

St. Paul Police Department

Community Outreach and Stabilization Unit



Who is this guy?

- Police Officer for 26 years
- Various assignments
- Field Training Officer/Academy Instructor



- Crisis Negotiation Team – 13 years
- Regions Hospital – 18 years
- Personal experience with mental wellness
- Adjunct Instructor, IPTM at UNF



Mental Health Workgroup?

- ◆ Established in 2016
- ◆ Assess police and mental health interaction
- ◆ Strengthen relationships with community resources
- ◆ Research progressive police mental health collaboration programs
- ◆ Makes recommendations to the administration
- ◆ Implemented a pilot program in 2017



Crisis Calls for Service:

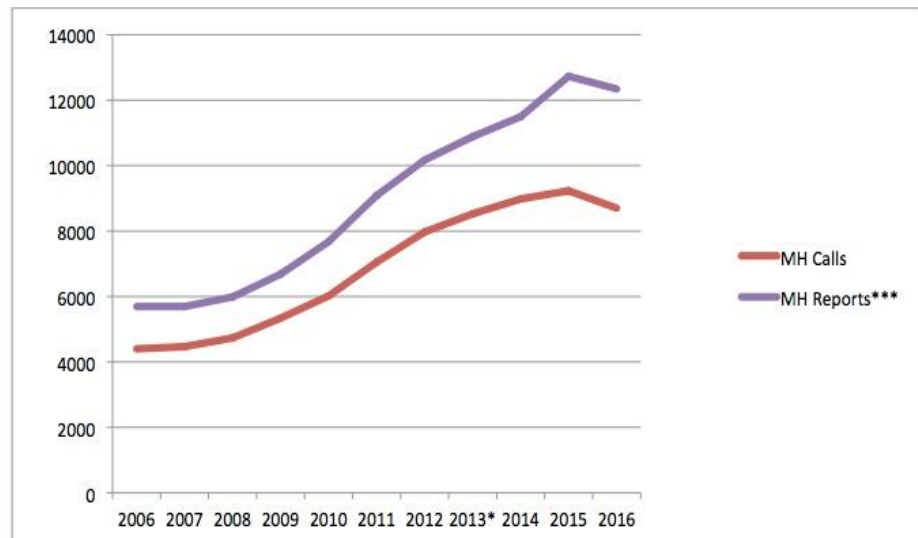
Mental Health Related Calls For Service Analysis

	2006	2007	2008	2009	2010	2011	2012	2013*	2014	2015	2016
Citizen Calls**	63518	63060	59481	55696	58063	56894	58999	58826	54756	61477	63883
MH Calls	4397	4468	4736	5337	6017	7053	7972	8529	8984	9228	8704
MH % Total Calls	0.0692	0.0709	0.0796	0.0958	0.1036	0.124	0.1351	0.145	0.1641	0.1501	0.1362
MH Reports***	5693	5697	5987	6687	7675	9088	10173	10889	11495	12729	12345

* Change in reporting: Medical Transport

** Excludes PPV, self initiated by officer calls

*** October of 2013 medical transport reports were initiated



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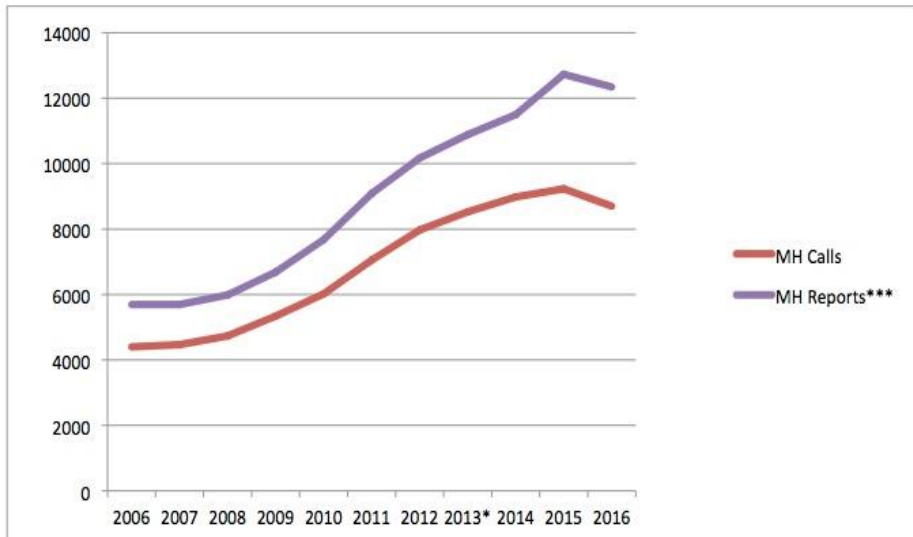
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Culturally Competent Language: Responding to Individuals in Crisis

403.00 Responding to Individuals in Crisis

Goal:

This policy sets out the procedures and standards for responding to individuals with a mental health disorder or experiencing a mental health crisis. Individuals in mental health crisis will be treated with dignity, respect and given access to the same law enforcement, government, and community resources provided to all community members.

Response:

1. Respond promptly and safely.
2. Avoid conditions that would necessitate the need for red lights and siren.

Arrival:

1. Evaluate the situation and your options for addressing the call.
2. Take action to protect yourself and others present, including the individual in crisis.
3. If possible, get all information available through witnesses, family and others.
4. Establish communication with the individual.
5. Consider the legal situation.
 - A. Is the individual a danger to him/herself or others if not immediately detained?
 - B. Is there probable cause, based on demonstrable fact or testimony that would support a criminal charge?

Diversion from Jail:

Individuals with a mental health disorder, or in a mental health crisis, may have encounters with law enforcement for petty misdemeanors, misdemeanors and non-violent felonies. When possible, those persons may be better served by jail diversion, which can include the following:

1. Issuing a verbal warning.
2. Giving a citation for misdemeanors.
3. Submitting a report for investigative unit follow up or out of custody charging.
4. Transporting the person to a medical facility either voluntarily or involuntarily pursuant to Minnesota Statute 253B.05 (see General Order 403.50 Transport Holds), and
5. Disengagement.

Officers should determine whether diversion is appropriate based on the totality of the circumstances, including the severity of the crime, the perceived connection between the mental health disorder or crisis and the criminal conduct, and whether the officer believes the individual will be better served by one option more than another. In the event an officer takes action to divert an individual with a mental health disorder or experiencing a mental health crisis, the officer will write a Crisis Response Report documenting their actions and reasons for their actions. The details documented in this Report will assist Ramsey County Mental Health with appropriate follow up with the individual in crisis. The Crisis Response Report is located in the "Officer Reporting Info" section of the Department's Intranet Page.

Goals of Programming:

- Meet the needs and expectations of the community.
- Reduce mental health related calls for service.
- Reduce mental health related arrests.
- Reduce the stigma related to mental health.
- *Create a changed response to crisis related calls for service that would result in long term outcomes.*



Mental Health Resource Team



Case Management

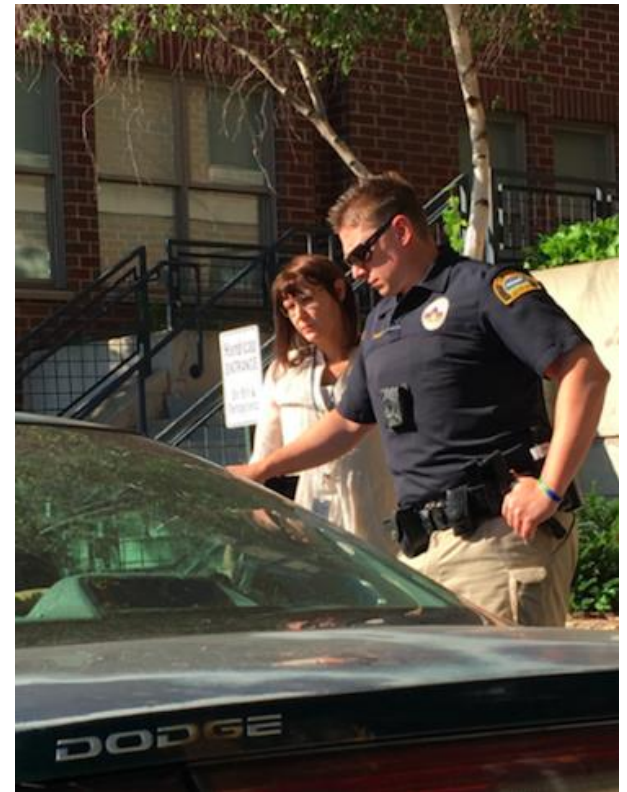


- Occurs after the immediate crisis
- Aftercare or follow up activity to connect a person in need with resources
- Creates an opportunity to learn more about the person and situation in the event of continued contact with police
- Allows for relationship building



Co-Responder Program

- ◆ Partners a specially trained police officer with a licensed clinical social worker
- ◆ Allows immediate response to in progress crisis calls
- ◆ Creates an opportunity to engage the person in crisis with community-based resources



Mental Health Resource Team

- ◆ Amber Ruth, LICSW
 - ◆ People Incorporated
- ◆ Emma Yang, LICSW
 - ◆ Ramsey County
- ◆ Sally Vannerstrom, LICSW
 - ◆ Ramsey County
- ◆ Melissa Reich, LADC
 - ◆ People Incorporated



Data

2018 Mental Health Related Case Work Data

Total Cases	1565
Frequent Contacts	345

Total cases referred to MHU to date during 2018.
Defined as more than one event in twelve months.

Percentage of high utilizers: 22%

West	487
Central	517
East	561

District where the event occurred.

Suicide Attempts	134
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Total cases referred to MHU that involve a person who attempted suicide.

Adult	1377
Juvenile	172

Total cases referred to MHU involving an adult person in crisis.
Total cases referred to MHU involving a juvenile person in crisis.

Male	856
Female	675

Total cases referred to MHU involving a person identified as a male.
Total cases referred to MHU involving a person identified as a female.

SPPD	752
Medics	368

Total cases referred to MHU involving a PIC who was transported to a location by SPPD.
Total cases referred to MHU involving a PIC who was transported to a location by Medics.

Total Transported:	1120	or	72%
by SPPD:	67% of the total 1045		
by EMS:	33% of the total 1045		

Regions	727
United	203
St. Joes	105
Other	96

Total cases referred to MHU involving a PIC who was transported to Regions Hospital.
Total cases referred to MHU involving a PIC who was transported to United Hospital.
Total cases referred to MHU involving a PIC who was transported to St. Joseph Hospital.
Transport to an alternate location not listed (VA, Children's, DETOX as examples).

Total Cases	1565
MH Diagnosis	609

Total cases referred to MHU to date during 2018.
Total cases referred to MHU involving a person know to have or self reported to have SPMI.

Percentage reporting MH Diag: 39%

Data

2018 Mental Health Related Case Work Data

Total Cases	1565
TA/PHOA	392

Total cases referred to MHU to date during 2018.
Total cases where officers placed a PIC on a transport hold.

Percentage Placed on Hold: 35%

Force	55
Inj. Officer	5
Inj. Subject	10

Total cases referred to MHU involving force during initial event.
Total cases referred to MHU involving an injury to an officer.
Total cases referred to MHU involving an injury to a subject.

Percentage force used: 4%

Homeless	177
Veteran	12
Arrest	7
Diversion	74

Total cases referred to MHU involving someone self-reported to be homeless.
Total cases referred to MHU involving someone self-reported to be a veteran.
Total cases referred to MHU involving someone who was arrested.
Total cases referred to MHU involving someone who could have been charged with a crime.

Percentage Arrested: 0.45%

Co-Response	143
MHRT Co- Resp.	365
Referral	424
Phone Call	192
Home Visit	117
No Action	202

Total events involving a co-response between social work and MHU.
Total co-responses with MHU and Embedded Social Work Staff since implementation.
Total events referred to social work agencies or department social work by MHU.
Total events followed up by MHU via phone call.
Total events followed up by MHU via a home visit.
Total events where no follow up was completed due to lack of information (location/phone).

Percentage Referred: 27%

White	837	53%
Black	424	27%
Asian	126	8%
Hispanic	34	2%
Indian	11	0.70%
Other	126	8%

Total events involving a PIC identified as caucasian.
Total events involving a PIC identified as African American.
Total events involving a PIC identified as Asian.
Total events involving a PIC identified as Hispanic.
Total events involving a PIC identified as American Indian.
Total events involving a PIC identified as other, not listed.

Percent other than white: 46%

What works?

- ◆ Case Management
 - ◆ Increases collaboration with community resources
- ◆ Co-Response
 - ◆ Decreases on out of home placement and increases likelihood of emergency stabilization
- ◆ Diversion
 - ◆ From law enforcement response such as homeless complaints to DSI
- ◆ Referral
 - ◆ Professional referrals to needed resources such as COAST SW pass along during transports
- ◆ Community Education
 - ◆ Stigma of mental health and crisis response options

COAST Unit

- ◆ Mental Health Resource Team
 - ◆ Embedded Licensed Clinical Social Workers - Grant
 - ◆ Co-Responder and Case Management Programs
- ◆ Police Homeless Outreach Program
 - ◆ Embedded Licensed Clinical Social Worker - Grant
 - ◆ Low Barrier Housing Program with State of Minnesota
- ◆ Recovery Access Program
 - ◆ Embedded Licensed Alcohol and Drug Counselor - Grant

Questions?

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