

***Multi System Collaboration to  
Improve the 7 County Metro  
Mental Health Crisis  
System of Care***

*The story from the Cat Herder's  
perspective*

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# *Current Metro Partnerships*

- Metro Children's Crisis Service (MetrCCS) partnership
  - East Metro Adult Crisis Stabilization (EMACS) partnership
  - West Metro Adult Crisis Infrastructure
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# *MetrCCS History*

- Work was initiated in 2002-03 when then Attorney General Hatch brought key stakeholders together to address the issue of consumers being sent outside of the metro area for psychiatric inpatient beds
  - Health Plans contribute \$3-4,000,000 to a Community Foundation to invest in solutions
  - Various Work Groups form – initial groups were divided by East (Ramsey, Dakota, Washington) and West (Hennepin, Carver, Scott and Anoka); and Adult and Child
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# Members

- Key to the partnerships was involvement by all key stakeholders:
    - County and Contracted Crisis Service Providers
    - DHS - Mental Health Services
    - Health Plans
    - Hospitals
    - Parents and Consumer representation
    - Occasional participation by various other providers and constituencies
  - Coordinator/Facilitator added to implement grant received from Community Foundation
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# 2003-04

## East Metro Children's Crisis (EMCCS) gets agreement from all participants on the following service components:

- Provide Children's Mobile Crisis Response 24/7 to children in the home, school or institution where they are experiencing a mental health crisis
  - Provide de-escalation and crisis intervention services – de-escalating the situation and performing a thorough assessment, a provisional diagnosis of any mental health issues, and an initial crisis plan to keep the child/family out of crisis
  - Provide crisis stabilization services following the initial crisis or to avert crisis recurrence - providing appropriate short term care (generally 1-3 weeks in length), transition to on-going treatment, and crisis recurrence reduction strategies
  - Provide identical services to all children regardless of payer source
  - Utilize a Mobile Crisis team that includes a Licensed Mental Health Professional (Master level or above) and/or a Mental Health Practitioner (Bachelor level) under the supervision of a Mental Health Professional
  - Utilize a common assessment tool and common admission and discharge criteria across counties to guarantee consistent quality services and provide for cross county comparison, analysis and service improvement
  - Bill third party payers to sustain the enhanced services without increased public funds
  - Educate, and build relationships with, hospitals, health plans, schools, law enforcement and social service agencies to reach the systems that are serving children in mental health crisis
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## 2003-04

- West Metro Children's and Adult groups are meeting and identify gaps in services. No agreement on common services or actionable next steps is made
  - West Metro Children's reconvenes to consider East Metro Children's model
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## 2003-04

- Fairview Behavioral Health creates 14 bed Adolescent Sub-Acute facility with input from EMCCS partners.
  - Sub-Acute facility uses same forms as Crisis Teams and allows for abbreviated admission process from Crisis Teams to the unit
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# 2005-06

- West Metro Children's and East Metro Children's agree to join to form Metro Children's. East Metro service components are adopted by Metro Children's along with the following mission:
  - *The goal of MetrCCS is to develop common 24/7 mobile mental health crisis services across the seven county metro area to provide children experiencing a mental health crisis with the appropriate level of care at the appropriate time in order to:*
    - *Improve crisis care and outcomes for children and families*
    - *Reduce pressure on in-patient beds and emergency rooms*
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# 2005-06

- All 7 Metro Counties have 24/7/365 Children's Crisis Teams offering Assessment and Stabilization services
  - Common Assessment and Stabilization forms agreed to, usage of forms begins
  - Common data elements agreed to, data collection begins
  - Crisis Stabilization Training for providers created and implemented
  - Hospital referral process created
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# 2006-07

MetrCCS explores a Metro Wide Single Point of Access phone number for consumers to call when faced with a Mental Health Crisis

- Would be for Children and Adults
  - Would not eliminate existing numbers
  - Would quickly provide a warm transfer for the caller to the appropriate County Crisis Team
  - Would not consolidate services or provide phone triage
  - Would allow for metro wide marketing of Crisis Assessment and Crisis Stabilization services
  - Would require standardized and similar/identical services across the metro to be able to market
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# 2006-07

- Single Point of Access (S.P.A.) work mandates that MetrCCS start talking in more detail with Adult Providers – primarily in Hennepin and Ramsey, as the other 5 Counties utilize the same Crisis Teams to serve both adults and children
  - Market consultants brought in to build marketing plan for Single Point of Access
    - Following discovery process, consultants articulate that services and capacity vary greatly across seven counties and S.P.A. would not be marketable until substantial differences are eliminated
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## 2006-07

- MetrCCS, EMACS and West Metro Adult jointly approach all 7 County Human Service Directors with an interest in moving to a Joint Powers or Cooperative Agreement to formalize partnership. No Agreement reached
    - MetrCCS and EMACS are not legal entities and operate with fiscal relationships with other entities
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## 2006-07

- DHS releases Crisis Infrastructure Grants for Metro Area
  - DHS Children's Services awards funds to MetrCCS for direct service to un/underinsured and infrastructure development including training, evaluation, coordination and marketing
  - DHS Adult Services awards funds to EMACS and West Metro Adult partnership
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# 2006-07

- Increasing interest and number of groups focused on improving Mental Health System
    - Over 15 separate task forces, committees or work groups working independently of one another on various issues facing the system
    - Many of the same people on different groups with slightly different focus or agenda
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# 2008

- Partners from MetrCCS, EMACS and West Metro agree to alter structure to reflect new Metro Wide Adult and Child partnership – Regional Integrated Crisis Services partnership
    - Different issues facing different stakeholders and different existing work plans to be respected
    - Need to keep all moving in similar directions
    - Need to eliminate duplication of efforts
    - Need to continue movement towards metro wide, Adult and Child system improvements
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# *RICS 2008 Work Plan*

- Training to ensure high quality Crisis Stabilization Services offered similarly across the metro. Quality assurance system in place.
  - Training to ensure high quality Crisis Assessment and Intervention Services offered similarly across the metro. Quality assurance system in place
  - Similar phone triage/assessment decision making across the metro
  - Increased and more effective referrals between hospitals and crisis teams. Focus efforts on:
    - Hennepin Children's Crisis Team with Abbott and Children's
    - Ramsey Children's Crisis Team with United
    - One Adult Crisis Team with One Hospital
  - Joint marketing of Crisis Services across the metro to referral sources that serve multiple counties
  - Outcome Evaluation of all Children's Crisis Teams in place, expansion to Adult Crisis Teams in development stage
  - Develop adequate structure to provide for oversight, accountability and consistent coordination of efforts
  - Existing Work Plans of EMACS, MetrCCS and West Metro Adult continued
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# *RICS 2009 and Beyond*

- Continued and improved systemic problem solving abilities
  - Integration of some services, closer coordination of others
  - Economies of scale identified and utilized
  - Blurring/eliminating of non-care based distinctions (i.e. payor source, county of residence, point of access)
  - A stronger continuum of care with adequate services at all levels of care
  - More developmentally appropriate services
  - Continuously Improving services
  - Consistent evaluation of Mobile Crisis Teams
  - Agreements between Counties to share resources, staff, beds, etc. to maximize services without impacting quality of services for county residents
  - Crisis staff/workforce development issues are being addressed
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# Observations on MetrCCS-RICS

- Nobody owns all of it
  - Everybody owns a part of it
  - Leadership and involvement ebbs and flows
  - All key stakeholders are at the table or aware of the table and have been invited
  - Consensus based – push comes from the loudest/most visionary partner, move only as fast as the least engaged/slowest partner
  - Relationship and trust based
  - System has lots of room for improvement
  - Lots of experience around the table, lots of interest around the table, not a lot of time to implement around the table
  - Changes under consideration are of benefit to consumers, but are not necessarily easy (or even viable) for the providers
  - Decisions made by the group need to be championed in individual organizations– need to have the highest level of buy in possible and recognize the time it takes to implement in some systems
  - Coordination isn't the outcome, it is a means to the outcomes
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