

# Mental Health & Crisis Response

A Community Initiative:  
Becker County & White Earth Mental Health Crisis Team

# Health and Society

## Perceiving Problems with Mental Health in a Rural Area

Staff working with mental health patients in our facility:

- Not enough inpatient psych beds
  - Not enough security
- Need to commit more people
  - people need to go somewhere else- we don't offer psych services
  - Traditional treatment methods- a cultural shift

When we break a bone:



Sign my cast!



When we get a bad cut:



Check out my stitches!

When we get the Flu:



Jibby McJibbers Today 6:22 am

Status: Throwing up all night and am watching the 8<sup>th</sup> Season of Bones Today 🤢/

Comment: Oh no! I hope you feel better soon

Like

Comment

Share

When we struggle with mental health issues:



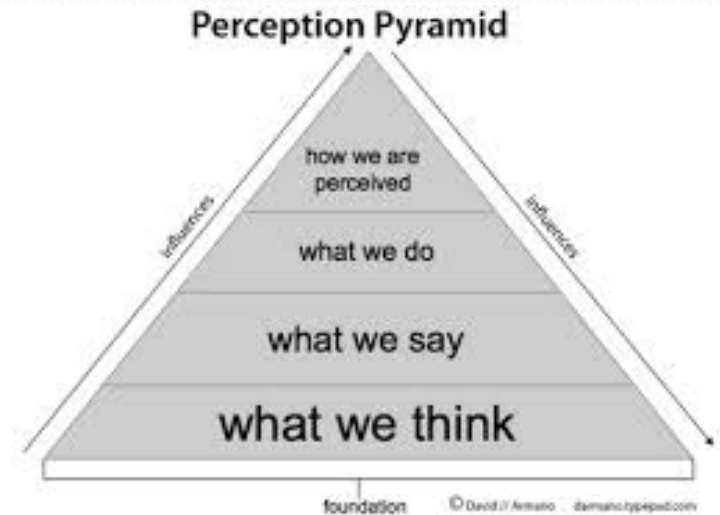
Patient



Society

# Adjusting Perspective

- A person suffering from mental health crisis
  - I don't know where to go for help
  - What if it's the middle of the night,  
I'm at home or at school
  - I feel hopeless
  - "When I went to the Emergency Department for help they put me on a hold and shipped me away. I'll never go there again for help."



**We trained our patients not to talk about the problem  
and not to ask for help**

# Mental Health Community Collaboration

- Core Team

- White Earth Mental Health
- Becker County Mental Health
- Willow Tree Crisis Bed
- Lakeland Mental Health Center
- Solutions Inc.
- Stellher Human Services
- Essentia Health St. Mary's



# Searching for the solution

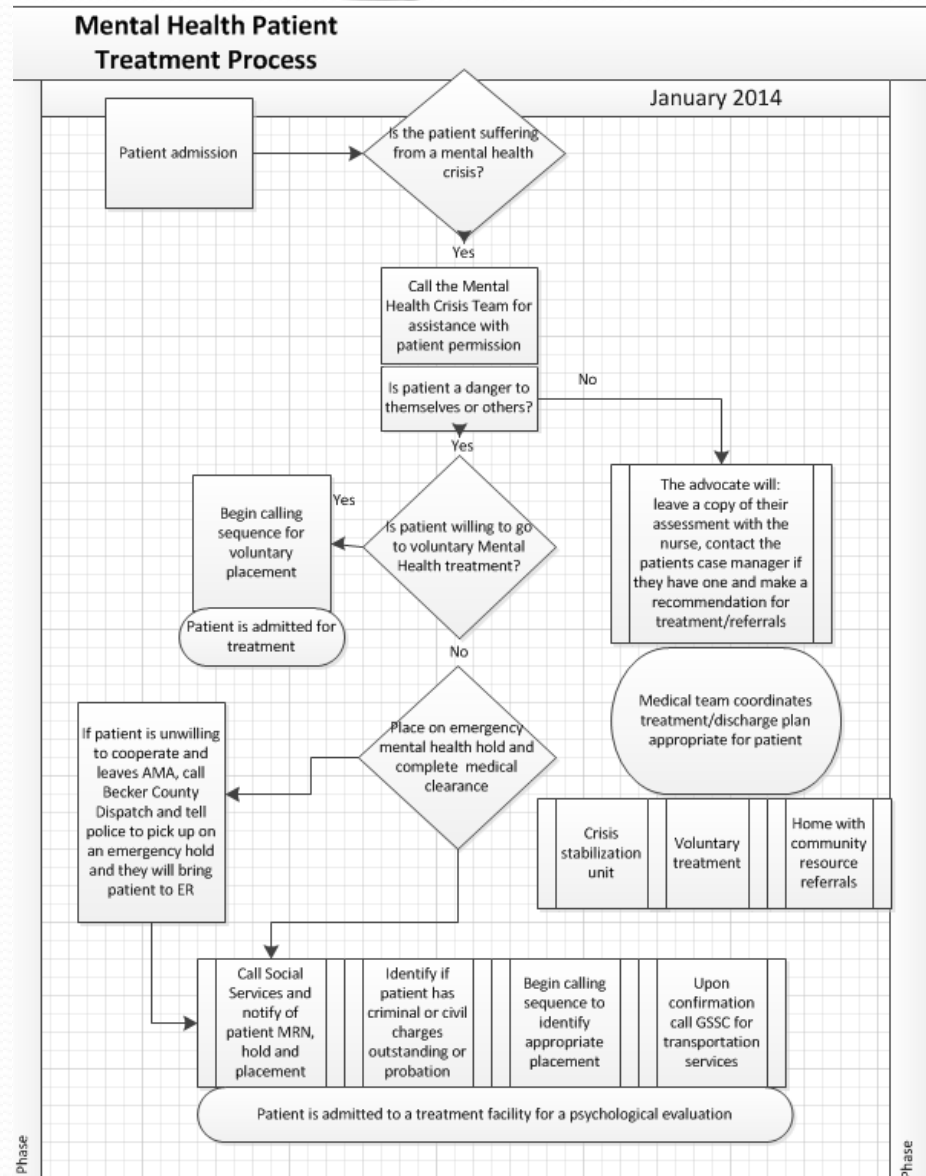
- Creation of a focus group
  - County & Tribal MH intake
  - ED nurses and management
  - Social Services
  - Mental Health providers
  - Mental Health Crisis Team
- Study, Listen & Learn
  - Statistics
  - Patient stories
  - Shared learning experiences
  - Best Practice- what could be?

## What works?

- **Crisis intervention policy**
  - **Educating staff**
- **Access to resources & care**

# Laying the Groundwork

- A new policy and procedure that outlines treatment of patients presenting with mental illness
- Process flow shows how and when to call the mental health crisis team
- Education to staff in January 2014 on policy & process



# Power in Numbers

- Services provided

- 24/7 crisis response
  - Telephone or on site services
- De-escalation
- Assessment & recommendation for treatment
- Preliminary Diagnoses
- Safety Planning
- Care Coordination
- Community Based referrals
- Crisis bed stabilization &/or follow up

- Expected Impacts

- Reduced symptoms
- Reduced ED, EMS and hospital readmissions
- Continuity of services
- Reduction in unnecessary inpatient psych hospitalizations & emergency holds
- Reduced stress patient, family and provider
- Increased access to services
- Reduced cost to community





# SUCCESS!!!

**Winner in 2016 of the Jackson Healthcare Annual Hospital Charitable Service Award as a Program of Excellence**

“Recognizing programs that demonstrate excellence in: community impact, innovation, collaboration, transferability, and leading practice.”

## **Tips for implementation:**

Who can work together in your community- who wants to improve care? What resources are already there? Bring those to the table first.

Make it easy- algorithms and having a champion, or someone to call for questions are key to making this work

Measure, measure, measure... showing success to the community sustains momentum.



## **Outcomes**

- 5% reduction in inpatient hospitalizations
- 22% reduction of emergency holds
- Approximately \$180,000 in savings to the community
- >75% increase in access to services and referrals
- Successful patient stories
- From 200 calls a year to the crisis team to over 600 annually in 2016
- Model being replicated in other health organizations & communities
- **Built Capacity:** Implemented primary integrated care model with LISCW in 2016, developed trauma informed schools initiative & training in 2017, utilizing Columbia Suicide Assessment and community referral algorithm in 2019 with first responders and Sheriffs Department.



# Mental Health and Chemical Dependency Crisis with EMS, Police and Sherriff's Departments

## C-SSRS TRIAGE PLAN FOR COMMUNITY PROVIDERS

**INSTRUCTIONS:** This flow chart illustrates an approach to assessing the safety of an individual with suicidal thoughts. It is based on the screening version of the Columbia Suicide Severity Rating Scale (C-SSRS). Sources of information can include not only the patient but also other individuals. This scale can guide decision-making though the provider's judgment should always take precedence. The clinician should always keep in mind that suicide predication is not an exact science; if worried, best to err on the side of seeking consultation.

	YES	NO
<b>1. Over the past MONTH, have you wished you were dead or wished you could go to sleep and not wake up?</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.	Go to #2	Go to #2
<b>2. Have you actually had any thoughts of killing yourself?</b> General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without specific thoughts of ways to kill oneself/associated methods, intent, or plan.	Go to #3-6	Go to #6

If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.

<b>3. Have you been thinking about how you might do this?</b> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."	M	L
<b>4. Have you had these thoughts and had some intention of acting on them?</b> Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."	H	M
<b>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.	H	M

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	HIGH RISK (H)	MODERATE RISK (M)	LOW RISK (L)
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Yes within past 3 months	Yes >3 months to 1 year	Yes but >1 yr ago or never

**High Risk – Emergent psychiatric assessment needed. Do not leave alone.**

If the patient is cooperative:

- Bring directly to an inpatient psychiatric hospital or
- Bring directly to the Emergency Department of the closest hospital, share the results of the assessment

Option if uncooperative:

- Place an emergency hold as necessary and bring to an emergency department of the closest hospital

**Moderate Risk – Not @ imminent risk to self.**

Assessment & Resources

- Call the Becker County and White Earth Mental Health Crisis Team at 1-218- 830-HELP (4337) or 1-877-330-3621 to come out, or provide telephonic support, to do an assessment

Crisis Bed Option

- If you think they could benefit from a short stay at the crisis bed the Becker County and White Earth Mental Health Crisis Team should be called and then you ask for an assessment at the number above

Assess for coping skills and scene stressors/dangers to determine response.

**Low Risk – Encourage person to follow up with their primary physician or mental health professional for comprehensive psychiatric assessment. If they do not have one they usually see, provide the options on the back of this page.**

They can refer the Mobile Mental Health Crisis Team as appropriate.

Consider helping consumer make the connections. They are 70% more likely to follow through if you assist

## Becker County and White Earth Mental Health & Chemical Dependency Directory

### Mental Health Crisis:

Becker County & White Earth Mobile Mental Health Crisis Team: 1-218-830-4337

MN Crisis Text Line: Text "MN" to #741741 and they will text you back

Veterans Crisis Line: 1-800-273-8255

Veterans Text Line: Text #838255 and they will text you back

### Mental Health Crisis Bed:

Becker County & White Earth Mobile Mental Health Crisis Team: 1-218-830-4337

### Outpatient Mental Health Services

- Call to set up an appointment

Essentia Health St. Mary's Behavioral Health : 218-844-2347

Lakeland Mental Health Center: 218-847-1676

Lakes Crisis and Resource Center: 218-847-7446

Lutheran Social Services: 1-888-881-8261

Sanford Clinic Behavioral Health: 1-218-846-2000

Solutions: 218-287-4338

Summit Guidance: 218-227-5376

The Village: 1-800-627-8220

White Earth Health Center: 1-218-983-4300

### Chemical Dependency Crisis:

\*Bring to detox unit or closest emergency department as appropriate

SAMHSA's National Helpline: 1-800-662-HELP (4337)

National Intervention Referral: 1-800-399-3612

Crisis Text Line for Teens: Text "Listen" to #741741 and they will text you back

### Chemical Dependency Assessments :

Becker County Human Services: Chemical Dependency Department: 218-847-5628

White Earth Substance Abuse: 218-983-3286 ext 1297

### Inpatient Chemical Dependency Services

Compassion House: 218-844-5782

### Outpatient Chemical Dependency Services

Drake Resource Center: 218-847-1329

Lakes Counseling: 218-847-0696

White Earth Medical Assisted Treatment or Mom's Treatment: 218-936-2442

### Recovery Programing

Drake Resource Center: 218-847-1329

Sacred Circle—White Earth Recovery Program: 1-800-930-3248

### Harm Prevention Program:

- clean needles, safe injection, prevention education, STD/HIV testing, Naloxone dispense

