The Network for Public Health Law

Ideas. Experience. Practical answers.

SUICIDE PREVENTION: CREATING RACIAL EQUITY BY LIMITING POLICE INTERVENTION

Presented by April Shaw, Staff Attorney, Network for Public Health Law – Northern Region Office,
September 22, 2021

Key Issues: Suicide Prevention and Race

Structural and systemic racism

Racial health equity & declarations of racism as a public health crisis/emergency

COVID-19 pandemic impacts on mental health / suicide rates

Disproportionate use of force

Overreliance on policing to respond to people in crisis (by default and design)

"988" Dialing Code (July 16, 2022)

- **Easy to remember during crisis**
- **Alternative to calling 911**
- **National Suicide Hotline Designation Act of 2020 authorized fee to provide 988 services, including:**
  - **Routing calls**
  - **Acute mental health, crisis outreach, and stabilization services**

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

RED NACIONAL de PREVENCIÓN del SUICIDIO
1-888-628-9454
prevenciondelsuicidio.org

Veterans Crisis Line
1-800-273-8255 PRESS 1

988 State Legislative (Trends)

- **Designate agency to coordinate 988 services in the state**
- **Support center**
- **Implement surcharge**
- **Mobile crisis response teams**

Equity Concerns

- ✓ **High suicide rates/disparities**
- ✓ **Reduce reliance on police**
- ✓ **Equitable access to services**
- ✓ **Culturally "competent" care**

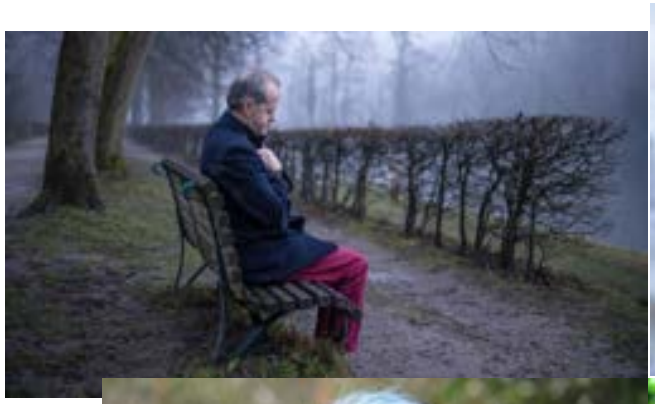
Policing: Mobile Crisis Response Teams (988)

Who is on the Team?

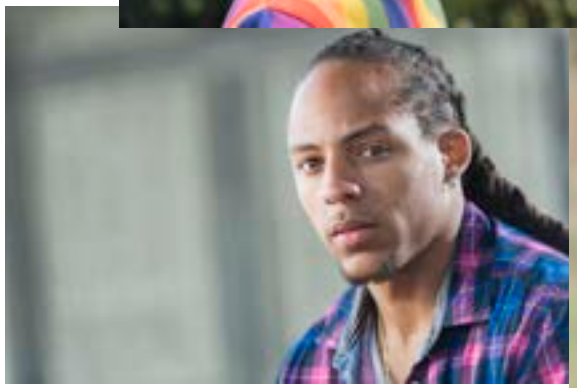
- ✓ **Generally, mental/ behavioral health professionals and peer support specialists**
- ➢ **Team may also include law enforcement co-responders (NV)**

Who Else Can Show Up?

- ✓ **Legislation includes language limiting law enforcement intervention (CA, ID, MA)**
- ➢ **No language limiting law enforcement intervention (NV, NY, OR, WA)**








State Legislation: Mobile Teams (988)

Nevada (Passed) (Mobile Crisis Teams)

Encourages establishment of MCTs defined as:

1) **A jurisdiction-based team (that includes persons professionally qualified in the field of behavioral health and peer recovery support service providers);**

2) **A team established by emergency medical service providers (same); or**

3) **A team established by law enforcement agencies that includes**

- **Persons professionally qualified in the field of psychiatric mental health;**
- **Peer support recovery service providers; and**
- **Law enforcement officers**

Massachusetts (Proposed) (Mobile Behavioral Health Crisis Responders)

A Team of Behavioral Health Professionals:

1) **Emergency Service Provider/Mobile Crisis Intervention team;**

2) **Local/regional behavioral health teams (licensed behavioral health professionals, peers; may include crisis co-responders); or**

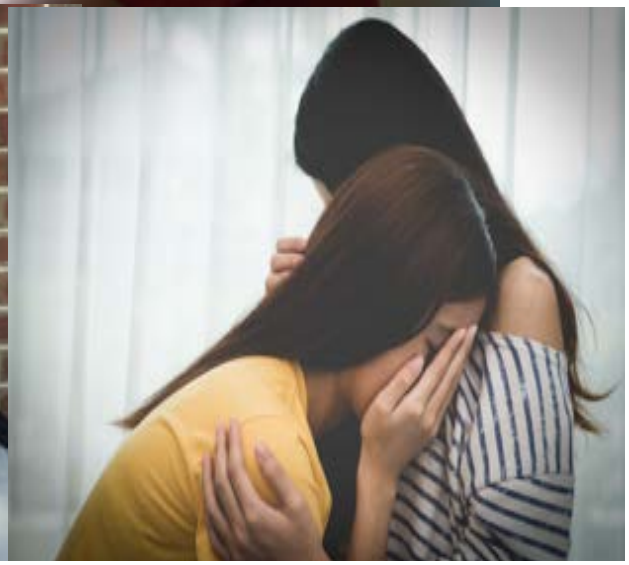
3) **Licensed behavioral health professionals, and peers embedded in emergency medical services**

"Mobile behavioral health crisis responders *shall collaborate with local law enforcement agencies and include police as co-responders* in behavioral health teams *only as needed to respond in high-risk situations that cannot be managed without the assistance of law enforcement personnel*."

Anonymous School-Tip Lines

Top Tips: Suicide-Risk (Harm to Self, Not Others)

- **In 9 out of 12 states that passed laws implement tip lines suicide related tips were among the top three reported tips**
- **In 5 states suicide-related tips were number one**
- **In some states, during virtual learning due to COVID-19 reports of suicide-risk and/or self-harm rose, even as tips declined**



Tip Line Trends (In 12 states with laws enacting a program)

- Law enforcement orientation (administer, triage, response)
- Generally, limited info on law enforcement intervention / outcomes (including any racial disparities)
- In states with laws implementing tip lines only a few have crisis counselors answer and triage tips (NC, NE, UT)
- Recent promising reforms to limit police intervention (CO)

Lethal Means Restriction: Extreme Risk Protection Orders (ERPOs)

Key Reforms to Promote Racial Health Equity:

- **Expand who can petition**
- **Expand locations where firearm(s) can be surrendered**

Thank you

Any questions contact: April Shaw - ashaw@networkforphl.org

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The Network for Public Health Law

Supporters

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation.

Leading with Equity: Creating Community-Clinical Connections to Support Mental Health and Wellbeing

Christina J. McCoy

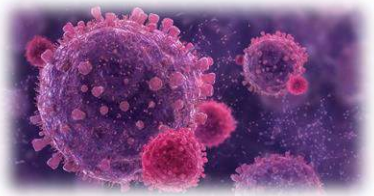
Community Partnerships Manager, M Health Fairview Community Advancement

Our Commitment to Driving Health Equity and Diversity, Equity, and Inclusion through M Health Fairview's Key Roles

Our Moment

Economic crisis, with racial inequities

Global pandemic, with racial inequities



Federal leadership and national crisis of democracy, pervasive racial inequity

George Floyd, national protest and civil unrest

We Face a Responsibility to Respond

Standing up M Health Fairview's HOPE Commission

The HOPE Commission is a multi-year transformational change effort of M Health Fairview to drive more equitable outcomes and inclusive environments and experiences for our patients, employees, and communities.

The HOPE Commission uses an anti-racist approach. Anti-racism is the active process of identifying and eliminating racism by changing systems, organizational structures, policies, practices, and attitudes.

Early Signs of HOPE in our Transformation

Example: Removing the eGFR Adjustment

- **Example of Systemic Racism**
- **No genetic justification**
- **Delayed treatment for Black patients**
- **M Health Fairview changed the practice**

https://mhealthfairview.org/blog/Reevaluating-race-in-medicine-removing-eGFR-adjustment

Our Commitment to Mental Health Care and Supporting the Diverse Needs of our Communities

Our Commitment to Mental Health Care

M Health Fairview is the largest provider of mental health services in the Upper Midwest. Our commitment to caring for the mental health and addiction care needs of the region is unwavering.

Hundreds of mental health professionals care for thousands of people across our state, with integrated care through primary care clinics, intensive outpatient programs, partial hospitalization programs, specialty clinics, psychiatric clinic care, addiction clinic care, services for opioid withdrawal and treatment, e-consultations, inpatient services, and two EmPATH units (Emergency Psychiatric Assessment, Treatment and Healing).

Through our partnership with the University of Minnesota, we are uniquely able to bring academic and clinical innovation in mental health and addiction care to patients and communities across the state.

We work with peers across our region to improve how mental health and addiction care is both delivered **and** funded.

Mental Health and Addiction Care Transformation

Why Transformation? Why Now?

Mental health and addiction care is marginalized in our society and is often treated as something different or less than a person's overall health and wellbeing. As a result, we don't adequately serve the many diverse needs of our communities, which means people often receive the wrong kind of care at the wrong time. This doesn't improve mental health; it only kicks the can down the road.

The status quo leaves too many people in crisis and without a sustainable, long-term plan to improve health. An overreliance on acute, inpatient care only worsens the situation.

‘No place for a child:’: Minnesotans languish in ERs while awaiting mental health services

Kids sit for days or even weeks waiting for mental health treatment
By Chris Serres Star Tribune

May 15, 2021

Zach and Stephanie Nichols, parents of Ronan, said he will be coming home to a renovated room.

Alison Yocom sobbed uncontrollably as she stumbled and collapsed on the living room floor of her south Minneapolis home.

For 10 days, Yocom had pleaded with hospital staff to admit her 17-year-old son to a psychiatric unit where he could receive treatment for his suicidal depression and anxiety. But for 10 days, she watched in frustration as he languished on a metal gurney in a windowless room of a hospital emergency room, where his condition worsened to the point that he threatened to kill himself.

Exasperated, Yocom wondered if he would ever receive the psychiatric care he needed. "I kept asking myself, 'Am I bad mom for taking him to the emergency room?'" Yocom said. "He was getting sicker and sicker with each passing day.“

Scores of Minnesota children and adolescents with mental health problems are suffering in hospital emergency rooms for days or even weeks because they have nowhere to go for more intensive care. Parents of children as young as 7 or 8 describe agonizing waits in emergency departments that are not equipped to treat people with serious mental illness and where prolonged stays can be traumatic. In some cases, even the emergency rooms are full, and children experiencing mental health crises are being consigned to stretchers or chairs in crowded ER hallways.

A Disproportionate Focus…

There is a disproportionate focus on acute, inpatient intervention, instead of the many opportunities for upstream prevention that we know work, something many of us working in and with community can attest to.

Insufficient reimbursement rates cripple the health systems that care for the most vulnerable in our communities, who also suffer from mental illness and addiction at higher rates.

Highlighting Two Innovative Approaches

- Cultural Brokers Program
- EmPATH

Background and History

The Issue: Resources and opportunities that promote health are not uniformly accessible across race, age, language, socioeconomic class, sexual orientation, immigration status, gender, or ability. Studies show that people of color and indigenous persons face significant disparities in health status and health outcomes.

The Response: The Cultural Broker program was co-developed in 2016, in partnership with the East Side Health and Wellbeing Collaborative. Cultural Brokers help bridge cultural gaps by translating and supporting people as they navigate across schools, healthcare, and other mainstream systems to ultimately build self-sufficiency.

Since 2016, in partnership with the East Side Health and Wellbeing Collaborative

Why Cultural Brokers?

Cultural Brokers provide community members with critical information and essential resources to live healthy lives in their community. The fact that Cultural Brokers are members of the communities they serve mean that they can more easily build trust and can have a greater impact on communities' health. They are able to speak from the perspective of the relatable confidant, which can be more impactful that indirect or direct guidance from a public official.

Communities Served

The program is comprised of five Cultural Brokers who are located at five respective partner organizations representing different cultural communities:

- African American (Host Site: Family Values for Life)
- American Indian (American Indian Family Center)
- Latinx (CLUES)
- Hmong (Hmong American Partnership)
- Karen (Karen Organization of Minnesota)

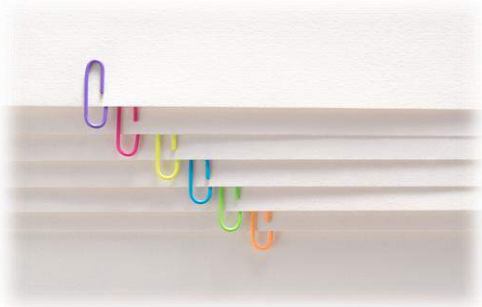
Top Reasons People Visit a Cultural Broker

- Connection to Mental Health Services & Supports
- Assistance with Housing
- Employment
- Food and other Basic Need resources
- Health Care Access
- Legal Paperwork
- Medical Insurance
- Visa/Green Card/Citizenship









Cultural Brokers Program: Participant Feedback

- 87% strongly agree or agree they have someone they can rely on for support.
- 94% say they strongly agree or agree that working with the cultural broker has helped decrease their stress.
- 86% say they strongly agree or agree that they feel connected to others in the community.
- 88% said yes, the cultural broker was able to help them access services or resolve needs.

By The Numbers

1,567: Clients served

42: Average age of clients (18+)

47%: Primary language spoken was something other than English

70%: Of clients identified as female

EmPATH:

Emergency Psychiatric Assessment, Treatment and Healing

Patient-friendly, patient-centered care for people experiencing mental health crises.

HEALTH FAIRVIEW

A collaboration among the University of Minnesota,
University of Minnesota Physicians and Fairview Health Services

What is EmPATH?

EmPATH is a calming, healing approach to emergent mental health care, offering patients in crisis immediate care from trained mental health professionals in a relaxed environment, with direct connections to outpatient treatment.

Nationally, 1 in 8 emergency department (ED) visits involve mental health or substance use. Since all patients arriving to an ED are usually triaged in the same way, boarding these patients in EDs leads to overcrowding, as well as less personalized care, increased stress, and a longer length of stay for patients.

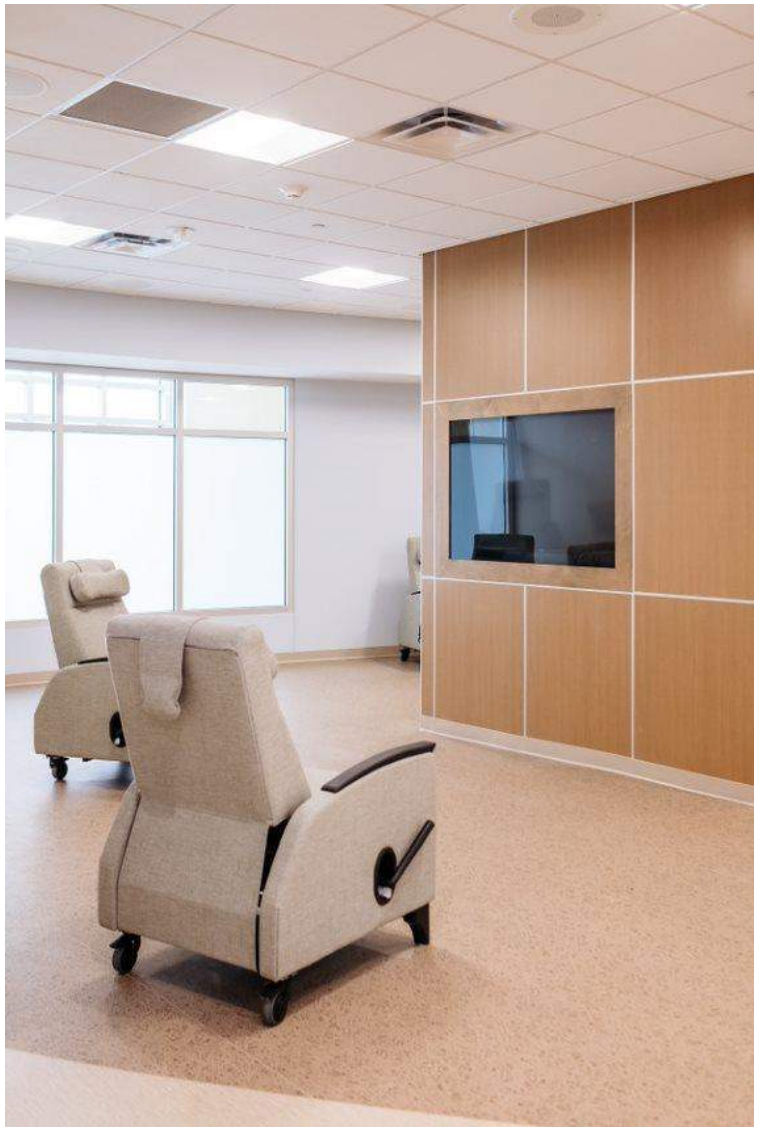
With EmPATH, mental health patients undergo a quick medical screening before entering a living-room style setting where they can access the support and care they need to stabilize their situation, receive ongoing human interaction, and in many cases avoid the need for inpatient admission.

EmPATH offers:

Specialized care in a safe, calm, healing environment.

Immediate access to mental health professionals.

Decreased waiting for mental health care in the emergency department.



Why EmPATH: Mental health care reimagined

Picture the experience of a suicidal individual arriving at the Emergency Department but being directed to EmPATH.

- Brief medical screening.
- Brought to a comfortable, reclining chair with freedom to move about in a therapeutic environment.
- Teams of mental health professionals, including psychiatrists, identify needs, administer medications, and begin appropriate treatment and healing.
- Ongoing, visible access to care team to ask for help.
- Space available for meeting with the patient's support network.
- Leaves with an outpatient treatment plan in place, removing the burden of having to arrange the next step in their care.

The EmPATH experience

With EmPATH, we provide better, more personalized care.

The Care

Psychiatry providers

Therapists

Mental health nurses

Constant presence of specialists

Direct connections to outpatient care

The Environment

Open design

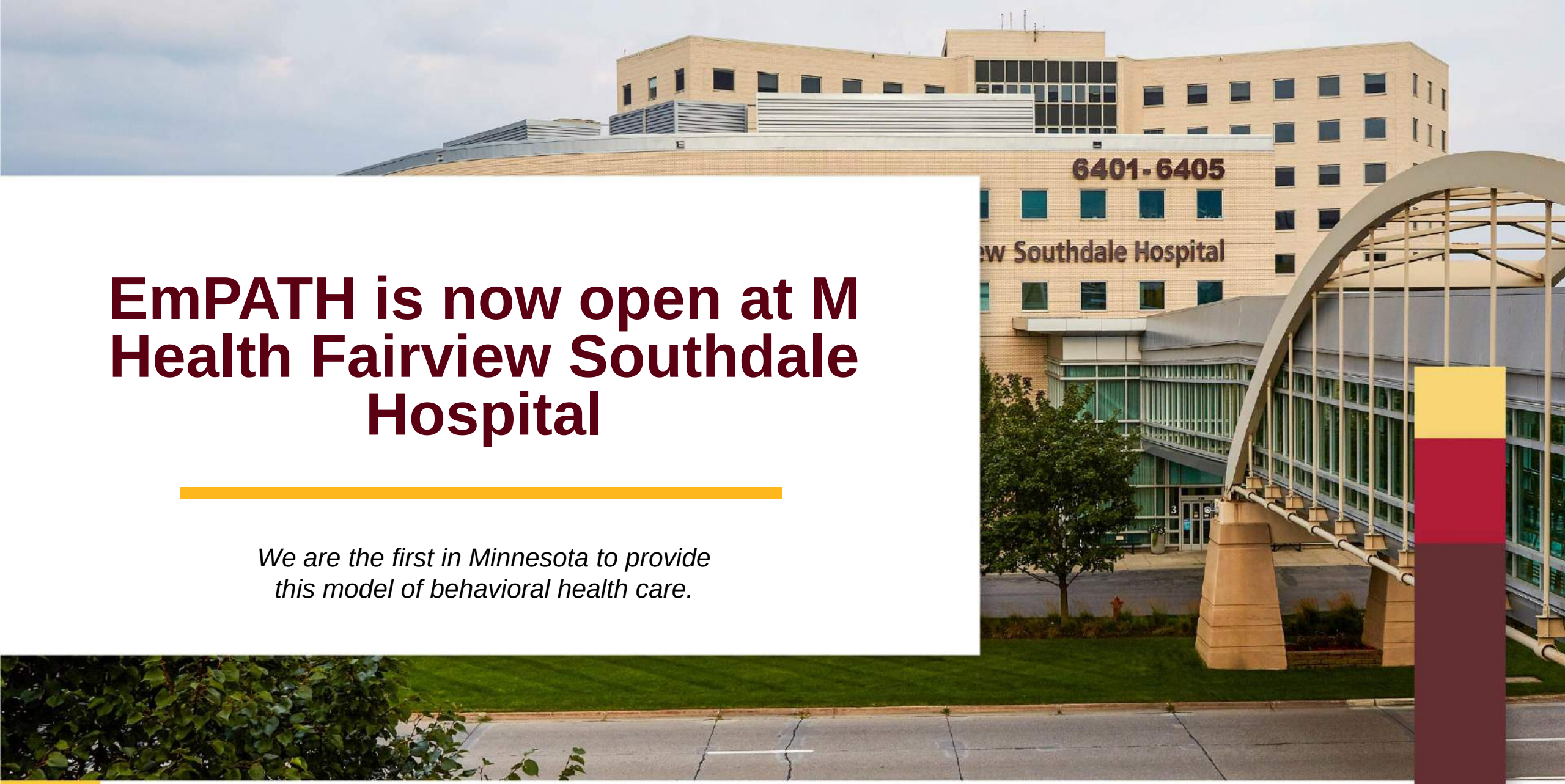
Calming art

Natural light

Comfortable seating

Private sensory rooms

Refreshments and entertainment



EmPATH is now open at M Health Fairview Southdale Hospital

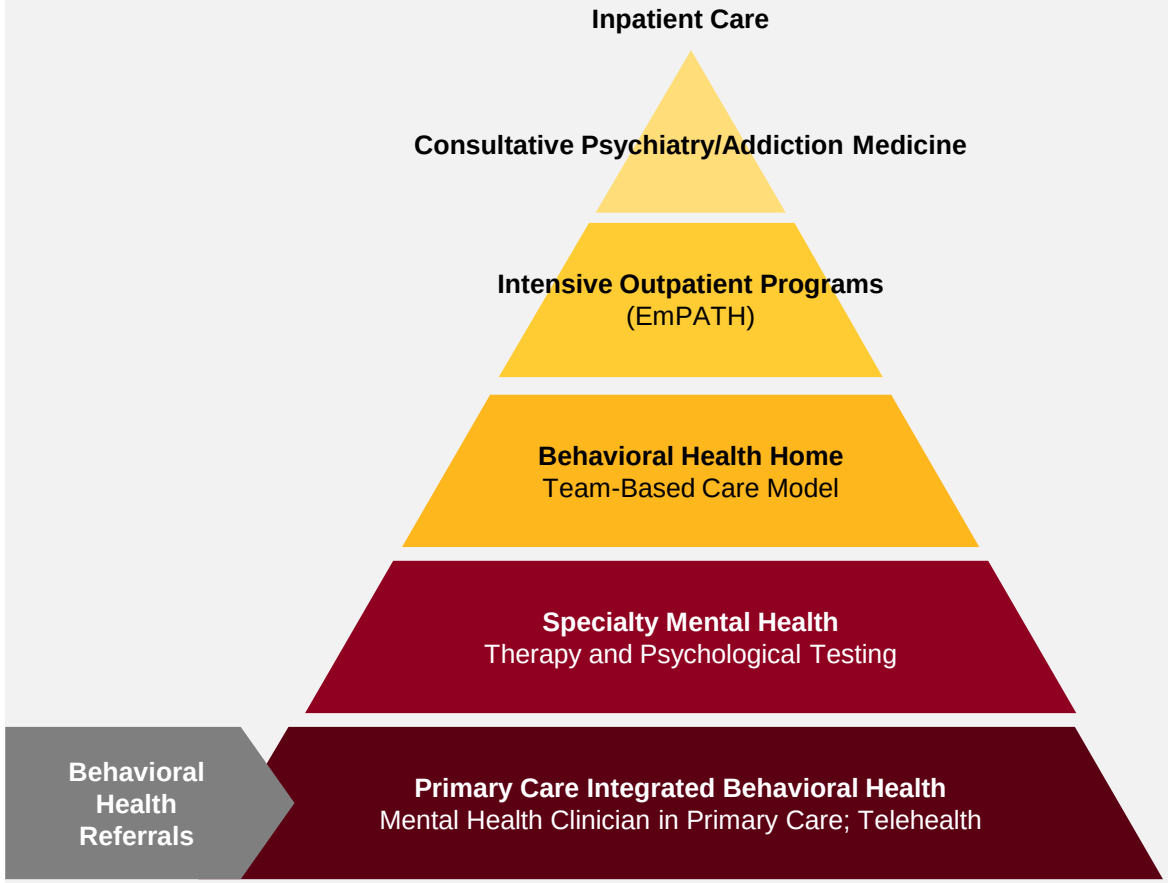
We are the first in Minnesota to provide this model of behavioral health care.

EmPATH as part of our continuum of care in mental health

Our future state is focused on building on our *proactive* approach to mental health with an **increased combination** of services representing the **full continuum of mental healthcare**: telehealth, emPATH, integrated primary care, ambulatory outpatient, and inpatient.

- **Fairview will expand emPATH units** (Emergency Psychiatric Assessment, Treatment, and Healing Unit) in our health system, providing care for patients experiencing emergent mental health needs.
- **Fairview has a proven record of innovation and partnership in mental health to expand service options and address health equity;** our partnerships with Catholic Charities and the Opportunity Center provide expanded access to tele-mental health.

  Unique partnership with primary care to provide just-in-time care in a setting that is better for the patient and provides more value.



Continuum of Mental Healthcare

Our Plans

In addition to our EmPATH unit at Southdale Hospital, our plans include opening an EmPATH unit at the University of Minnesota Medical Center.

EmPATH can be the link to getting patients connected to the right type of care and treatment for their needs.

In many cases, outpatient care can meet the needs of patients in a setting and with a schedule that is less disruptive to their lives. With EmPATH, we expect our need for inpatient beds for mental health patients will diminish.

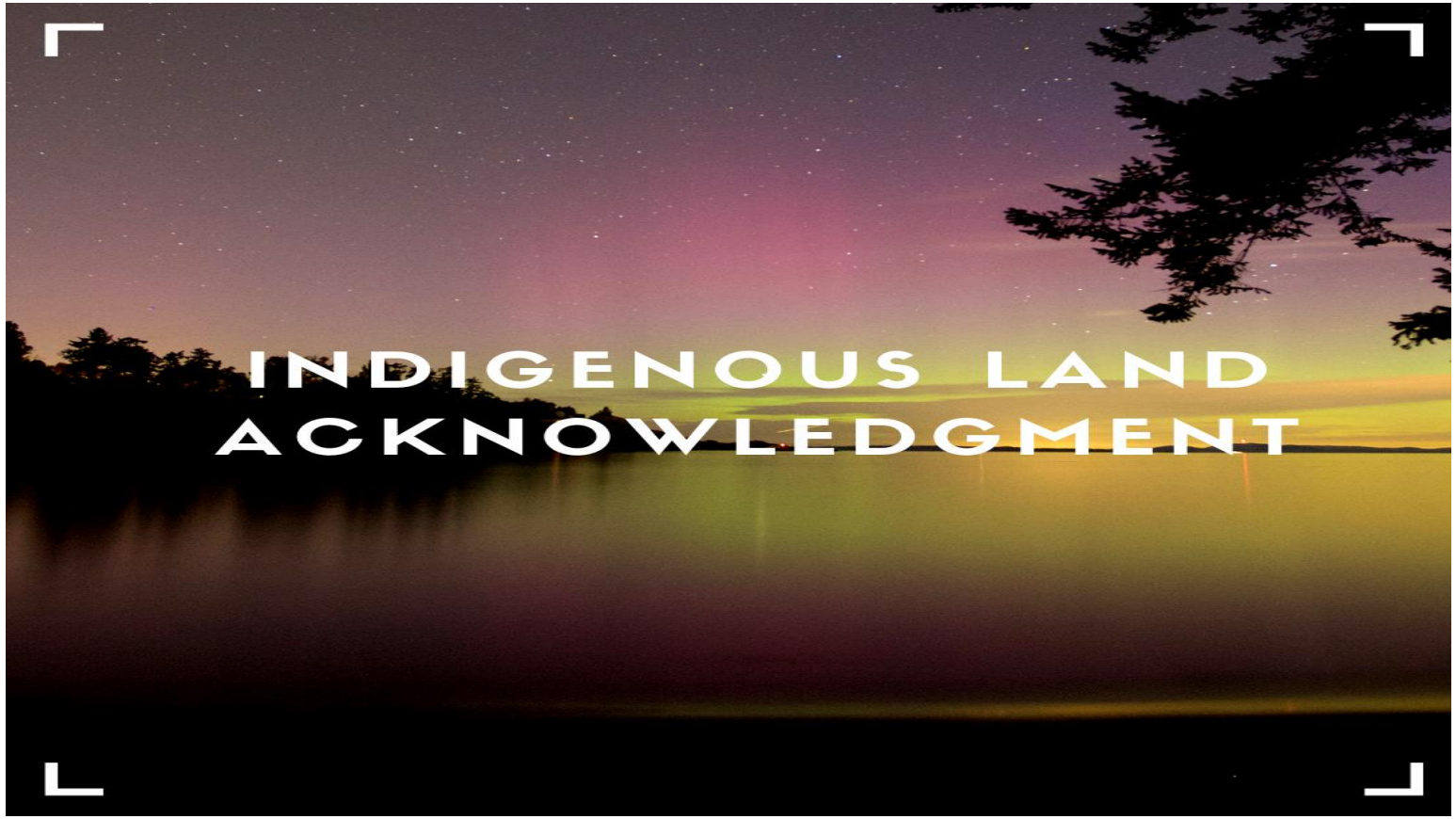
Thank you!

National Indian Health Board

MENTAL AND BEHAVIORAL HEALTH IN INDIAN COUNTRY

Tyler M. Dougherty, MPH, CPH
Director of Public Health Policy And Programs
National Indian Health Board

Network for Public Health Law Conference
September 22, 2021



This presentation is being given from the ancestral homeland of the Nacotchetank (Anacostan) and Piscataway people.

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Mental/Behavioral Health Disparities

- American Indian and Alaska Native (AI/AN) adults are more likely to experience feelings of worthlessness, and everything is an effort, all or most of the time (~50% more likely).
- AI/AN adults are 20% more likely to experience serious psychological distress than non-Hispanic whites.
- AI/AN adults are over 20% more likely to die to suicide compared to non-Hispanic whites.

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Mental/Behavioral Health Disparities

- AI/AN adolescents are nearly 80% more likely to have seriously considered suicide than non-Hispanic whites.
- Male and Female AI/AN adolescents are 2.7 and 5.2 times more likely to die from suicide than non-Hispanic whites, respectively.
- AI/ANs who are between 15-24 years are roughly 2.4 times more likely to die from suicide than non-Hispanic whites.

Access to Healthcare

- AI/AN adults are 30% less likely to report receiving mental health services in the past year and 30% less likely to receive prescription medication for mental health services.
- AI/AN are less likely to report receiving routine medical and mental health care and report traveling the greatest distance to receive healthcare.
- AI/AN access to telehealth and tele-behavioral health services is lower than the general population due to the lack of reliable broadband internet services.

Historical & Intergenerational Trauma

- Historical trauma is the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants.
- AI/AN people have been exposed to generations of violent colonization, assimilation policies, and general loss.

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Historical & Intergenerational Trauma

- The effects of historical trauma among Native Americans include changes in the traditional ways of child rearing, family structure, and relationships. Some observed responses to historical trauma may include signs of overall poor physical and emotional health, such as low self-esteem, depression, substance misuse, and high rates of suicide.

Trust & Treaty Responsibility

- The federal trust responsibility to the AI/AN people can be divided into three components.

1. The protection of Indian trust lands and Indian rights to use those lands;
2. The protection of Tribal sovereignty and rights of self-governance;
3. The provision of basic social, medical and educational services for Tribal members.

Trust & Treaty Responsibility

- The federal government has repeatedly chosen to not honor the trust and treaty responsibility.
- The AI/AN people experience a consistent and severe lack of healthcare access. Indian Health Services often has vacancy rates that are significantly higher than general healthcare systems.
- AI/AN Tribes lack access to vitally important SAMHSA mental health and substance misuse block grants. SAMHSA must grant Tribes full access to these block grants to allow for more robust services to be established in Tribal communities.

Tribal Sovereignty

- Tribes must be allowed to provide mental health and substance misuse services they think would serve their people the best.
- Incorporating traditional healing and spiritual healing services into behavioral health is an integral part of honoring Tribal sovereignty.

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Health Equity

- Providing *equitable* funding to Tribes for mental and behavioral health services is a must.
- Tribes, at present, receive around 0.3% of grant funding to provide these services. That is not equitable.
- A strong commitment to health equity starts with providing the necessary funding, directly to Tribes, to allow them to improve mental and behavioral health services for their people.

The Healing Path Forward

- There must be an honest reckoning with past treatment of the AI/AN people. Genocide, forced removal, and boarding school atrocities are all factors that contribute to the disparities we see in Tribal communities.
- To heal, there must be acknowledgment of these past crimes against humanity.

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The Healing Path Forward

- The U.S. government can demonstrate to Tribes it's commitment to health equity by providing the necessary funding – as detailed in the many treaties – to bring mental and behavioral health services up to an *equitable* level.
- The solutions are there – the federal government simply must commit to these solutions.

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