUP ONCE BH UNIT STABILIZATION IS ACHIEVED. THIS IS NECESSARY BUT A FURTHER STRESS ON STAFFING.
- SAME AS LAST YEAR: THE MAJORITY OF ASSESSMENTS ARE CONDUCTED FOR INDIVIDUALS RESIDING IN PRIVATE HOMES, NOT FACILITIES, FOSTER HOMES, ETC. (2013=123, 2014=142, 2015=180) WHICH MEANS THE FACILITY PLACEMENTS (Asst living, CFC, AFC) ARE SUCCESSFUL IN THE SERVICES THEY ARE PROVIDING.
- OF THE 739 FACE TO FACE ASSESSEMENTS CONDUCTED IN 2014, 542 (73%) INDIVIDUALS RECEIVED COMMUNITY RESOURCES, SUPPORT PLANS AND HOSPITALIZATION WAS NOT NECESSARY. OF THE 860 ASSESSMENTS CONDUCTED IN 2015, 651 (76%) RECEIVED COMM RESOURCES AND AVOIDED THE HOSPITAL
- 2014 AND CONSISTENT FOR 2015 :THE MAJORITY OF CONSUMERS ASSESSED BY CRT ARE SUICIDAL, THE SECOND HIGHEST REASON IS PSYCHOTIC / DELUSIONAL SYMPTOMS.
- IN 2015 ONLY 3 ADULTS WERE PLACED IN CRISIS BEDS DUE TO THE LOSS OF THE CRT REGIONAL BED AND NCC ONLY HAVING ONE CRISIS BED FOR OUR COUNTY. IN THE PAST THE CRT CRISIS BED HAS ASSISTED 93 INDIVIDUALS IN AVOIDING A BH PLACEMENT. SINCE 2009 ONLY 2 INDIVIDUALS PLACED IN THE CRISIS BED REQUIRED BH HOSPITALIZATION DUE TO SEVERE SYMPTOMS THAT COULD NOT BE STABILIZED WITH CRISIS BED SUPPORT.