

# **MetrCCS**

## **Leadership Team (LT) Meeting Agenda**

### **Monday, January 29, 2023 – 1:30 to 3:00pm**

#### **Zoom**

#### **Welcome and check-ins**

- Take a moment for Tyrone

#### **Practices around fees for service**

- What are the expectations and billing practices of each team
- How should we talk about this in promoting the services across the region?

#### **Continue conversation on promotional materials**

- Review proposed revisions to the MetrCCS Guidelines for School Collaboration document.
- Review proposed revisions to the NAMI MN fact sheet
- How are the videos being used?
- Discussion of need for videos to help parents know what happens when they take their children to the hospital (from the hospital group)

#### **Priorities for 2024**

- 2024 meeting calendar
- Review the 2024 Dashboard. What stands out that needs our focus this year?

#### **Other**

- Brainstorm possible keynotes for 2024 summit
- Who would like to highlight their work at the February leadership team meeting?
- Card/note sent to Tyrone from all of us (See attached note)
- Other?

#### **Upcoming Important dates:** All meetings on Zoom unless otherwise indicated

- 1/31 Q3 report due to DHS
- 2/7 from 1:00 to 2:00pm (Summit Planning Team)
- 2/12 from 1:30 to 3:00pm (LT)
- 3/6 from 1:00 to 2:00pm (Summit Planning Team)
- 3/18 from 1:30 to 3:00pm (LT)
- 4/1 Summit proposals due
- 4/10 from 1:00 to 2:00pm (Summit Planning Team)
- 4/15 from 1:30 to 3:00pm (LT)
- 4/24 from 10 to 11am (Hospital Group)

# MetrCCS

## Summit Planning Team Meeting Notes

### Wednesday, January 3, 2024 – 1–2pm

#### Zoom

Danielle Alida, Amanda Xiong, Sara Danielson, Merri McCarthy, Sarah Washington  
Kim Vanderwall

### Welcome and introductions

- Introduce Amanda Xiong. Amanda is our lead contact from MACMHA, and will be joining us at our planning meetings this year.

### Call for presentations

- Review and finalize draft
- Discuss online form
- Discuss how we'll get the word out. Email out on Monday
  - DHS list
  - MetrCCS list
  - MACMHA list
  - Forward to our circles
  - Past presenters. Past keynotes. Do direct outreach

### Theme

- Compassion. Connection. Community.

### Timeline

- Preparation will be earlier this year. The group looked at and agreed to the timeline.

### Content

- Discuss potential keynote speakers and topics
  - Michelle Muething
  - [Training & Presentations — Ridgeway & Associates \(marieridgeway.com\)](http://marieridgeway.com)
  - JED Foundation
  - Dr. Sanders – Crisis ties to schools
  - Judy Brown, mental health manager for MPS
  - Dr Aja King
  - MDE. Updates.
  -
- Any other thoughts about content?
  - What are other people doing? RR put suicide info at stops. Crisis stickers on popcorn at games
  - New legislative changes and how they impact practice

- How can we highlight new ideas? Virtual slide show?
- How do we connect community in this hybrid world?
- Panel of 10 minute ideas
- Panel of good practices. Mix of geography
- Panel of peer specialist.
- Wellness in the woods. Warm line.
- Jason Kitts. Wellness and connection and action planning
- Current climate right now. Reach out to Muslim and Jewish communities
- Misinformation.
- Native speaker
- Line from misinformation to anxiety.
- One step in front of the other

## **Other**

- 

## **Next steps**

- Request for proposals will go out by Monday. Forward to your circles and do personal outreach.
- Next meeting 2/7

# MetrCCS

## Metro Children's Crisis Response Hospital Partnership Meeting Agenda

Wednesday 1-3-24 – 11am to Noon

[Zoom](#)

Carver County: Jill Tessman, Melanie Warm

Ramsey County: Jessica Kisling

EMSRB: Jody Larson

Allina: Dana Alston

Canvas Health: Jay Theisen

PrairieCare: Mallory Jacobsen and Shamala Tamirisa

MetrCCS: Kim Vanderwall

### 1. Quick check-ins. What is the situation?

- “For last year’s words belong to last year’s language and next year’s words await another voice.” —T.S. Eliot
- What is happening now: Are there any updates or changes since we met in October?
  - Dana: Volumes for kids are not as high as they have been. Trend. But significant behavioral issues. Runaways. Tend to get stuck in the ED. Admissions are higher acuity. Partnership with WARM (Washburn short term crisis program) continues to go well. Telehealth helps with more rural.
  - Ramsey: implementing an appropriate response. Increase calls from 911. Higher volume of calls transitioned to crisis. 10% increase. Higher acuity. Behavioral representation of their mental health.
  - Carver and 911: overall referrals in fall of 2023 were a bit down from schools. Acuity and complexity has increased. Risk assessments are up in adults. Staffing down. If you need info or advise. Lack of safety in appointment or emergency settings.
  - Jody Larson. No longer at EMSRB. Now on other side EMS. Safety of services.
  - Transition age kids – on the spectrum. There is a lack of providers for sedated dental care. Pain can lead to more behavioral issues.
  - State of MN dental clinics. Adding IV sedation dentistry. Up and running by 2025. First one in Cambridge. 8 other clinics. Three are specialized. Five are stand alone specialized care clinics. For people with mental health issues or in crisis. None of this has ever been done before. Age range – all ages.
  - PrairieCare: Bit of a lull for the holidays. Seeing a few more Covid. Going okay.
  - School is back. Scott County busy trying to hire a leader. Volumes rebounded over the summer. Anoka has not had as many calls for people to come out. Moving in with Allina. Children going to Washburn. Can crisis come to ERs? Some people check out on their own as they get tired of waiting in the ER. Want them to have our number. Relationship with schools seem to be good. Pathways to care. Getting crisis on the
- Do we anticipate any changes in the next months?
  - March is the time we get crunched. Everyone is full at that point. How do you respond to that
  - Increase in demand as the school year goes on.

### 2. How are we working together to accomplish our goals?

- What might we want to work on?

- 
- Suggestions for improving these conversations?
  - Have a group email if things come up.
  - What do hospitals want? Make sure we are really integrating with hospitals. Can the hospitals share the JustCall inf?. What doesn't work?

### **3. Next steps**

- “Happy New Year. May we all have a vision now and then of a world where every neighbor is a friend.” — ABBA
- Stay in touch! (Let me know if I need to update the contact list.)
- Next meeting date: 4/24/2024

Reminder of our goals: To take a deep dive into how we could collectively achieve the following:

- Help children experiencing a mental health crisis get the appropriate level of care, in as quick a way as possible
- Prevent overload of any part of the system, including hospital EDs and crisis teams

# **MetrCCS**

## **Leadership Team (LT) Meeting Notes**

### **Monday, November 13, 2023 – 1:30 to 3:00pm**

#### **Zoom**

**Present:** Sherray Greene, Sarah Washington, Leon Flack, Michelle Luehring, Cathy Perendy, Beth Lovre, Jill Tessman, Jay Theisen, Jessica Torrey, Sara Danielson, Michael Brooks, Daielle Alida, and Kim Vanderwall

### **Welcome and check-ins**

- Michelle will be our new representative from UCare. Leon will be the backup
- DHS has a new staff and will soon have a new supervisor
- Scott County is still looking for a supervisor
- Chamaera Sowell had a baby
- Tyrone is ill. At the VA. On chemo. His numbers are going in the right direction. He's a warrior. He's on leave. Send hi Caring Bridge. Check with the hospital about what we can send him. Send a card from all of us.
- Kim will be out for surgery after 12/7

### **Peers on crisis teams**

Canvas Health has two peers on crisis teams: Jacinta Moss and Sara Danielson. Jay Theisen and Sara Danielson gave an overview of what Canvas Health has been learning

- We can bill Medicaid for peer services. Commercial payors don't pay for peers. We are a CCBHC. They all fall under the CCBHC
- About 57% of our services are billable. We send peers to services which are not billable. Both family peers and adult peers. They are responding to all ages. Ages 6 to 71.
- How do we help people avoid crises? The peers really help us see the systemic problems that keep people from engaging from mental health services. Peers get different information from people than the pros do. Figuring out what the barrier is to getting stabilized. Peers can help the clinician understand why the family didn't do x, y or z. Sara looks for the body language, word usage to take back to the clinician. Be curious and figure out what is really happening. Help them find their voice. Sit in on IEP meetings. Doing advocacy work. Provide another set of eyes. Outreach and leadership on staff committees. Post-crisis work after suicide. Shared Just Call cards with coffee shops.
- Peers do some case management – helping people find resources. Go out on assessments. Do peer stabilization. Sometimes in family settings, the clinician works with the child and the peer works with the family.
- Peers can also do outreach and public education. Teach groups about mental health. Library outreach. Sending out flyers. Sara has a Native background. She has worked to make connections with Native communities.
- Having peers on the team helps stabilize staffing. They can do screening, answer phones, follow-up. They can't do assessments. It does give us flexibility.

Larger system

- There is a national certification for family peers. Funding and wait list issues. 4 months to get into classes. Not many teams employ peers in the state. There are not enough positions. People have to have a job offer in order to get the training. Still have to do 15 hours of CEUs per year.
- Shelley White changed the program. She wants people to be seen as professionals

- The state did training a few years ago about supervision of peers. We need more of that. How do we teach the dance between the peer and the clinician? We try to figure out what the role is. A therapist is not supposed to tell their story. Not supposed to do case management. Peers can cross this line more easily. How do I help you advocate for yourself?
- Pennsylvania put together a great tool box.
- Get more African-American peers. People are scared of being judged or losing their kids. Peers really help ease the way. They are credible messengers
- Pay discrepancy is big. Most only make 10 to 15/hour. Makes people lose their benefits, but not a liveable wage
- There are also recovery peers
- Let's have a peer panel at the summit

## Promotional materials

- Review proposed revisions to the NAMI MN fact sheet
  - We walked through the document and made revision to highlight the nature of the services and how driven they are by what callers ask for and need.
  - The group had an extensive conversation about collected fees. The teams present had differing policies about collecting copays and other fees. We decided to gather more information from all the teams and have a more robust discussion at the December meeting.
  - New revisions attached.
- How are the videos being used? Beth showed it to nurses.

## Other

- Dr Goepferd presentation now on line.
- Brainstorm possible keynotes for 2024 summit
- Who would like to highlight their work at the December leadership team meeting? (Note date change)
- Q3 report to DHS (attached)
- Other?

# MetrCCS 2024 Key Initiatives Dashboard

January

Initiative	2023 Tasks	Progress	Status
<b>1. Strengthen partnerships and capture learnings to improve access and seamlessness between systems.</b>	<ul style="list-style-type: none"> <li>• ACTION-ORIENTED. Focus on children and families. Look at how the crisis teams fit in the continuum of care.</li> </ul>		
<ul style="list-style-type: none"> <li>• Continue to seek ways to make hand-offs between teams and hospitals more seamless and family-friendly.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet regularly with hospital and EMS reps</li> <li>• Keep the placement portal up to date.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting held 1/3</li> </ul>	
<ul style="list-style-type: none"> <li>• Identify other key partner groups and hold strategic discussions about best meeting the needs of youth and families.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand partner lists in key areas, including 988, hospitals, law enforcement, schools &amp; targeted case management.</li> <li>• Do a deep dive at least yearly to improve coordination.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Coordinate with other regional and statewide crisis response initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Tie in conversations from other initiatives and address current or emerging needs.</li> <li>• Ensure contact with 988 call center leads to encourage referrals and hand-offs.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>2. Improve effectiveness of and access to crisis services by people in marginalized communities.</b>	<ul style="list-style-type: none"> <li>• ACTION-ORIENTED. Focus on children and families.</li> </ul>		
<ul style="list-style-type: none"> <li>• Ensure that crisis response services meet the needs of families</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain and support up to 6 parents on the leadership team. Strive for geographic representation.</li> <li>• Consider having a panel of kids at the summit. Transitional age.</li> <li>• Look for opportunities to support CFPs in crisis work.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Review all initiatives through a lens of equity and inclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Consider staff training, outreach materials and policy discussions with this lens</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>3. Build upon our digital platform to increase awareness of the crisis teams and 988, especially among populations that have low utilization rates of our services.</b>	<ul style="list-style-type: none"> <li>• ACTION-ORIENTED. Focus on children and adults.</li> </ul>		
<ul style="list-style-type: none"> <li>• Optimize the website to serve as a central communication point</li> </ul>	<ul style="list-style-type: none"> <li>• Combine and rebrand the web site with Just Call</li> <li>• Coordinate with 988/others and update messaging to best communicate options for help.</li> </ul>	<ul style="list-style-type: none"> <li>• The webmaster has begun transitioning the website</li> </ul>	
<ul style="list-style-type: none"> <li>• Develop promotional materials to promote the website to referral sources, partners and families.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify ways to continue leveraging JustCall videos</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	



Initiative	2023 Tasks	Progress	Status
<b>4. Promote professional development for individual crisis workers and elevate the field of mental health crisis response</b>	<ul style="list-style-type: none"> <li>• ACTION-ORIENTED. Focus on children and adults.</li> </ul>		
<ul style="list-style-type: none"> <li>• Curate, provide documentation for CEUs, and purposefully drive traffic to the trainings on the MetrCCS website.</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze content, post new content</li> <li>• Work with Remedy Healthcare to promote content</li> <li>• Review usage data and response quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• Data reported in the Q4 report.</li> </ul>	
<ul style="list-style-type: none"> <li>• Host an annual summit on Mobile Mental Health Crisis Response. Feature anti-racism and effective strategies around the state.</li> <li>• Offer other trainings as helpful and requested</li> </ul>	<ul style="list-style-type: none"> <li>• Put together a top-notch educational program.</li> <li>• Connect it with the online training site in a user-friendly way.</li> </ul>	<ul style="list-style-type: none"> <li>• Amanda Xiong from MACMHA is set to actively lead the effort</li> <li>• Planning team meeting held 1/3.</li> <li>• Portal refined and open on ¼. Call for presentations sent out on 1/8</li> <li>• 2 proposals submitted to-date. Conversations with three possible keynotes held to-date</li> </ul>	
<b>5. Study ways to innovate to strengthen services and efficiently use resources</b>	<ul style="list-style-type: none"> <li>• SHARED LEARNINGS.</li> </ul>		
<ul style="list-style-type: none"> <li>• Retain a strong MetrCCS leadership team.</li> </ul>	<ul style="list-style-type: none"> <li>• Retain a breadth of skills, and perspectives on the team</li> <li>• Consider inviting 988/others onto the team</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Continue to promote mutual learning</li> </ul>	<ul style="list-style-type: none"> <li>• Define continuity of care among the teams. Explore creative options for coverage across the region.</li> <li>• Continue to explore how best to ensure cultural effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Use data to understand trends and make decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze website data at least twice per year</li> <li>• Access and analyze MHIS, CTL and 9-8-8 usage data</li> </ul>	<ul style="list-style-type: none"> <li>• Website data analyzed in Q4 report</li> </ul>	
<ul style="list-style-type: none"> <li>• Complete oversight restructuring</li> </ul>	<ul style="list-style-type: none"> <li>• Get revised bylaws approved</li> <li>• Formalize new, streamlined oversight from Admin Committee.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Retain DHS and other support and engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Submit timely reports</li> <li>• Attend DHS statewide meetings</li> <li>• Encourage DHS and engagement in our initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• 2023 Q4 report ready to be submitted</li> <li>•</li> </ul>	

Key: Green: Making good progress  
Yellow: Making some progress, but pay attention  
Red: Problem area – action or discussion required

**Metro Children’s Crisis Services (MetrCCS)  
Guidelines for School Collaboration  
Updated 11/9/23**

MetrCCS is a 7 county collaboration of 24-7 mobile service providers designed to respond to the mental health needs of children and their families by providing onsite crisis de-escalation, mental health evaluation, and stabilization services. The primary goals of MetrCCS providers are to:

1. Help youth with mental health needs receive the right level of care that correlates with their assessed level of need.
2. When possible, help youth receive mental health services while remaining at home, in their community, and in their home school.
3. Insure that children with mental health crisis have options that insure the safety of themselves, their family, and their community.
4. Prevent youth from inappropriate entry into the juvenile justice system by diverting youth during a mental health crisis into appropriate non-corrections services.
5. Reduce the use of acute inpatient psychiatric and hospital emergency services while enhancing the effectiveness of community mental health services for youth.
6. Develop a more seamless and collaborative service delivery system that is community based, youth and family friendly, and equally accessible to all regardless of where they live, have insurance, or have financial resources to pay.

While MetrCCS is neither able nor equipped to replicate or replace the crisis services that are available within the school setting, situations arise where school staff need assistance from mental health professionals outside of the school in order to help children and parents get the support they need. Crisis, by its nature, doesn’t follow rigidly enforced rules or regulations, the goal of these guidelines is to provide guidance for school student assistance professionals who seek clarification on when and how to use MetrCCS services.

**Cost of service**

There is no out-of-pocket cost to families. If their insurance covers this kind of service, the crisis team will bill them if there is an in-person visit.

**Mental health focus**

MetrCCS teams respond to mental health crises, as defined by the student and/or the family. The teams are not able to respond to issues related to the enforcement of school disciplinary procedures, but are always available for phone consultation to determine the mental health needs in the situation.

**Should I call MetrCCS or a school resource first?**

Call school building student assistance staff first. Generally, school staff who know the student will be most effective in deescalating and evaluating crises that arise at school.

**Parent permission**

Before MetrCCS staff can work with a child, parent permission is required. The exception to this permission is governed by the emergency consent statute (MsS 144.344) which allows services without parental consent when, in the child crisis responder’s professional judgment, “the risk to the minor’s life or health is of such a nature that treatment should be given without delay, and the requirement of consent would delay or deny treatment”

**Physical restraints or transportation**

MetrCCS teams do not provide physical restraints or transportation. Teams will accompany youth (in a separate vehicle) to the emergency room, when possible and helpful, to facilitate intake.

### How else can MetrCCS help school staff?

Each county can provide various forms of assistance. Some of the options include the following (check with your specific county crisis provider to better understand specifically what is available for your students and staff):

1. Short training sessions to school staff related to mental health crisis intervention and assessment.
2. Consultation on specific children's mental health crisis situations that arise when in-house resources have been exhausted. Examples of consultation include working with school staff to brainstorm creative ways to help clients re-regulate in school, working with school staff to determine when emergency services (police and/or ambulance) should be called, working with schools to develop creative strategies for engaging parents, etc.
3. Help for parents in developing crisis assistance plans to both prevent and allow for safe and effective intervention should future crises arise.
4. Consultation with parents regarding the need or benefits of various treatments for children in crisis.

### When the crisis involves a student who lives outside of the county in which the school is located:

Generally, it is best to work with the crisis providers who are a part of the county in which the school building is located. (If other arrangements have been made with your crisis teams, then follow the agreements made within your counties.) If the student resides in another county, the initial crisis response group will collaborate with the home county of the client to coordinate ongoing crisis stabilization services.

### How do I contact the crisis providers within the MetrCCS group?

The phone numbers for the MetrCCS providers in the seven-county metropolitan area are as follows:

Anoka:	763-755-3801
Carver	952-442-7601
Dakota	952-891-7171
Hennepin	612-348-2233 (Adult crisis 612-596-1223)
Ramsey	651-266-7878 (Adult crisis 651-266-7900)
Scott	952-818-3702
Washington	651-275-7400

### What support can MetrCCS offer to the families you serve, outside of the school day?

Mobile crisis response teams are available 24/7/365 in every part of Minnesota. If you or someone you know is experiencing a mental health crisis, you can call your local team. Mental health professionals will help you by phone and, if appropriate, will come to you to de-escalate the situation, assess needs and get a safety plan in place. There is no out-of-pocket charge for this service.

We created the **Just Call** campaign to help people know that there is help available for children, adults and/or families experiencing a mental health crisis. If you're not sure the situation is a "crisis," or don't know who to call, no worry. **Just Call** your local team, anywhere in the state of Minnesota. Go to our website [JustCallMN](#) and find the phone number for your local crisis team.

Watch and share this [90 second video](#) to help spread the word.

## **County Crisis Services**

1919 University Avenue West, Suite 400, St. Paul, MN 55104

651-645-2948 or 888-NAMIHELPS      [www.namihelps.org](http://www.namihelps.org)

### **What are county crisis services?**

County crisis services help people of all ages who are experiencing a mental health crisis. They help to resolve the situation and link people to resources. Sometimes trained crisis responders come to homes or another meeting place to help.

Each county has a crisis line that can give advice and support. The crisis lines are open 24 hours a day, 7 days a week, 365 days a year.

### **What do crisis responders do?**

Crisis responders will listen to you over the phone to get a sense of what is happening. If you request it, they will come to you in person or do a telehealth visit. If not, they help resolve the situation and link people to resources over the phone. They can contact emergency services if needed.

If a crisis responder comes in person, they will assess for safety and provide support to get through the crisis. Link with services.

They help the people experiencing the crisis cope, and they connect them with resources and long term services. Teams help family or caregivers create a “crisis plan” for future situations. If requested, crisis responders can also do up to six weeks of follow-up to make sure that families are receiving the ongoing support and services they need.

### **Are crisis responders police?**

No, crisis responders are not police officers. They are mental health professionals or mental health specialists. In some communities, police may work with crisis responders in certain situations.

### **Are crisis responders part of child protective services?**

The crisis responders are not child protection officers. They are mental health providers whose goal is to help you with the crisis. If you or someone else is at risk of harm, they are mandated reporters.

### **Who can use county crisis services?**

Anyone in Minnesota can use these services, regardless of legal or immigration status.

You can call for yourself. Family and friends of a person having a mental health crisis can call a crisis team to help and support their loved one. A parent can call a crisis team to help their

child. Note: in general, crisis teams can only work with people who consent to receiving their help. Parents/guardians must give consent for crisis response to minors, except in emergency situations.

### **What does it cost?**

There is generally no out-of-pocket cost for mobile crisis response. If the person's insurance covers this kind of service, insurance will be billed for an in-person visit. No one will be turned away for inability to pay.

### **What are the benefits of county crisis services?**

A mental health crisis can be very scary. It is difficult for both the person in crisis and those around them. Sometimes loved ones and caregivers need the advice and help of trained professionals to handle these situations.

Calling a crisis team can save time and unneeded travel. In most cases, their response is better, safer and less expensive for the person experiencing a crisis than calling law enforcement or going to an emergency room. (Note – if the person is in immediate risk of harm, call 911.) Crisis services can also help people stay safely in the community, access medical care and connect with resources.

### **What should I say when I call?**

Explain that you or someone else is having a mental health crisis. Be clear about what exactly is happening and if you want a crisis responder to come in person. Try to remain calm, but tell them the situation is urgent.

They may ask for your name as well as the name, age, and a description of the person in crisis. Depending on the situation, they may need to ask for more details. They will need the person's current location if they are going to do an in-person visit.

This could include: if the person has a weapon. You may also be asked about the person's mental health history and diagnoses. The questions could be about medications, past suicide attempts or violence, drug use, triggers, what has helped in the past, and if they have currently lost touch with reality. Be honest if you do not know the answers to these questions. You do not have to be with the person who is in crisis to call.

### **Are services available in different languages?**

Yes. Ask for an interpreter when you call.

### **How do I contact county crisis services?**

911 dispatchers should connect callers with county crisis services. However, it may be easiest to contact each county's crisis services directly. The Minnesota Department of Human Services list these numbers at this website: <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp>. You can also scan the QR Code to find the Mobile Crisis Team phone numbers.



If you are unsure of which county you are in, or which crisis team to call, you can enter your location here to find the correct number: <https://justcallmn.com/>

### **Are county crisis services available on tribal reservations?**

The Fond Du Lac and Red Lake Band tribes do not have crisis response numbers. DHS recommends calling 911 from these locations. The White Earth and Leach Lake tribe crisis response numbers are available on the above directory.

### **What other crisis services are available?**

- National Suicide and Crisis Lifeline: **988** (24 hours a day, 7 days a week)
- Text “home” to the Crisis Text Line: **741741** (24 hours a day, 7 days a week)
- Minnesota Department of Human Services website: <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/>
- National NAMI HelpLine: 1-800-950-6264 (Mon-Fri, 10 AM – 10 PM eastern time)
- Free NAMI Minnesota publications for developing crisis plans can be found at <https://namimn.org/support/information-and-resources/crisis-resources/>

## 2024 MetrCCS Meeting Schedule

Month	Leadership 2 <sup>nd</sup> or 3 <sup>rd</sup> Mondays 1:30 to 3pm	Summit planning 1-2pm	Hospitals Quarterly/ As needed 11am to noon	Other key dates
January	1/8	1/3	1/3	1/8 -- Call for presentations released for the 2024 summit 1/31 -- 2023 QR4 report due to DHS
February	2/12	2/7		
March	3/18	3/6		
April	4/15	4/10	4/24	4/1 -- Presentation proposals due for 2024 summit 4/30 -- QR1 report due to DHS
May	5/13	5/8		
June	6/17	6/5		
July	7/15	7/10	7/25	7/31 -- QR1 report due to DHS
August	8/19			Fifth Annual Summit 8/6 to 8/7
September	9/16	9/11		
October	10/21	10/2	10/17	10/31 -- QR1 report due to DHS
November	11/18	11/6		
December	12/9	12/4		
January 2025				1/31 -- 2022 QR4 report due to DHS