Governor's Task Force on Mental Health: Preliminary Results of Rankings (14 responses) 8/8/16

To begin prioritizing the possible topics for further Task Force attention, the Governor's Task Force on Mental Health created a list of 23 challenges facing Minnesota's mental health system. They then ranked those challenges according to six criteria. The summary of their rankings will provide background information at the August 15 meeting as the Task Force prioritizes the challenges they would like to focus on for the remainder of their work.

A. List of Challenges Facing the Mental Health System in Minnesota

1. **Person and family-centered**: We should fully implement person- and family-centered planning and service models across the care system. Families and guardians should be considered a resource to the person and the system (with permission from the person), and the unique strengths and resources of the community should also be involved when appropriate.
2. **Governance, roles and responsibilities**: We need a new governance structure to create and maintain a mental health system that meets the principles outlined by the Task Force and supports access. Roles of the state, counties, tribes, health plans, providers, and people being served need to be clarified and funding and accountability for those roles needs to be institutionalized. This includes consideration of alternatives to the state-directed, county-administered system. It also includes making sure that our existing laws and regulations are enforced, and that we eliminate bureaucratic regulations that take up staff time and don't actually support better outcomes.
3. **Cultural competence and disparities reduction**: We need to eliminate disparities in mental wellness, access to services, and mental health services outcomes. This will require (among other things) an increase in culturally-competent mental health services for cultural and ethnic groups, American Indians, GLBTQ, and veterans.
4. **Increase capacity to ensure timely access to a continuum of services:** We need to increase the capacity of our mental health service continuum so that everyone who qualifies for a service has timely access to it no matter where they live. This will involve continuing to implement the medical model for mental health services until true parity is achieved. The service continuum should include a robust safety net function to ensure access.
5. **Health promotion, prevention, and early intervention**: Minnesota under-invests in health promotion, prevention, and early intervention which means that we forego opportunities to keep people well and we wait to address mental health challenges until they are more complicated, more disruptive to the lives of the people involved, and more expensive to treat. For example, we need more programs to respond adequately to first episode psychosis, mania, and depression.
6. **Crisis response**: We need to improve our responses to people in mental health crises through crisis intervention training for first responders and first contacts; incorporating mental health training in law enforcement and first responder education; incorporating information about trauma in training; better community coordination around crisis response; more crisis teams; improving our ability to divert people with mental illnesses away from the criminal justice system; and centralized referral and marketing of a central crisis contact number.

7. **Bed capacity**: We need to better manage the inpatient bed capacity we have and develop adequate capacity based on assessments of need. This should include a clear decision about competency restoration beds, for example (who should provide it, how much is needed, how decisions about it will be made).
8. **Community support programs**: We should increase access to clubhouses and community support programs.
9. **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. Need to address waiting lists for services, inadequate funding for safety net providers, better collaboration across levels of care, and need for chronic care management models.
10. **Children and adolescents**: Minnesota lacks adequate services for children and adolescents and needs better collaboration with the other sectors that serve children (early childhood, education, support for staff and teachers, etc.).
11. **Elderly**: We need more mental health services for the growing elderly population (especially dementia, mental illnesses, and aggressive behaviors)
12. **Quality of services**: Even where services are available and funded, we have not developed adequate incentives and oversight to ensure the quality of services. We need to ensure programming and staffing at appropriate levels so that people receive the right kinds and levels of treatment interventions and that the treatment environment is safe. We also need to ensure the use of evidence-based and evidence-informed practices and research while also supporting practice-based evidence and development of alternative models to meet the entire range of diverse treatment needs. When effective treatment models or community collaboration models are found, we should have systematic ways to disseminate them across the state and mechanisms to support people's and communities' sharing of ideas to build on each other's successes (clearinghouse function).
13. **Funding and rate problems**: Address the funding and rate problems that limit capacity and access to services.
14. **Integration and coordination**: We need to achieve integration or at least coordination: 1) between mental health and primary care; 2) between substance use disorder treatment and mental health treatment; 3) across sectors including mental health, substance use disorders, primary care, law enforcement, courts, social services, income supports, and natural supports; 4) among providers; and 5) across payers so that people's recovery is not interrupted as their insurance changes.
15. **Housing shortages**: We all need to collaborate with the housing sector to ensure the availability of affordable housing (and supports, if needed) for people with mental illnesses
16. **Transportation**: Minnesota lacks adequate transportation to support people with mental illnesses, especially in Greater Minnesota.
17. **Criminal justice**: We lack adequate supports for people with mental illnesses who are involved in the criminal justice system (mental health treatment, substance use disorder treatment, housing, physical healthcare, discharge planning, employment, etc.).
18. **Levels of care**: Our community-based system requires people to move among levels of care ((for example, returning home after an inpatient hospital visit) and there is not adequate collaboration to ensure timely discharges and smooth transitions among levels, especially the availability of support services to promote recovery.
19. **Civil commitment**: The civil commitment process and statute need to be changed to address the individual's needs and follow person-centered principles. Civil commitment should be integrated with the rest of the mental health continuum of care and provide adequate guidance related to the role of the state, counties, and providers, responsibility for safety net functions, and funding to implement the requirements of the statute.

20. **Workforce**: We need to address the present and future workforce challenges, which include shortages of almost all types of workers, need for more peer specialists and community mental health workers, need for a more diverse workforce, and need for better collaboration between the mental health system and secondary and higher education.
21. **Public education and engagement**: We need to educate the public about mental health and how it affects people; communities; sectors including healthcare, education, criminal justice, and employment; and public budgets. Public education could help change public attitudes and understanding of mental illnesses and help prepare people to respond appropriately to someone experiencing a mental illness.
22. **System-wide data-driven planning and execution**: We need a coordinated or centralized system assessment function that can gather data on utilization and impact, track quality of service provision, use data to predict future service needs, and use all of this information to inform policy making and community investment.
23. **Optimize technology**: We need to optimize technology to streamline work and better share information. This should include the creation of centralized, sharable client records that include healthcare information as well as related social services. We need to figure out how to share these while protecting the privacy of the people being served.

B. Criteria for Ranking Challenges Facing the Mental Health System

At the July 25 meeting, Task Force identified about twenty criteria that could be used to help set priorities. Task Force staff boiled the criteria down to six, listed below.

1. **Visionary**: Addressing this challenge would be a significant step toward our ultimate vision for the system (as described in the Principles).
    - Moves us upstream toward prevention
    - Challenges status quo
    - Adds clarity or rationality to the system
    - Reduces silos
    - Increases person and family centeredness
2. **Important role for Task Force**: It is likely that the Task Force could play a significant or important role in addressing this challenge.
    - The item is something we can fix in Minnesota (i.e. isn't something the federal government or another authority has jurisdiction over)
    - There is a high level of consensus on the solutions or we can significantly contribute to consensus
    - The Task Force is the right group to work on this issue
    - There is "low hanging fruit"--solutions that could be implemented relatively easily
    - Community readiness is high
    - It is not being successfully addressed by another group

- It can build upon existing work
- Cost is low or it is likely that there is funding available
- Necessary training is available

3. **Big impact**: Addressing this challenge would have a big impact for lots of people.
   - There are solutions that are scalable so that eventually a large number of people could benefit
   - Multiple domains could be affected
   - The impacts would be measurable
4. **Cost effectiveness**: Addressing this challenge would be cost-effective and reflect good stewardship of public and private resources.
5. **Equity & disparity reduction**: Addressing this challenge would promote equity (ethnic, cultural, geographic, etc.) and reduce disparities in health outcomes.
6. **Urgency**: It's important to work on this challenge now.

C. Summary of Task Force Rankings of Challenges

Task Force members used a point system to rank the challenges according to six criteria. The table on the next page presents the average rankings of the 14 Task Force members who had returned their forms by 8/8/16. This ranking is not a final determination of priorities; it will only serve as background information at the August 15 meeting as the Task Force prioritizes the challenges they would like to focus on for the remainder of their work.

Item #	Challenge	Supports vision	Task Force role	High impact	Cost-effective	Promotes equity	Urgency	Total	Rank
4	Increase capacity to ensure timely access to continuum of services	7.6	10.4	12.7	8.4	5.8	11.5	56.5	1
5	Mental health promotion, prevention, screening, early intervention	9.7	8.5	8.7	14.5	6.7	5.7	54.0	2
2	Governance, roles and responsibilities	10.7	8.7	7.7	7.1	5.5	7.7	47.4	3
3	Cultural competence and disparities reduction	4.6	4.2	3.7	3.1	18.6	3.4	37.6	4
6	Crisis response	6.1	5.6	6.7	6.6	4.1	7.4	36.6	5
15	Housing shortages	5.5	4.9	5.8	5.3	5.6	6.5	33.7	6
10	Children and adolescents	5.3	5.0	4.5	6.4	4.3	5.5	31.0	7
20	Workforce	5.7	4.6	4.5	2.5	4.3	8.5	30.1	8
14	Integration and coordination	4.9	4.7	4.3	5.3	4.2	5.1	28.3	9
7	Bed capacity	3.5	5.5	5.2	3.3	2.3	6.5	26.3	10
22	System-wide data-driven planning and execution	5.1	4.6	3.5	5.0	5.3	1.9	25.5	11
17	Criminal justice	3.6	3.7	3.5	5.5	4.3	4.3	25.0	12
13	Funding and rate problems	3.0	4.2	2.1	3.7	3.2	2.9	19.1	13
21	Public education and engagement	4.2	2.9	2.8	3.7	3.7	1.0	18.4	14
9	People with complex mental illnesses and co-occurring conditions	3.3	2.5	3.6	2.7	2.7	3.1	17.9	15
1	Person and family-centered	3.9	2.9	3.3	1.4	3.1	2.1	16.7	16
8	Community support programs	2.4	3.9	2.7	3.0	3.1	1.2	16.3	17
12	Quality of services	2.2	2.4	3.4	3.3	1.9	2.8	16.1	18
19	Civil commitment	2.3	3.5	2.9	2.0	0.8	4.2	15.6	19
18	Levels of care	1.6	2.3	3.9	1.7	2.0	3.3	14.7	20
16	Transportation	1.2	1.3	2.1	1.5	5.3	2.1	13.5	21
11	Elderly	1.7	1.9	1.2	1.6	2.1	2.3	10.8	22
23	Optimize technology	1.7	1.7	1.2	2.3	0.9	1.0	8.9	23

TABLE 1: SUMMARY OF RANKINGS OF 23 CHALLENGES FACING THE MENTAL HEALTH SYSTEM