

Governor's Task Force on Mental Health

SUMMARY OF COMMENTS RECEIVED SEPTEMBER 6-21, 2016

The Governor's Task Force on Mental Health received comments from several stakeholders between September 6 and September 21, 2016. Those can be summarized as follows:

- It is important that mental health services be designed with input from consumers from initial conceptualization, through implementation, and to evaluation of outcomes.
- A Peer Respite program could help divert some individuals from needing inpatient hospital treatment. The service would involve a 1-5 day stay in a peer-run program that would offer a non-medical approach using trained peers.
- Co-responder models (in which mental health specialists accompany law enforcement in responding to calls that may involve a mental health crisis) are one proven strategy to de-escalating emergency situations and ensuring that people with mental illnesses are not inappropriately channeled into the criminal justice system due to a mental health crisis.
- Minnesota has several mental health services that work (Assertive Community Treatment Teams, Mobile Crisis Teams, Adult Rehabilitative Mental Health Services, Intensive Residential Treatment Services and Crisis Stabilization Centers) and they should be expanded.
- Regional collaborations should be supported to develop "recovery capital" in order to address the shortages of services that lead to people being "stuck" in inpatient hospital beds after they no longer meet hospital criteria.
- Tele-mental health services could improve access to mental health services in greater Minnesota.
- Minnesota should continue to develop integrated behavioral health models that save money, produce significantly better outcomes, and have higher satisfaction ratings from patients.
- Minnesota should improve innovative suicide prevention programs like TXT4Life.
- Minnesota should develop an autonomous office of mental health innovation to promote collaborative innovation toward new services and models.
- The widely divergent rates paid for Targeted Case Management cause significant problems for providers in low-rate counties (including difficulties of competing for staff); the rates should be made more uniform.
- To improve how law enforcement responds to people with brain injuries and mental illnesses, Minnesota should:
 - Improve training for police, including an expectation that they involve families to help work with the individual involved and that they listen to all sides of the story;
 - Include mental health experts in law enforcement response teams
 - Widen access to mental health courts
 - Address the problem of some programs not accepting clients covered by Medicare
- Mental health supports and services in schools are essential to supporting students with mental illnesses. Federal and state requirements around these supports need to be enforced.
- The Community Behavioral Health Hospitals are not accepting many patients
- State-operated services have reduced the number of patients they accept. As a result, people requiring mental health services are waiting too long in emergency rooms for placement, which

delays treatment and has other negative impacts. The Task Force should work with local communities to address this problem.