Who Are We?

• Formed in 2001 to reduce Emergency Department boarding
• Informal Public-Private Partnership:
  • Counties – Ramsey, Dakota and Washington
  • Hospitals – Regions, United, M Health Fairview Hospitals
  • Health Plans – BCBS, Medica, HealthPartners, UCare
  • Consumer organizations – NAMI Minnesota, Mental Health Minnesota, Minnesota Recovery Connection
  • State – Department of Human Services
• Purpose is to create and support a system that provides the right care at the right time to improve consumer health outcomes and reduce system costs
Current Responses to MH/SU Crisis

• **911**: Police, Fire, EMS, Crisis Team (Ramsey only)

• **Crisis Team**: Phone support, mobile crisis response

• **Emergency Department**: Assess need for hospitalization, admit or discharge with referrals

• **No Formal Intervention**
- **Lack of Understanding of the System:** Public is unclear on how the system works, who does what, and what to expect

- **Lack of Crisis Follow Up:** Follow up after crisis is often lacking

- **Lack of Housing and Services for Frequent 911 Users:** Individuals are unable to maintain housing and services and return to street
Gaps/Challenges

- **Poor Information Flow:** Timely information/health records do not flow with the person across services

- **System Complexity and Access Issues:** Eligibility and access to services can be dependent on insurance, geography, type of illness, gender, etc. making it difficult to refer and navigate to appropriate services

- **Lack of Services for Hardest to Serve:** Individuals that have co-occurring illnesses, violent behavior, significant challenges, etc. aren’t being served
Efforts and Initiatives to Improve Existing System

- **Certified Peer Specialists and Peer Recovery Coaches:** Encourage and support adding Peers into crisis system

- **Hospital Inreach Worker:** Social Worker based in ED to engage frequent users and connect them with community care

- **Mobile Substance Use Disorder Team:** Designed and implemented a team of care providers (Peers included) to bridge patients between Substance Use crisis and treatment onset
Efforts and Initiatives to Improve Existing System

• **Quick Resource Guide:** Developed a [resource guide](#) to quickly connect people to community care

• **“Green Prompt”:** Promoted a standard prompt for law enforcement and EMS to use to transmit information to ED to improve their assessment

• **Beyond Backgrounds Program:** Expanded a [housing program](#) to match a person who has MH/SU issues, and barriers to rental with a Peer to help them find housing
• **Relationship Building and Training:** Ongoing efforts to bring providers together to build awareness and trust and work together to improve the system of care. Includes:
  • Monthly Provider Connect! meetings to share updates and resolve issues
  • Creation of videos to clearly explain different services
  • Joint trainings on crisis related topics
  • Data collection and analysis to show trends in crisis system
  • Developed training on “What to Expect During a Community Crisis”
  • Support of multi-system work groups and resolution of issues between providers