RAMSEY COUNTY

Ramsey County Mental Health
Mobile Crisis Teams

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Ramsey County Mental Health
Current System Overview

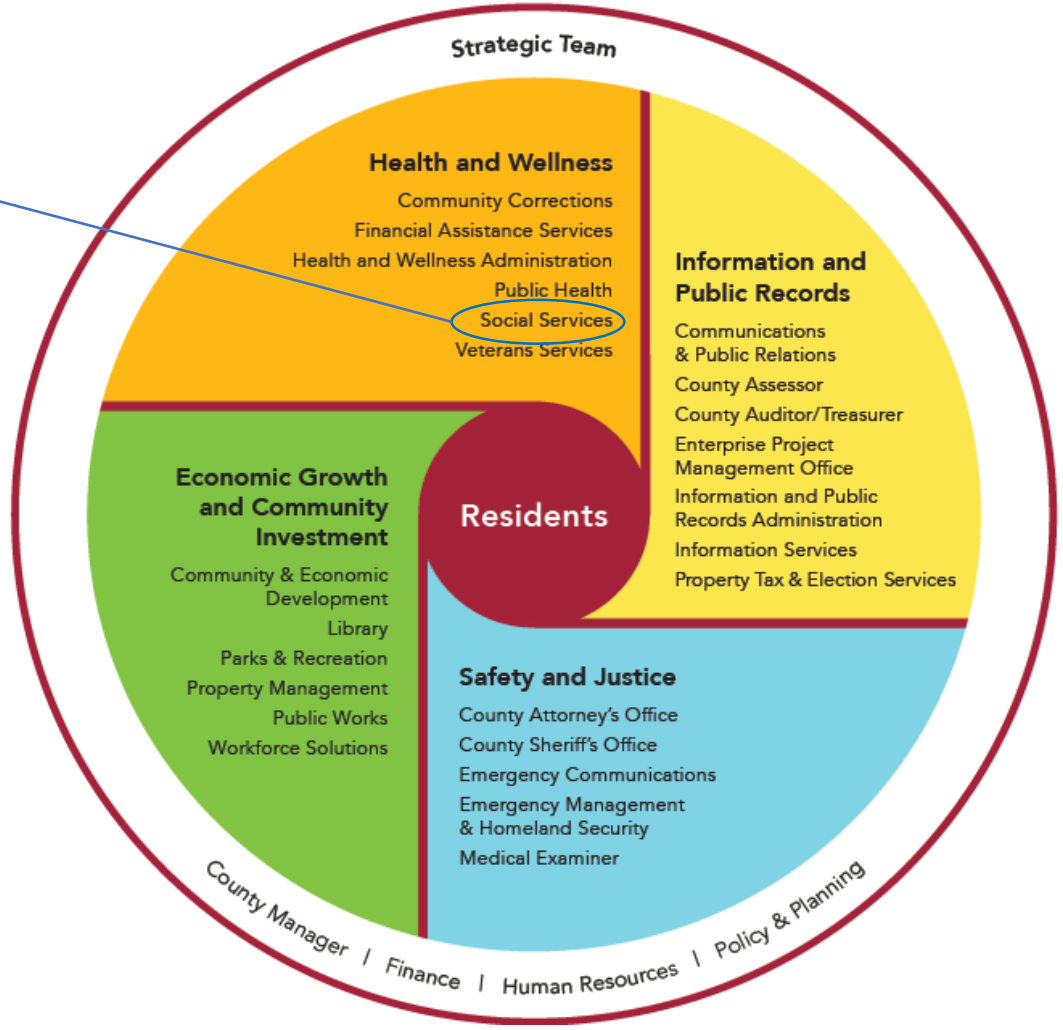
SOCIAL SERVICES

Adult Mental Health

- Pre-Petition
- Adult Protection
- Targeted Case Management
- Assertive Community Treatment (ACT)
- Community Recovery Team (CRT)
- Law Enforcement Center
- Mental Health Center
- Community contracted providers

Children and Family Services

- Adult Crisis
- Children's Crisis
- Adult Stabilization
- Mental Health Urgent Care
- Children's Mental Health Case Management



Race Equity and Culturally Responsive Services

Ramsey County is committed to improving race equity and providing access to culturally responsive services for clients in our community.

We are utilizing language line/interpreter services and improving the time frame of response to calls when we do not have a staff who speaks the language of the client.

We believe our efforts to divert calls of individuals in crisis from police meets our goal. BIPOC populations are more likely to have less access to mental health services but more contact with law enforcement than their white counterparts.

402 University Ave E. Saint Paul, MN 55130
A Bridge to Health and Wellness

Adult and Children's Mobile Crisis Response Units are staffed 24/7/365 hours, serving Adult, Children and Families in Crisis through Crisis Phone lines and face to face assessments.

The Mobile Crisis Response Units are a multi-disciplinary team comprised of mental health professionals and practitioners; with access to psychiatric providers, stabilization and peer support services.

Embedded Social Workers are staffed M-F 9am-midnight and are housed within the Saint Paul Police Department. They are a team of mental health professionals who provide both co-response and embedded social work services to individuals who come into contact with SPPD in crisis.

Community-First Response to Mental Health Crisis is a Collaborative Effort

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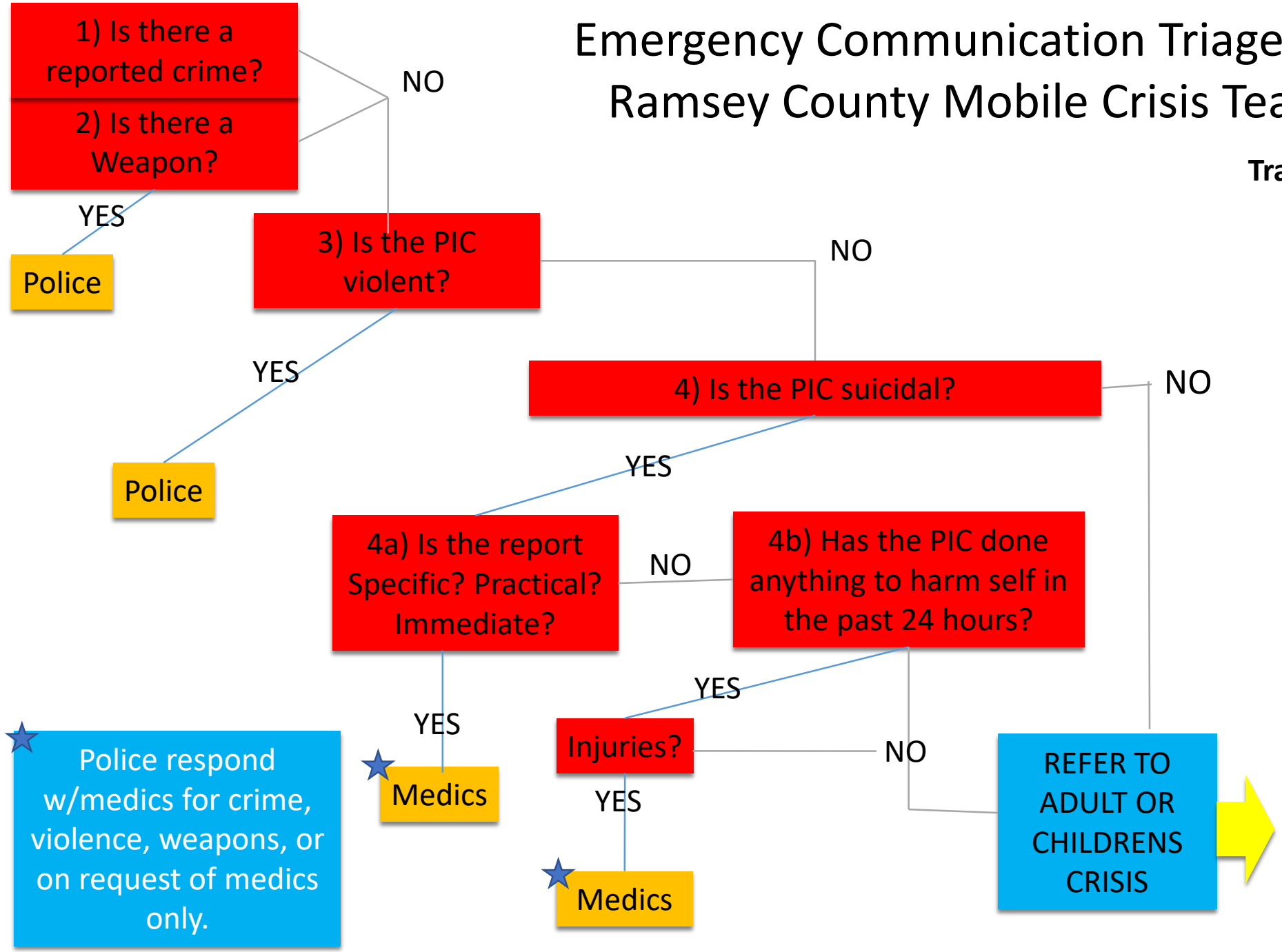
Emergency Communication Triage with Ramsey County Mobile Crisis Teams



Transfers by Year

2016: 260
2017: 274
2018: 200
2019: 165
2020: 1,002

TRANSFERRABLE ADULT CALLS MAY LOOK LIKE THIS:

- A known-to-you person who calls dispatch frequently for support
- Issues with medications. Anger at providers and service.
- Speaking or acting in an unusual manner without concerns for danger
- Loneliness
- Intoxication without concerns for danger.
- Secondary reporter (family, friend) looking for resources. Ex: “My child is addicted to heroin”
- Concerns for safety but do not have core information to provide like name, location, *and* the person in crisis is not present with caller. (Ex. Good Samaritan reports of people in public who appear to need help).

TRANSFERRABLE CHILDREN'S CALLS MAY LOOK LIKE THIS:

- Students who are currently at school with school staff/counselors without active harm to self/others.
- Parents who report frustration with behaviors. Ex: "My child won't get out of bed".
- Concerns for safety but do not have core information to provide: no name, location, and the person in crisis is not present with caller. (Ex. Threats of harm online, on social media, etc.)
- Secondary Reporter (parent, family) looking for resources.

CRISIS ASSESSMENTS

Adults: Minnesota Statute 256B.0624
Children: Minnesota Statute 256B.0944

Assessments can take 60-75 minutes for adults; 120-180 minutes for Children. Mobile Crisis Teams work in pairs, while Embedded Social Workers work independently with a law enforcement partner. We stay as long as needed to resolve the situation and support our community partners.

Crisis Assessment can look like this:

- We are invited into a space by a client or a concerned party, or the individual presents at our clinic setting.
- We try to get an understanding of the problem (reason for assessment and source of stress)
- Observe and document any mental health problems and symptoms by performing a mental status exam
- We perform a suicide and violence risk assessment
- We conduct a chemical health screening
- We assess for trauma
- As part of our assessment, we discuss strengths, spiritual, cultural, language considerations, inquire about social history, life situation and support network.
- We are responsible for crisis planning and creating treatment plans with clients on how to reduce symptoms and maintain safety in the community.
- Psychoeducation for client and collaterals.

CONSIDERATIONS FOR ADULTS IN CRISIS

- Confused thinking
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria
- Prolonged or strong feelings of irritability or anger
- Avoiding friends and social activities
- Difficulty perceiving reality (delusions or hallucinations, in which a person experiences and senses things that don't exist in objective reality)
- Abuse of substances like alcohol or drugs
- Multiple physical ailments without obvious causes (such as headaches, stomach aches, vague and ongoing “aches and pains”)
- Thinking about suicide

CONSIDERATIONS FOR CHILDREN/ADOLESCENTS IN CRISIS

**Because children are still learning how to identify and talk about thoughts and emotions, their most obvious symptoms are behavioral. **

- Changes in school performance; loss of interest in activities or friends
- Excessive worry or anxiety, for instance fighting to avoid bed or school
- Hyperactive behavior
- Frequent nightmares
- Frequent disobedience or aggression
- Frequent temper tantrums
- Impulsive or dangerous behaviors
- Sexualized behaviors, not age appropriate

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RAMSEY COUNTY

CRISIS INTERVENTIONS

****We are tasked with exhausting the least-restrictive option of care before high restrictive care options are utilized.****

Crisis Intervention for non-imminent or non-immediate danger to self or others can look like this:

- The client is offered a menu of options to reduce the crisis or improve symptoms.
  - **The client may accept or refuse offers**. We may not be able to refer clients to any services.
  - **If a client refuses care, it does not mean that we won't encounter them or try again.**
- If the client has interest in services, we can refer them to community mental health providers including psychiatry, therapy, residential crisis services, case management, ARMHS services, homeless services, community support groups, or peer support.
- We offer concerned parties (family, friends, neighbors, caregivers etc.) resources for support as well; especially in cases involving a child in crisis.
  - A safety plan is created for minors that is agreed upon by all parties involved including parents and children.

Crisis Intervention for Imminent or Immediate danger to self or others:

- Children's Mobile Crisis works to obtain consent by parents to have a minor transported to the hospital; children are not placed on transport holds. Crisis teams provide collateral to emergency room staff.
- Adult Mobile Crisis/Embedded SW assess and sign transportation holds as health officers when clients need further evaluation in higher level care settings, such as hospital emergency rooms. We collaborate with police and emergency services when transportation holds are utilized and provide collateral to emergency room staff.
  - Minnesota Commitment Act: Minnesota Statures, Chapter 253B

Our services are separate and act independent from Child and Adult Protection services. As mandated reporters we will make referrals when we have contact with a vulnerable adult or child; whether the intervention is voluntary or involuntary.

When a person is in crisis, who responds?

- Depends on where the call is received and where the client is.

- Immediate threat or act of harm-> 911/Police/Medics Response
  - If a mental health issue is a potential contributor, Mobile Crisis or Embedded Social Workers will wait until the scene and individual is secured and the threat is mitigated.
  - We require first responders (whether Police or Medics) to call and request for mobile crisis involvement.*
    - This requires police to remain on scene, or to have determined with the client that they can maintain safety until we get there.*
    - Time of response within the City of Saint Paul-> from 15 minutes- 2 hours (we are within DHS requirements if assessment happens in less than 2 hours).
    - Time of response outside of Saint Paul: 20-45 minutes.
    - It also requires there be staff available to respond. Mobile Crisis serves the entirety of Ramsey County. While most of our work is in the City of Saint Paul- we are obligated to provide adequate response to all our residents.
  - An individual could be reported to be immediately at risk but once mobile crisis arrives be able to participate meaningfully in an assessment. Mobile Crisis staff would excuse emergency responder.

- Not Immediate threat or act of harm-> Mobile Crisis Response
  - Mobile Crisis Teams conduct a brief review of records regarding mental health contact, history, current connection with services and clinics.
  - We coordinate with involved parties where possible who have access to client or can assist us with access
  - We attempt to partner with services that relate to the client's mental or chemical health care (case manager, ARMHS etc.) and request participation.
  - We make a plan of assessment (goal is within 2 hours but work with families on what makes the most sense in terms of the symptoms noted).
  - Primary Goal: Engagement. Secondary Goal: Connection with services and safety planning.

When *Would* Mobile Crisis request Partnership with Law Enforcement?

- Any issue involving a person's legal right to remain in the community without restraint.
- Requests for assessments where weapons or violence are identified as a primary concern.
- 4th Amendment issues related to entering an individual's domain without consent. (This also applies to encampments and cars).
- Crisis in a public place- law enforcement have authority to request a person to stop and participate in a conversation. Mobile Crisis teams do not.**
- When intervention will likely require use of a Transportation Hold.
- Children who need removal from a home for treatment and parent/guardian is not willing to consent to treatment AND there is an immediate danger to self or others.
- Situations where our presence increases risk of harm to clients, law enforcement responders, and our team. (Issues on highways; domestic violence calls for example).
- When we do not have capacity to respond rapidly enough to a situation and can not determine clearly from the caller that safety can be maintained.

Challenges

COVID-19

Strain on hospital systems

Impact of racism and George Floyd's death.

Keeping engagement and communication between ECC, Mobile Crisis teams and Embedded Social Work Programs consistent. Providing training and support as well as learning about each other to build trust.

Staffing and Capacity impacting all areas of mental and chemical health services.

Transfers: Who gets what? How calls are coded. Who decides on what kind of response?

Liability: Who holds responsibility for high-risk cases?

Expectations of the public: Callers to 911 have expectations regarding response. Navigating this requires finesse and time.

Health and Welfare Checks: Children's and Adult Crisis have different challenges.

Data Collection: How systems document. (Addresses vs. names); How many calls are transferred back?

Buy In/Navigating Stigma

Successes

We are serving the public and providing much needed education on services and resources to adults, children and families.

Our Stabilization staff work closely with the client to develop coping strategies to help clients reduce symptoms and barriers that lead to crisis and connect them to community based mental health services

We are getting better at communicating across departments and systems

We believe we are reducing high level care interventions - hospitalizations, child protection involvement or incarceration. We are meeting the goals of diversion and co-response.

We are providing community assessments on transferred calls.

We are also processing faxed police reports that we receive. Increase from suburban departments. Crisis teams do follow up on these similarly to how we may follow up on transferred calls.

Decreased police involvement for children and adults who have mental health needs; right person for the job.

Thank you for your time!!!

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