

February 2, 2022

Members of the House Public Safety and Criminal Justice Reform Finance and Policy Committee:

As attention to the role of law enforcement has grown in the past couple of years, different law enforcement and mental health partnerships have developed rapidly around the state. Though they all share the goal of better serving people in crisis, the urgency to develop programs has somewhat outpaced considerations of consistency and sustainability. With such substantial investments in HF 2724 it is important to clarify the different types of responses:

Mobile Crisis Teams are mental health professionals available 24/7 in every county in Minnesota. They are regulated in statute to help people stabilize in the community and get connected to the larger mental health system. Many teams around the state partner with law enforcement to support each other, but the teams are housed in DHS and are essential to our whole mental health continuum of care.

Embedded Social Workers provide services from within a law enforcement agency. They may or may not respond to crisis calls and most often work to follow up and connect people to services after a police response. Departments like St. Paul, South St. Paul, and West St. Paul contract for embedded social workers for follow up responses, while police departments also separately partner with or contract with the county mobile crisis team for crisis calls.

“Co-Responder” is often used as an umbrella term for any response coupled with law enforcement which can cause confusion. Mobile crisis teams have entered into formal and informal agreements with cities to co-respond with police. Some departments call their embedded program a “co-response” program even though they may primarily provide follow-up services. In HF 2724, co-responders include programs like violence intervention.

We raise these distinctions for several reasons:

- 1) Record keeping. What types of records can these different modalities keep? The mobile crisis teams keep records that are protected medical information. This makes it easy to develop treatment plans and to keep records in case the team must respond again to the same person. It is not clear what type of information police departments can or will keep, nor the confidentiality of the information.
- 2) Expectations. Another issue is clarifying what the community can expect. We are seeing some cities create independent teams, which does expand the capacity to serve people, but can be confusing and require redundant resources. If someone calls 911 – or in the future 988 – what response should they expect?
- 3) Personnel: The term “social worker” is fairly broad and does not necessarily mean a mental health professional. The terms mental health professional and mental health practitioner are defined in statute and the mobile crisis teams are limited to using these individuals to respond to a mental health crisis. We don’t know if under the other two modalities if it will be a mental health professional responding or someone with a bachelor’s degree in social work. Again, people need to know what to expect.



Finally, we are trying to build our mental health system. We recommend that HF 2724 be amended to better specify qualifying mental health responses and that they build on our current mental health system. Services that mobile crisis teams provide are regulated in statute to assure quality, and these standards can be clearly referenced in the bill.

It is also important to fight discriminatory narratives about mental illnesses. While the resources necessary to address violence, crime, and mental illnesses are interwoven, mental health crisis response is not a criminal matter, and the vast majority of people in crisis are not violent. For these reasons it is important that we build the mental health system and avoid funding essential services through the criminal legal system. We would recommend that mental health be separated in HF 2724 to clarify – mental health services are essential for community safety - but not to protect the community *from* people with mental illnesses. We appreciate your attention to this issue, and we hope we can work together to ensure that these funds can be used well.

Sincerely,



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Executive Director



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