

MetrCCS
Leadership Team (LT) Meeting Agenda
Monday, November 13, 2023 – 1:30 to 3:00pm
Zoom

Welcome and check-ins

-

Peers on crisis teams

Jay Theisen will give an overview of what Canvas Health has been learning

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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)

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?

Upcoming Important dates: All meetings on Zoom unless otherwise indicated

- 12/4 from 1:30 to 3:00pm (LT)
- 1/8 from 1:30 to 3:00pm (LT)
- 1/3 from 10 to 11am {Hospital Group}
- 1/31 Q3 report due to DHS

MetrCCS

Metro Children's Crisis Response Hospital Partnership Meeting Notes

Wednesday October 25, 2023 – 10am to 11am

[Zoom](#)

Allina: Dana Alston

Children's: Nikki Helland

Prairie Care: Nancy Steffen, Shamala Tamarisa

Carver County: Jill Tessman, Melanie Warm

Washington County: Beth Reitzel

Canvas Health: Jay Theisen

MetrCCS: Kim Vanderwall

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

- What is happening now: Are there any updates or changes since we met in June?
 - This time of year, the kids are in school. This is when teachers identify kids who aren't showing up, etc. at the end of the first quarter, kids start to experience a spike.
 - Washington: staffing loss. Adjusting to lower staffing level
 - Carver: Melanie has been out helping her parents transition. Jill has gotten to run the team by herself. Positions open. Evening and weekend are the toughest. More assessments since school started. Unpredictable by day.
 - Scott County is looking for a supervisor.
 - Anoka County is almost fully staffed. Trying to ramp up services. Sometimes only have telehealth on evenings.
 - North Branch is fully staffed. Doing billboards. Coordinating with law enforcement
 - Children's is currently fully staffed. When staff have Covid it is still a lengthy impact. Higher volume. Expected since we opened the inpatient.
 - How are Jewish and Muslim kids doing?
 - Canvas Health: Conversations with staff. Hard to know how to talk about it. We are checking in with people. Letting them own their side. Identifying the trauma they are experiencing. Open about feelings. We haven't seen many Somalis access services. Talking with Anoka about how to engage with Imams and other relationship building. Staffing is a barrier. Wanting to be respectful. There is a lot of lack of understanding about the ways that Somalis heal. Generational divide. Just sent staff to Kente Circle and then are talking about it back with the team.
 - Wash has a community engagement team. They reach out to pockets that are less likely to utilize service to see how we can best support. Also a DEI unit. We have been trying to document any case that has a DEI angle attached. Making good strides. Acculturation concerns.
 - Aspen House. Needs to be more services.
- Do we anticipate any changes in the next months?
 - Canvas is working with Allina and will be collocated with them. How do we coordinate? How do we manage clients back and forth between the teams and hospitals. Allina (Unity) will have a crisis

office. The team, food resources, recovery peers. This will be housed in the hospital. Awesome idea. This should help avoid ER visits. Karrie is involved

- Carver is already doing this. Carver can see people at the family room. If needed, we can walk them to the ER. The assessment does not need to be duplicated. And we can follow up with them. We can help make sure they get in if needed. 60% diversion. Carver can do this with all ages. No staff are sitting in the hospital. It is just one of the places they can go. Carver is called by the ER to do the assessment. Our professionals have to be credentialed as allied professionals to be in the hospital. We can do direct admission to any hospital in the state. We are the ones who look for beds. This has been a 30 year program in Carver. We have to balance the hospital demand with community.
- Note: EMTALA law requires ERs to treat anyone who shows up. The crisis team has different rules – so has to have a separate office.

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

- New young adult unit of 12 at Prairie Care. They are interested in whether there are partnerships that could develop.
- Most of the team are open to doing stabilization from Prairie Care. The teams already hand off to each other based on where the client lives. We are all here to reduce to gaps and duplication. Are there more opportunities to explore how teams are working with hospitals? Is there another conduit?
- Having the availability of being able to work through the insurance/payment model is important.
- North Region has used Nexus when kids are boarded in ERs. Nexus comes in and supports the kid to go home or look for other possibilities. The engagement is great. Not always a placement. They have to get consent. Once signed, they are jumping in fast. Stabilization and disposition service. This is more proactive
- Hennepin County has a hospital triage team. They can join hospital huddles. Sometimes things happen quickly and sometimes its just information to the higher ups. Family response
- Do stabilization in the ER. Help the hospital staff help the family.
- Jay – keep us updated. Move in date is April. We will likely have to expand the team. Scott County is already looking at trying this too.
- All of Allina’s adolescent and children’s mental health services have moved to Abbott. No longer have services at United. No loss of beds. All ages are served at the same hospital now. People can take the kids to any ER.
- Kim showed the new promotional video about mobile crisis services. When can we deliver this info? Opportunity to share the info when people are not in crisis. Hard to absorb when they are in crisis. Is there any video on what happens if you go to the ER. What is the reasoning behind why admission? What happens on an inpatient unit? What is the function? Should we make one?

3. Next steps

- Send out link to video. Please use and share
- Next meeting date: 1/3/2024?

MetrCCS

Leadership Team (LT) Meeting Notes

Monday, October 16, 2023 – 1:30 to 3:00pm

Zoom

Present: Sarah Washington, Beth Lovre, Danielle Jeffrey, Nikki Helland, Chamaera Sowell, Sara Danielson, and Kim Vanderwall

Welcome and check-ins

- Children's. high volumes in ERs. Have had availability in the programs.

Work with schools

- Further discussion about HF2497 K12 Education Bill. Article 2 Educational Excellence, Section 25.
 - "Suicide prevention information; identification cards. Requires a school district or charter school that issues identification cards to students in middle school, junior high school, or high school to provide 988 Suicide and Crisis Lifeline, Crisis Text Line, and county mobile crisis services contact information on the cards. Encourages nonpublic schools to provide the same information consistent with this section."
- What are people hearing?
 - Middle school and high schools are required to do this. Are they actually doing it?
 - Beth asks kids in presentations. The numbers are on their IDs, but there is no blurb telling them what it means. Sara has also seen them. Ms Washington verified that MPPS is doing this.
 - Danielle has heard in greater MN that they are not yet active.
 - Might some schools be waiting to see what the teams are doing. The schools got a lot of money to do mental health. They want to be the first to respond
- Review MetrCCS Guidelines for School Collaboration document. Last revised 3/8/2016.
 - Is this document helpful? Should we update it?
 - How does it inform the other documents we will look at today?
 - It is out of date. Update it and bring back for discussion.

Fact Sheet:

- Review proposed revisions (Share screen)
- Is there anything helpful in the school collaboration document that is helpful?
- Discuss how this meshes with the FAQ on our website
- Next steps?

Videos:

- See messaging blurb attached
- How are the videos being used?
 - Sara D showed the video in a Prior Lake/Savage Interagency county meeting. They will now do a training on how to call for help.

- People need to know what to say when they call us.
- Have Child crisis in the IEP
- Work with parents
- Should we combine the collaboration document with the video in outreach?

Other

- 2024 summit. Note changes for 2024. Is anyone else interested in serving on the planning team for next year?
- Training site. Over 30 new users in the last month and a half. Videos from the summit were accessed 99 times, and started 41 times. They were finished all the way 5 times. Average is 74% -- about 43 minutes.

Messaging about the Just Call videos

MetrCCS is a collaboration between the children’s mobile mental health crisis response teams in the Metro area. 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.

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. 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.

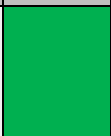

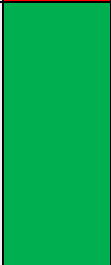
Please share this [90 second video](#) to help spread the word. Feel free to reach out to Kim Vanderwall at kim@vanderwallconsulting.com if you have questions.

MetrCCS 2023 Key Initiatives Dashboard

November

| Initiative | 2023 Tasks | Progress | Status |
|--|---|---|--------|
| 1. Strengthen partnerships and capture learnings to improve access and seamlessness between systems. | <ul style="list-style-type: none"> ACTION-ORIENTED. Focus on children and families. Look at how the crisis teams fit in the continuum of care. | | |
| <ul style="list-style-type: none"> Continue to seek ways to make hand-offs between teams and hospitals more seamless and family-friendly. | <ul style="list-style-type: none"> Meet regularly with hospital and EMS reps Keep the placement portal up to date. | <ul style="list-style-type: none"> Meetings held 3/29, 6/21 and 10/25 Hennepin County portal entry updated | |
| <ul style="list-style-type: none"> Identify other key partner groups and hold strategic discussions about best meeting the needs of youth and families. | <ul style="list-style-type: none"> Expand partner lists in key areas, including 988, hospitals, law enforcement, schools & targeted case management. Do a deep dive at least yearly to improve coordination. | <ul style="list-style-type: none"> 988 conversation at May meeting Conversation with Fraser in June and about them in July Discussing work in schools September, October & November | |
| <ul style="list-style-type: none"> Coordinate with other regional and statewide crisis response initiatives | <ul style="list-style-type: none"> Tie in conversations from other initiatives and address current or emerging needs. Ensure contact with 988 call center leads to encourage referrals and hand-offs. | <ul style="list-style-type: none"> Continue to connect with 988 in the Summit and in conversations | |
| 2. Improve effectiveness of and access to crisis services by people in marginalized communities. | <ul style="list-style-type: none"> ACTION-ORIENTED. Focus on children and families. | | |
| <ul style="list-style-type: none"> Ensure that crisis response services meet the needs of families | <ul style="list-style-type: none"> Maintain and support up to 6 parents on the leadership team. Strive for geographic representation. Consider having a panel of kids at the summit. Transitional age. Look for opportunities to support CFPSs in crisis work. | <ul style="list-style-type: none"> New parent joined from NAMI Jacinta Moss now attending as part of her job at Canvas Health | |
| <ul style="list-style-type: none"> Review all initiatives through a lens of equity and inclusion | <ul style="list-style-type: none"> Consider staff training, outreach materials and policy discussions with this lens | <ul style="list-style-type: none"> Trainings at the summit really focused on LGBTQ issues. Videos were made of diverse people and were designed to communicate with a broad audience, including Spanish and Somali language speakers. | |
| 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. | <ul style="list-style-type: none"> ACTION-ORIENTED. Focus on children and adults. | | |

| Initiative | 2023 Tasks | Progress | Status |
|---|--|---|--------|
| <ul style="list-style-type: none"> Optimize the website to serve as a central communication point | <ul style="list-style-type: none"> Combine and rebrand the web site with Just Call Coordinate with 988/others and update messaging to best communicate options for help. | <ul style="list-style-type: none"> The webmaster has begun transitioning the website The leadership team feels that for now, our messages should focus on the team numbers | |
| <ul style="list-style-type: none"> Develop promotional materials to promote the website to referral sources, partners and families. | <ul style="list-style-type: none"> Work with Line Break Media to create a new series of short videos encouraging parents to call for help when needed Reprint business cards as needed | <ul style="list-style-type: none"> Children’s MN is partnering with staff. Eight people were videoed by Line Break on 6/27. Some of the videos were played at the summit. New supercut developed and being shared | |
| <p>4. Promote professional development for individual crisis workers and elevate the field of mental health crisis response</p> | <ul style="list-style-type: none"> ACTION-ORIENTED. Focus on children and adults. | | |
| <ul style="list-style-type: none"> Curate, provide documentation for CEUs, and purposefully drive traffic to the trainings on the MetrCCS website. | <ul style="list-style-type: none"> Analyze content, post new content Work with Remedy Healthcare to promote content Review usage data and response quarterly | <ul style="list-style-type: none"> Data reported in the Q1, Q2 and Q3 reports. Sites updated to GA4 | |
| <ul style="list-style-type: none"> Host an annual summit on Mobile Mental Health Crisis Response. Feature anti-racism and effective strategies around the state. Offer other trainings as helpful and requested | <ul style="list-style-type: none"> Put together a top-notch educational program. Connect it with the online training site in a user-friendly way. | <ul style="list-style-type: none"> New planning team recruited. 6 meetings held. Call for presentations yielded 17 proposals. Registration went live on 6/23. 372 people registered – almost 100 more than ever in the past. 240 attended. Event highly rated. Summit sessions on-line in October. | |
| <p>5. Study ways to innovate to strengthen services and efficiently use resources</p> | <ul style="list-style-type: none"> SHARED LEARNINGS. | | |
| <ul style="list-style-type: none"> Retain a strong MetrCCS leadership team. | <ul style="list-style-type: none"> Retain a breadth of skills, and perspectives on the team Consider inviting 988/others onto the team | <ul style="list-style-type: none"> The team is strong, however attendance has been lower in recent months | |
| <ul style="list-style-type: none"> Continue to promote mutual learning | <ul style="list-style-type: none"> Define continuity of care among the teams. Explore creative options for coverage across the region. Continue to explore how best to ensure cultural effectiveness | <ul style="list-style-type: none"> New models of service discussed at several meetings | |

| Initiative | 2023 Tasks | Progress | Status |
|--|---|--|---|
| <ul style="list-style-type: none"> Use data to understand trends and make decisions | <ul style="list-style-type: none"> Analyze website data at least twice per year Access and analyze MHIS, CTL and 9-8-8 usage data | <ul style="list-style-type: none"> Website data analyzed in Q1, Q2 and Q3 reports |  |
| <ul style="list-style-type: none"> Complete oversight restructuring | <ul style="list-style-type: none"> Get revised bylaws approved Formalize new, streamlined oversight from Admin Committee. | <ul style="list-style-type: none"> |  |
| <ul style="list-style-type: none"> Retain DHS and other support and engagement | <ul style="list-style-type: none"> Submit timely reports Attend DHS statewide meetings Encourage DHS and engagement in our initiatives | <ul style="list-style-type: none"> 2023/24 contract approved 2022 Q4; and 2023 Q1, Q2 and Q3 reports submitted Kim attended February and June Statewide meetings; and a DHS focus group on 7/11 |  |

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

Appendix A



CRS Grants 2023

Quarterly Progress Report Template

(Quarterly Submission)

Developing and Supporting a Continuum of Care

Agency Name: MetrCCS

Person Filling Out This Form: Kim Vanderwall

Position: MetrCCS Coordinator

Contact: kim@vanderwallconsulting.com 651 303-9268

Reporting Date:

Send to: dhs.cmhcrisis@state.mn.us

| |
|---|
| <input type="checkbox"/> Due on 4/30/2023 |
| <input type="checkbox"/> Due on 7/31/2023 |
| <input checked="" type="checkbox"/> Due on 10/31/2023 |
| <input type="checkbox"/> Due on 1/31/2024 |



CRS Grants (2021) Quarterly Progress Report Template

(Quarterly submission continued)

Please use one page for each of the following items.

How many episodes of face-to-face assessment did you provide during the quarter? How many adults? How many children?

N/A

Address the work plan progress on each element (Example: Access and coordination, conversion rate, collaboration, outreach, staff training, youth family and service user, and development and sustainability.)

Improved Access and Coordination

- The full MetrCCS leadership team met three times in the third quarter.
- As a follow-up to our meeting with Fraser in June, we used part of our July meeting (without them) to give them had a feedback to better serve families. They are planning to apply to become a CCBHC. We sent them the feedback after the session.
- The hospital group did not meet in the third quarter, but did send many staff to the summit. We continue to coordinate and communicate well with hospital staff.

Conversion Rate

- N/A. As a collaborative, we do not provide direct services.

Outreach

- We continue to host our public-facing website.
- *Note: Google Analytics updated their platform on 7/1 and required that all websites transition to the new GA4 system in order to get good data on usage. We got a consultant to transition our websites in July. He completed the work on July 25, at which point we could start the new way of analyzing usage. Some of the fields of data collected on the new platform are different than what we have collected in the past. In addition we still have two websites. The data presented here is derived from a combination of reports.
- We had 1,335 visits by 1,239 unique individuals during the third quarter.in the third quarter. Over 96% were first time visitors. Visits are higher than they have been in the last two quarters. 291 of the visits included going to the locator page.
- Duration of visits was thirty five seconds on the main site and fifty-seven seconds on the Just Call,

site. Bounce rate went down to 4.83% on the main site (which is good – lower is better and the average across all web sites on the internet is over 58%). The bounce rate on the Just Call site is higher. GA4 has some new measures for engagement. Our engagement rate for the quarter was 74%, with each user having 0.81 engaged sessions. (Above 71% is considered good in either of these metrics.) All stats indicate that visitors are finding something worth looking at when they visit.

- The demographic data we are able to see shows that 25% of the visitors were male – which is more in keeping with previous years. In 2022, the average was 41%. Before that, that percentage has always been below 30% (with the exception of 34% in 2021 Q3). 15% of the visits were from smart phones, the lowest it has been since we started tacking. Note – people access our training site almost exclusively by computer.
- In the end of June we recorded new promotional videos of 8 different people (a parent, two parents who are family peer specialists, a crisis team leader, a school mental health professional and three hospital social workers) to get the message out about when and why to call the crisis teams. One video was shot in Spanish and one in Somali. The videos were edited and produced in July and August, and were featured in the Summit. These videos of individuals are being used by crisis teams to promote their services. In September the video team created a supercut that can be used by anyone to encourage people to call the teams.

Staff training

- We now have 539 subscribers to the training site. In the third quarter we had a whopping 553 visits by 328 individuals. This is more than a four-fold increase for both number of visits and number of individuals.
- The planning team for the 2023 Summit met twice in the third quarter, once to finalize preparations and once to evaluate how it went. The event took place on August 8 and 9. We had a total of 18 sessions this year (compared to 13 last year) and were able to offer 21 CEUs through the MN Board of Social Work (compared to 14.5 last year). People really appreciated getting that many **free** CEUs!
- 372 people registered for the summit this year. At least **240 different people attended all or part of the event**. In 2022, 235 registered and 116 actually attended. Registration rate was up by 58%, and attendance more than doubled from 2022 to 2023. Our no-show rate was only 35% this year, compared to 51% last year. Of those who attended any part of the Summit, the average number of sessions was 6.43. Attendance for individual time slots ranged from 194 to 136.
- 106 of the attendees completed an on-line evaluation. **They rated the experience of the event a 5.5 out of 6 stars**. 91.8% rated the event a 5 or 6 of 6 stars. (In 2022 this was 5.2 and 82.4%). They rated the overall content that was covered at the event a 5.4 out of 6 stars. 86.9% rated the overall content a 5 or 6 of 6 stars. (In 2022 this was 5.1 and 74.5%). Attendees really liked the wide variety of content that was offered. Keywords from the survey included: relevant, informative, accessible, engaging and helpful.
- We had some glitches with the program, which caused problems for some with logging into the sessions. That will be fixed for next year.

Parent and Youth and Service User Involvement

- We continue to have three parents on our team from Scott, Ramsey and Hennepin Counties; as well as two NAMI parents. Jacinta Moss is now a Certified Family Peer Specialist with the Anoka crisis response team. Sara Danielson is also a Certified Family Peer Specialist and has been on the Anoka County team for several years. The parents on our leadership team ensure that our discussions are grounded in the lived realities of people who have experienced the system. All of the parents served on the 2023 Summit planning team, and three of them helped to introduce speakers..

Development and Sustainability

- We have had conversations at Leadership Team meetings about how to manage the higher demand and constant short-staffing of the teams.

Describe the success you have encountered this reporting period?

The summit was bigger and better than ever. We are building something that crisis responders around the state have come to rely on. And people who work in hospitals who deal with mental health crises are also part of that picture. MACMH staff were great and are committed to our continued success.
Our new videos are beautiful and moving.

Describe the challenges you have encountered this reporting period.

On the other hand, as the Summit has grown and had content developed through a call for presentations, we have not had as many BIPOC presenters. We had a glitch with the Summit program this year.

Describe your strategies to address the challenges listed above.

We will start earlier this year recruiting and planning for the 2024 Summit. We will create a landing page to ease with logistics and communications. And we will be more purposeful in encouraging a diverse group of presenters to submit proposals.

Please indicate the co-occurring I/DD/TBI and mental health disorders trainings your staff attended during the quarter and the number of staff trained. (Please list title of training)

N/A

Mental Health Crisis Services Quarterly Budget Reporting Form

| Approved Budget | | January 1, 2023 - March 31, 2023 | April 1, 2023 - June 30, 2023 | July 1, 2023 - September 30, 2023 | October 1, 2023 - December 31, 2023 |
|---|------------------|----------------------------------|-------------------------------|-----------------------------------|-------------------------------------|
| Area: | | | | | |
| Mobile Crisis Response Services | | Amount | Amount | Amount | Amount |
| MH Professional(s) | Total Amount | \$0 | | | |
| MH Practitioner(s) | | \$0 | | | |
| MH Rehab Worker(s) (Adult Stabilization only) | \$0 | | | | |
| Rapid Access Psychiatrist | | \$0 | | | |
| Certified Peer Specialist | \$0 | | | | |
| Staff Benefits and Payroll Taxes | | \$0 | | | |
| On-Call Staff | | Amount | Amount | Amount | Amount |
| Professionals | | \$0 | | | |
| Practitioners | \$0 | | | | |
| Certified Peer Specialist | \$0 | | | | |
| Staff Benefits and Payroll Taxes | | \$0 | | | |
| Total Mobile and On-call Program FTEs and costs→ | | \$0 | \$0 | \$0 | \$0 |
| Phone Triage and Dispatch | | Amount | Amount | Amount | Amount |
| MH Professional(s) | | \$0 | | | |
| MH Practitioner(s) | \$0 | | | | |
| MH Rehab Worker(s) | \$0 | | | | |
| Certified Peer Specialist | \$0 | | | | |
| Other Trained staff | | | | | |
| Staff Benefits and Payroll Taxes | | \$0 | | | |
| Other Trained staff | | | | | |
| Contracted services | | | | | |
| Total Triage and Dispatch FTE and | \$0 | \$0 | \$0 | \$0 | \$0 |
| A) Total Program Staff Wages → | \$0 | \$0 | \$0 | \$0 | \$0 |
| Administrative/Support Staff | | Amount | Amount | Amount | Amount |
| Data Collection/ Administrative Support | \$46,350 | \$6,325 | \$13,622 | \$18,023 | |
| Fiscal support staff | | | | | |
| Grant management/monitoring | | | | | |
| Staff Benefits and Payroll Taxes | | | | | |
| Technology & Billing | | | | | |
| B) Total Admin Staff Wages → | \$46,350 | \$6,325 | \$13,622 | \$18,023 | \$0 |
| <small>* FTE = Full Time Equivalent based upon 40 hours per week</small> | | | | | |
| Total Staff Wages -Total Program and Admin/Support Staff Wages from above (A+B) | \$46,350 | \$6,325 | \$13,622 | \$18,023 | \$0 |
| Other Administrative Costs | | Amount | Amount | Amount | Amount |
| Staff Orientation/Training* | \$19,864 | | \$100 | \$4,800 | |
| Staff Travel | | | | | |
| Transportation to hospital, appointments etc. | | | | | |
| Occupancy (rent, mortgage, facility improvements) | | | | | |
| Utilities (heat, electric, phone) | | | | | |
| Equipment | | | | | |
| Supplies | | | | | |
| Insurance/Liability | | | | | |
| Other (Parent engagement)- | \$4,050 | \$150 | \$627 | \$1,750 | |
| C) Total Other Administrative Costs | \$23,914 | \$150 | \$727 | \$6,550 | \$0 |
| Sum of A, B and C | \$ 70,264 | \$ 6,475 | \$ 14,348 | \$ 24,573 | \$ - |
| Public Outreach/Education | | Amount | Amount | Amount | Amount |
| Purchased advertising costs | \$4,000 | | | | |
| Flyers, leaflets, magnets, pens, etc. | \$0 | | | \$7,257 | |
| Other (Website maintenance)- | \$4,600 | | | | |
| D) Total Public Outreach/Education Costs | \$8,600 | \$0 | \$0 | \$7,257 | \$0 |
| Residential Costs (Adults Only) | | Amount | Amount | Amount | Amount |
| Crisis Stabilization Bed Per Diems (Adult only) | | | | | |
| E). Total Residential Costs | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Expenditures Sum of A, B, C, D, and E).→ | \$78,864 | \$6,475 | \$14,348 | \$31,829 | \$0 |

**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

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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 ~~hot~~line that can give advice and support. The crisis hotlines are open 24 hours a day, 7 days a week, 365 days a year.

Are crisis responders police?

No, crisis responders are not police officers. They are mental health ~~providers~~ 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.

What do crisis responders do?

Crisis responders will first assess ~~a~~the situation with you over the phone. They will determine with you whether they need to come in person. 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 assess the situation. They help the people experiencing the crisis cope, and they connect them with resources and long term services. Teams ~~can give long-term support by helping~~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. They also follow up with the people they have helped to make sure ~~they~~that families are receiving the ongoing support and services they need.

Who can use county crisis services?

Anyone in Minnesota can use these services, regardless of legal or immigration status. ~~A call is free. Face-to-face meetings are covered by Medical Assistance and many private insurance plans. If you don't have insurance, you can pay on a sliding scale. Even if you can't pay, you will not be turned away.~~

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.

What does it cost?

There is no out-of-pocket cost for mobile crisis response. If the person's insurance covers this kind of service, we will bill them if we do an in-person visit.

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 ~~are not ready to handle these situations.~~ They need the advice and help of trained professionals to handle these situations.

~~People can use county crisis services instead of calling the police. 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. ~~They help people avoid expensive emergency department visits. They can help someone avoid being arrested and taken to jail.~~

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 will ask for your name as well as the name, age, and a description of the person in crisis. They will need the person's current location. They will ask 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/>