Governor's Task Force on Mental Health: Example List of Mental Health System Issues (7/20/16)

Past reports and advisory bodies have identified dozens of issues and challenges in Minnesota's mental health system that make it difficult for people with mental illnesses to pursue recovery. This example list of issues will be used at the July 25th Task Force meeting in an exercise that will help the Task Force to begin establishing the scope and priorities for their work.

1. **Inadequate service continuum for care of people with complex mental illnesses and co-occurring conditions** that include substance use disorder, intellectual disabilities, chronic physical illnesses, symptoms that include aggression or violence, or history of legal system involvement.
   - Waiting lists at the Anoka Metro Regional Treatment Center, Community Behavioral Health Hospitals, and community hospitals' psychiatric wards
   - Need appropriate funding models and adequate funding for Direct Care and Treatment
   - Need for better collaboration among levels of care, esp. discharge planning
   - Need chronic care management models for this target population
2. **Patient flow** and inpatient psychiatric bed capacity
   - Do we have enough inpatient beds?
   - Are we allocating beds appropriately? (48-hour rule)
   - Need better discharge planning
   - Need more funding for diversion or step-down services, including crisis services, Intensive Residential Treatment Services, Assertive Community Treatment, and Adult Rehabilitative Mental Health Services.
3. **Civil commitment** problems
4. Inadequate **intensive treatment and support services for children** and adolescents with severe emotional disturbances.
5. Inadequate supports for **people with mental illnesses in the criminal justice system** (mental health treatment, housing, physical healthcare, employment, etc.)
6. Opportunities to improve **schools' capacity to identify and assist children with mental illness** (including support for staff and care givers).
7. Problems with the **high-level system design** of our state-directed, county-administered system
   - Lack of a system-wide assessment and forecasting function
   - Lack of statewide framework and Mental Health Strategic Plan
   - Unclear roles of state, counties, tribes, health plans, and providers
   - Lack of clarity of safety-net function responsibilities
   - Lack of agreement on quality measures and tracking mechanisms to inform planning
   - Most focus is on public services that only cover 2/3 of population
   - Mental health oversight is separated from oversight of the rest of the healthcare system
8. **Inadequate availability of community-based mental health services**
   - Rates are inadequate to incent providers to provide some services
   - Liability concerns

- Workforce shortages
- Need for more regional planning/collaboration to develop services

9. **Workforce** challenges
    - Not enough of almost all types of workers
    - Need to develop more peer specialists and community mental health workers
    - Need for more diverse workforce
    - Need for better collaboration between mental health system and higher education
10. Need to address **transitions among levels of care** (for example, returning home after an inpatient hospital visit) and the necessary collaboration to ensure the availability of support services to promote recovery.
11. Need to develop **mental health promotion** system
    - Support healthy relationship development
    - Public education about effective life skills for managing stressors/resilience
    - Social/emotional skill development
    - Adolescent development of skills and resilience
    - Reduce trauma
    - Initiatives to support social connectedness
12. Need to develop community opportunities to **address conditions in environment that effect mental health** and well-being (education, community violence, economics, race)
13. Inadequate **culturally-competent mental health services**
    - Disparities in cultural and ethnic minority health
    - American Indians high rate of mental illness and suicide
    - Gay, lesbian bi-sexual, transgender, and queer people's high rate of mental illness and suicide
    - Veterans high rate of mental illness and suicide
14. **Funding and rate** problems
    - Public funding focuses on people with serious or serious and persistent mental illness, which is not prevention-based.
    - Rates are inadequate to incent providers to provide some services
    - Funding for mental health services has never been adequate to ensure universal availability
    - Some rate-setting mechanisms are problematic (e.g., for mental health targeted case management)
    - We invest most resources in treatment rather than in system assessment, health promotion, prevention, early intervention, and recovery supports. This is the most expensive strategy possible.
    - As the state shifts toward more managed care and care coordination models, the roles for various payers and providers are also shifting, leading to questions of responsibility and accountability.
15. Need for more **prevention and early intervention** activity
    - Screening
    - Suicide prevention
    - Family home visiting
    - Response to first episode psychosis
    - School-based assessment and intervention

16. Need **better integration of mental health and substance use disorder treatment** for people who experience both illnesses.
17. Need better **integration of mental health with physical health care** because chronic mental illnesses can lead to physical illnesses, and vice versa**.**
18. Need to improve the **quality of services** and the experiences that people with mental illnesses have in accessing and participating in services. Ensure that trauma-informed care principles are incorporated.
19. **Parity** of mental health services with physical healthcare services has not been achieved, especially for privately-insured people
20. Need for more **mental health services for growing elderly population** (esp. dementia, mental illnesses, and aggressive behaviors)
21. Need to improve our **responses to people in mental health crisis**
    - Crisis intervention training for first responders
    - Incorporate mental health training in law enforcement education
    - Incorporate information about trauma in training
    - Better community coordination around crisis response
    - Need for more crisis teams
    - Centralized referral and marketing of central phone numbers
22. **Public education** to overcome stigma, NIMBY, and fear of seeking out services
    - Educating the public about mental health and mental illnesses
    - Campaigns to promote mental health
    - Education on responding to people with mental illnesses or people who are experiencing a mental health crisis
    - Public education about Olmstead and housing rights for people disabled by mental illnesses
    - Education of local public officials about Olmstead and housing rights
23. **Lack of adequate housing and supports** for people with mental illnesses.
24. **Lack of adequate transportation** to support people with mental illnesses, especially in outstate Minnesota.
25. **Technology** could help address some problems with access to services while improving the user experience, but there are several barriers to this happening.