



Governor's Task Force on Mental Health

Claire Wilson | Assistant Commissioner | Community Supports Administration

Background



Task Force membership

- Individuals and families with lived experience of mental illness
- Mental health advocates
- Mental health service providers
- Counties
- Law enforcement, courts and corrections
- Public health
- Education
- Housing
- Legislators and agency Commissioners
- Chaired by DHS Commissioner Emily Piper

Task Force membership

- **Emily Johnson Piper**, Department of Human Services, Chair
- **Sue Abderholden**, NAMI Minnesota
- **Jaime Anderson**, Fourth Judicial District
- **Melissa Balitz**, Representative with Personal or Family Experience with Mental Illness
- **Paul Goering**, Allina Health
- **Brantley Johnson**, Representative with Personal or Family Experience with Mental Illness
- **Jim McDonough**, Ramsey County Commissioner
- **Shauna Reitmeier**, Northwest Mental Health Center
- **Rodney Seurer**, Savage Police Department
- **Kim Stokes**, Representative with Personal or Family Experience with Mental Illness
- **Sara Suerth**, Brooklyn Park Police Department
- **Bruce Sutor**, Mayo Clinic
- **Liliana Torres-Nordahl**, Women's Alliance Minnesota
- **Crystal Weckert**, Representative with Personal or Family Experience with Mental Illness
- **Pahoua Yang**, Amherst H. Wilder Foundation
- **Brenda Cassellius**, Department of Education, Ex-Officio Member
- **Edward Ehlinger**, Department of Health, Ex-Officio Member
- **Clark Johnson**, Minnesota House of Representatives, Ex-Officio Member
- **Tony Lourey**, Minnesota Senate, Ex-Officio Member
- **Roberta Opheim**, Ombudsperson for Mental Health and Developmental Disabilities, Ex-Officio Member
- **Roz Peterson**, Minnesota House of Representatives, Ex-Officio Member
- **Julie Rosen**, Minnesota Senate, Ex-Officio Member
- **Tom Roy**, Department of Corrections, Ex-Officio Member
- **Cathy ten Broeke**, State Director to Prevent and End Homelessness, Ex-Officio Member



Task Force charge from Governor Dayton

- Develop comprehensive recommendations to design, implement, and sustain a full continuum of mental health services
- Make recommendations on:
 - The continuum of care
 - Roles and responsibilities
 - Reforms to support timely transitions among levels of care
 - Expanding capacity to serve people of diverse cultures



Task Force process

- Staff prepared system overview and other background documents
- Seven Task Force meetings between July and November of 2016. Meetings included presentations from people with lived experience of mental illness, their families, and providers of mental health services
- A public comment period was included in each meeting
- Five formulation teams (of Task Force members) met in September and October to facilitate Task Force discussion or recommendations
- Task Force reviewed each recommendation, suggested revisions, and reached final consensus on all nine recommendations



Stakeholder engagement

- Extensive contact list of stakeholders received all background documents and meeting materials
- A public website was established that contained all current documents
- Stakeholder comments were collected and sent to Task Force members before each meeting
- A public comment period was included in each meeting
- Meetings were held around the state
- Stakeholder comments were discussed at Task Force and Formulation Team meetings and helped inform recommendations

Final Report and Recommendations



Task Force vision

- Minnesota will have a comprehensive, sustainable mental health continuum of care that includes mental health promotion and prevention, early intervention, basic clinical treatment, inpatient and residential treatment, community supports, and crisis response services to promote resilience and recovery. These services and activities will be person- and family-centered, integrated, culturally-responsive, timely, and community-based. It will rely on public/private partnerships to meet the mental health needs of all Minnesotans in order for them to live, work, learn, participate in community life and reach their full potential.



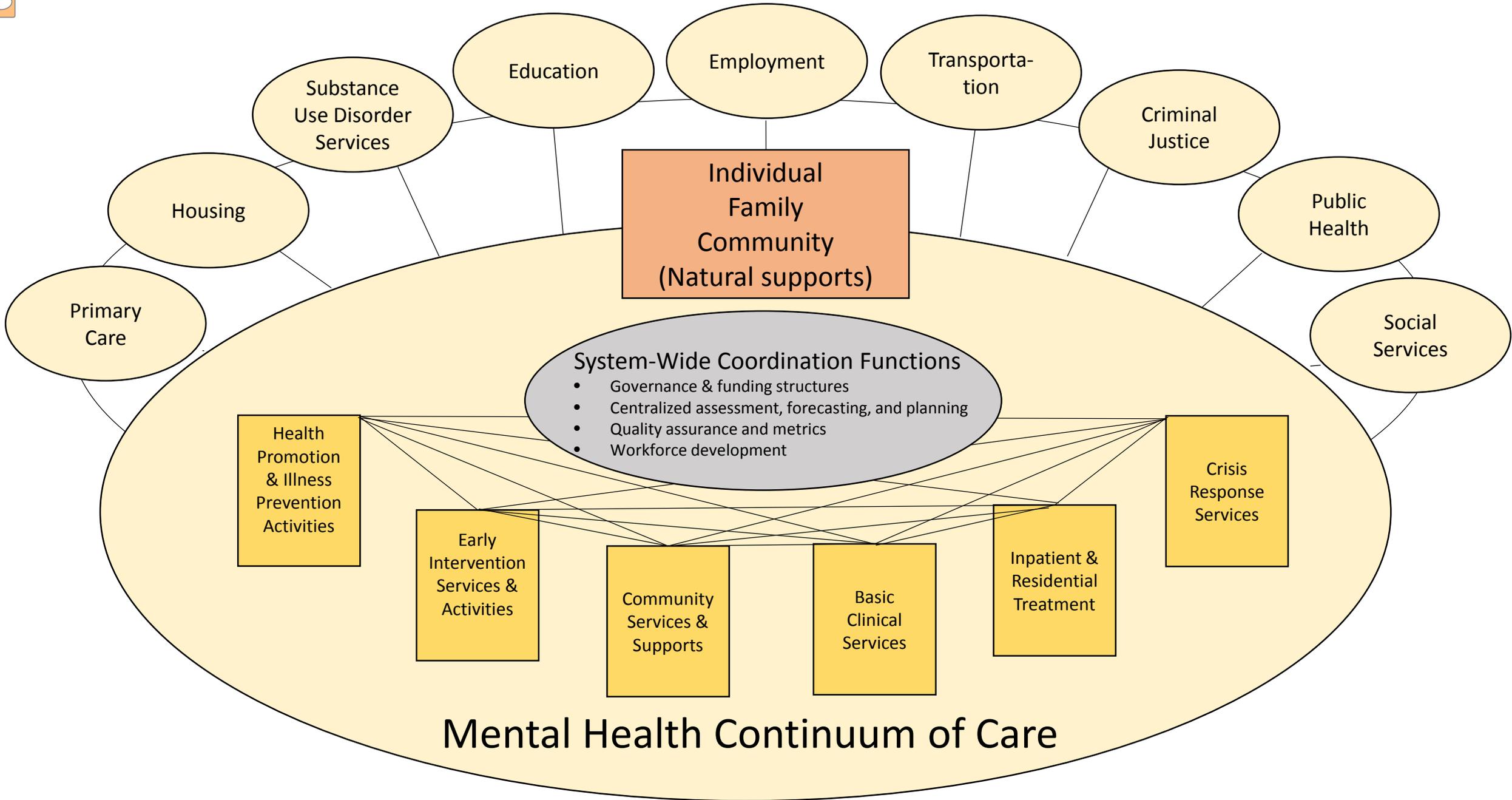
Task Force principles

- Anti-stigma
- Resilience and recovery
- Person-centered and family-centered
- Prevention and early intervention
- Access to the right services, in the right place, at the right time
- Multi-dimensional
- Community-based
- Integration
- Coordinated
- Consistency of services regardless of payer
- Stewardship
- Sustainability and cost-effectiveness
- Commitment
- Capacity
- Accountability
- Data-driven and continuous improvement
- Public-private partnerships
- Public and private insurance
- Safety net
- Understandability
- Cultural responsiveness, competence, and specificity
- Accessibility
- Autonomy
- Suicide prevention
- Prevent, reduce or eliminate criminal justice involvement
- Evidence-based
- Housing
- Transportation
- Employment



Recommendation #1: Create a comprehensive continuum of care

- Wide definition (mental health promotion and prevention, early intervention, basic clinical treatment, inpatient and residential treatment, community supports, CD integration and crisis response services)
- Systematic planning to improve availability and access in all regions of the state





Recommendation #2: Strengthen governance of mental health system

- Convene a Minnesota Mental Health Governance Workgroup facilitated by contractor
- Research other state and national models, define governance roles and responsibilities, define safety net functions, define appropriate regional boundaries, and assign roles and responsibilities to particular organizations and suggest changes to those organizations if necessary



Recommendation #3: Use a cultural lens to reduce mental health disparities

- Develop strategies to support culturally-specific providers, make the system more trauma-informed, and expand culturally-informed practices



Recommendation #4: Develop mental health workforce

- Implement recommendations in “Gearing Up for Action: Mental Health Workforce Plan for Minnesota.”



Recommendation #5: Achieve parity

- Expand the capacity of the Departments of Commerce and Health to review health plans' alignment with parity laws and enforce those laws.



Recommendation #6: Promote mental health and prevent mental illnesses

- Support efforts to build robust mental health promotion and prevention capacity
- Fight stigma and build public understanding of mental health and wellbeing
- Strengthen community capacity
- Address adverse childhood experiences and trauma throughout the lifespan



Recommendation #7: Achieve housing stability

- Ensure that affordable housing—including housing with supports and income assistance where needed—is available to all individuals and families to ensure both the access to and the effectiveness of mental health care.



Recommendation #8: Short-term improvements to acute care capacity

- Fund several short-term solutions to the patient flow problems implicit in the shortage of inpatient psychiatric beds
- Expansion of community-based competency restoration, strengthening community infrastructure, making changes to the civil commitment process, expanding options for parents and children, support for children's residential treatment, supporting efforts to reform addiction treatment, and assessing the impact of increases in the counties' share of payments for stays at state-operated hospitals.



Recommendation #9: Short-term improvements to crisis response

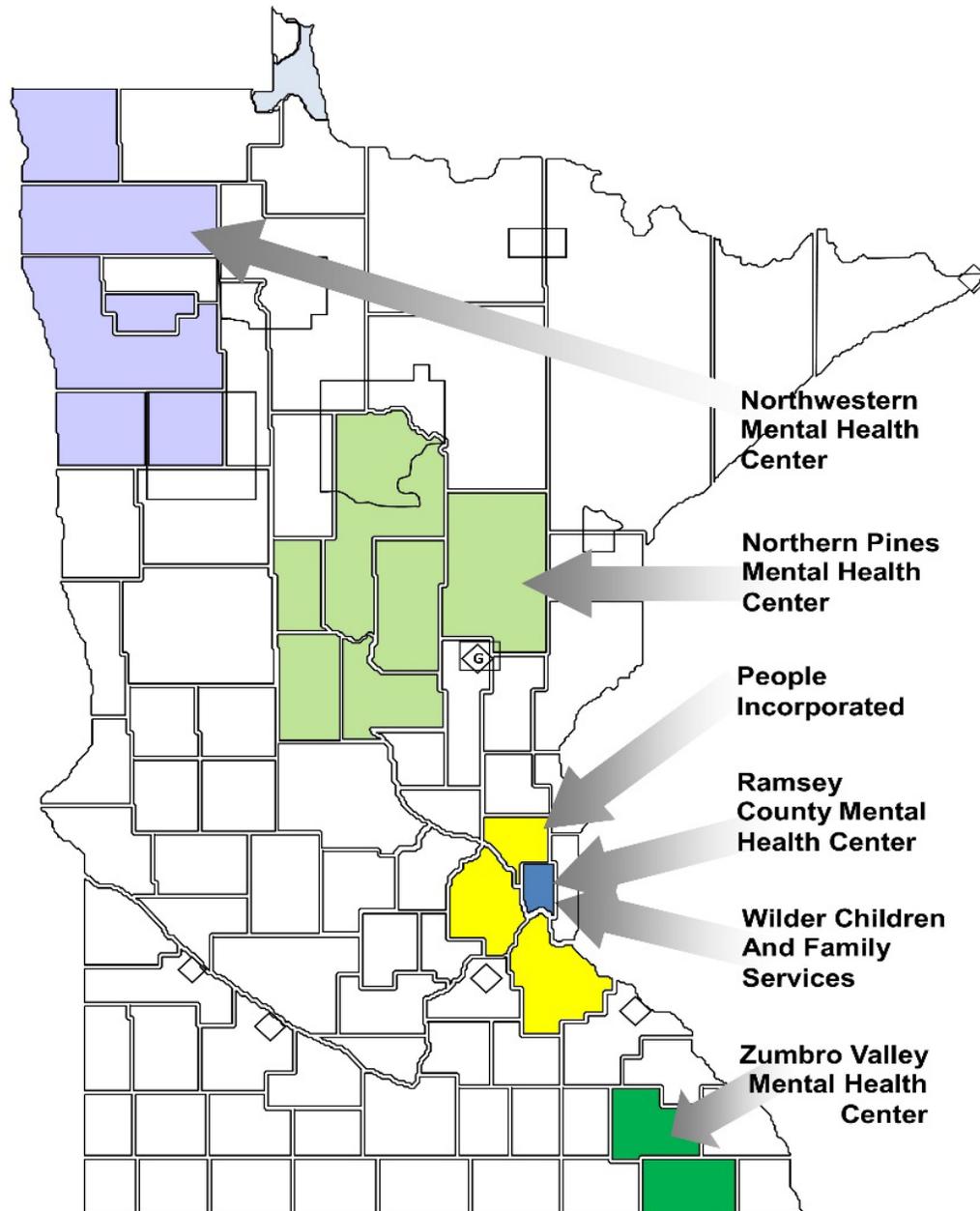
- Crisis Intervention Team training for law enforcement
- More resources where people already seek help
- Collaboration between mental health and criminal justice
- Data sharing and collaboration
- Telehealth
- Further improvements to community services



Recent successes

- Mobile crisis services
- Behavioral Health Homes
- Workforce development
- Assertive Community Treatment (ACT)
- Crisis residential services start-up grants
- Children's mental health respite care
- Supportive housing for adults with serious mental illness
- School-linked mental health
- First Episode Psychosis
- Psychiatric Residential Treatment Facilities
- Certified Behavioral Health Clinics (CCBHC)

CCBHC



Legislature supported seeking federal planning grant
May 2015

Minn. selected for federal planning grant
Oct 2015

Legislature authorizes payment system & state share of MA
May 2016

Six clinics certified
Oct 2016

Minn. selected as a demonstration state
Jan 2017

Demonstration begins
July 1, 2017

Demonstration completed
June 30, 2019

Thank you!

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