

# Governor's Task Force on Mental Health

## TASK FORCE MEETING SUMMARY

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**Monday, July 11<sup>th</sup>, 2016**

**8:30 a.m. – 5:00 p.m.**

**Orville Freeman Building- Room B145  
625 Robert Street North, Saint Paul, MN**

**Governor's Task Force on Mental Health- Members Present:** Commissioner Emily Piper, Melissa Balitz, Brantley Johnson, Kim Stokes, Crystal Weckert, Sue Abderholden, Liliana Torres Nordahl, Shauna Reitmeir, Pahoua Yang, Dr. Paul Goering, Dr. Bruce Sutor, Sara Suerth, Chief Rodney Seurer, Commissioner Jim McDonough, Hon. Jamie Anderson, Commissioner Ed Ehlinger, Commissioner Tom Roy, Cathy ten Broek, Roberta Opheim, Representative Roz Peterson, Representative Clark Johnson and Senator Julie Rosen

**Governor's Task Force on Mental Health Members Absent:** Senator Tony Lourey (due to scheduling conflict)

**Governor's Task Force on Mental Health Staff Present:** Susan Koch and Mariah Levison

**Minnesota Department of Education:** Assistant Commissioner Daron Korte

**Presenters:** Derrick Yang, Frank Dorsey, Suzanne Bachman, Kim Lutes

**Commissioner Emily Piper called the Governor's Task Force on Mental Health meeting to order at 8:32 a.m.**

**8:30 a.m. Welcome - Commissioner Piper**

- Commissioner Piper welcomed the Task Force members and guests to the first Governor's Task Force on Mental Health meeting.
- Commissioner Piper asked the Task Force members to review of the agenda.

**8:40 a.m. Go-around Introductions - Commissioner Piper**

- Each Task force members introduced themselves
- Commissioner Piper asked Task Force members to briefly answer the following questions:
  - Your job role on the task force?
  - What's your favorite place in MN?
- Mariah Levison discussed the public comment process and how to sign up for the public comment section of the meeting.

**9:30 a.m. Go-around - Mariah Levison**

- Mariah introduced the go-around section and asked Task Force members to discuss why they applied to the Governor's Task Force on Mental Health and what their connection is to mental health.

**10:15 a.m. Go- Around Themes - Mariah Levison**

- Mariah asked the Task Force members to discuss themes they saw in the response to the questions of the go-around.
- Task Force members stated the following themes they heard from responses to the questions from the 9: 30 a.m. go-around.
  - Lack of continuum of care
  - Primary care, secondary care, tertiary care and acute care
  - Lack of psychiatric beds
  - Focus on long term solutions and plans for how to improve them mental health system
  - Mental health is a community issue and we have to focus on the mutual accountability
  - Accountability and breaking the silos
- Roberta Opheim suggested that the Olmstead Plan should be an underpinning of this Task Force's work and recommendations.
- Sue Abderholden said that NA.M.I. and other organizations do not agree with everything that is in the current of the Olmstead plan.
- Commissioner Piper said that the Olmstead Plan is not static; it can be updated.
- Dr. Paul Goering said that many of the Task Force members have worked on other mental health committees and task forces in the past and are responsible for some of the policies that exist currently. He encouraged Task Force members to continue to be mindful and hold each other accountable as discussions in this Task Force move forward.

**10:30 a.m. Break**

**Commissioner Piper called the Task Force meeting back to order from break at 10:48 a.m.**

**10:48 a.m. Commissioner's Piper's Statement about hopes and goals for the Task Force-**

- Commissioner Piper expressed these hopes and goals for the Task Force:
  - We know that treatment for mental illnesses is effective, but our current mental health system is inadequate to serve the people we're trying to serve, both in rural and metro Minnesota.
  - The Governor has directed us to make comprehensive recommendations about the mental health system.

- Commissioner Piper asked the Task Force members to pair up and discuss their hopes and goals for the Task Force from a high level perspective. 15 minutes were given for discussion time. Mariah Levison asked guests to also participate in this process.

**11:10 a.m. Two- way discussion and report-outs- Mariah Levison**

- Mariah facilitated group discussion on the hopes/goals and concerns/fears the Task Force members and guests had for the Governor’s Task Force on Mental Health. The hopes and goals mentioned included:
  - Gaps in the system- hopes for more parent engagement
  - Importance of early intervention
  - Education mental health grants
  - Resources in the schools and building “full services schools”
  - Students that have English as their second language- how are we serving them and their families in the mental health system?
  - Shame and stigma factors
  - Culturally comprehensive and appropriate mental health care
  - What’s going on right now in the mental health system? What do we already know?
  - Where do people and state agencies integrate
  - What are the Evidence Based Practices/Models and continuum of care?
  - Building a system that is comprehensive
  - Support community based efforts
  - Outreach and empowering communities
  - The continuum should be dimensional
  - Embrace best practices
  - Common language around data and data being used when making decisions on investments
  - Look at incentives so that people can go into the mental health workforce
  - Helping people feel safe in the system
  - Peer supports
  - Building the continuum of care
  - Building a system that allow all people to come in

The concerns and fears mentioned included:

- Uniform paper work is needed for the reporting system- across state agencies
- Group homes are not all operating as they should
- Workforce is inadequate
- Addressing the 48 hour rule
- Housing- stable and sustainable housing

- We continue to fund mental health services with grants
- Rural vs. urban areas for mental health services
- Re-creating the wheel
- Individuals who work but still can't afford their deductibles
- Lack of sustainability in the mental health care system
- Non-profit organizations don't have adequate mental health information
- Equity issues and disparities in outcomes
- Majority of the prescribing for mental health is done by primary care providers
- No accountability, no warm hand-off from one level of mental health service to another, especially for individuals who are transient

**11:55 a.m. Lunch**

**Commissioner Piper called the Task Force meeting back to order from lunch at 12:35 p.m.**

**12:35 p.m. Task Force Operation - Mariah Levison and Sue Koch**

**Task Force Decision Making Process Presentation - Mariah Levison**

- Mariah proposed a process the Governor's Task Force on Mental Health members will use to make decisions.
- The Task Force will operate under consensus decision making, with all voices will have equal weight.
- Handouts of Mariah's power point presentation was provided to the Task Force members. It is posted on the Task Force website at: <https://mn.gov/dhs/mental-health-tf/>

**Stakeholder Engagement - Sue Koch**

- Sue facilitated a discussion on how the Task Force members would like to communicate and interact with stakeholders and stakeholder groups. The Task Force discussed an option to have a listserv for the Task Force members so that they can communicate with each other, but they decided to just share email addresses with each other at least for now. They also decided that they would like to see the complete text of comments received from stakeholders. Sue Koch will collect these and send them in a single email a week before each meeting. If the volume becomes too great, then Sue Koch will start sending the Task Force a summary of the comments along with the compendium of comments.

**1:00 p.m. Mental Health Overview Draft Document - Sue Koch**

- Sue provided a summary of the Overview Document to the Task Force members and reported that it would be circulated soon.

- Sue reviewed the “Principles” section of the Framework document that was provided at the Task Force meeting (and is available on the Task Force website). Sue asked the Task Force members what is missing from the list of principles.
- Comments from Task Force members on what is missing and needs to be added (or strengthened) in the Framework document included:
  - Comparable services for both public and private-insured people
  - Cultural competency is necessary.
  - Capacity shortages are not just in certain workforce categories; they are across the board
  - Emphasize family-centered care more
  - Need for coordination across silos
  - Highlight importance of cultural perspectives: mental illness is understood differently in different cultures.
  - The importance of community context should be highlighted; community-based mental health services will grow based on the strengths of each community.
  - Emphasize suicide prevention specifically.
  - The tension between autonomy and coercion: what are our principles for deciding when we would deviate from autonomy? How can we reduce the use of civil commitment?
  - Emphasize housing stability as key to recovery.
  - We should be aiming to reduce the involvement of people with mental illness in the criminal justice system where possible.
  - Transportation is essential.
  - Sustainability is important
  - Understandability - making the mental health system more understandable
  - Safety net: it should be clearly defined
  - Anti-stigma: Need to educate others on how to respond to stigma
  - Add schools to the “multi-dimensional” principle.
  - Evidence Based Treatment/Model
    - Comment was made by some Task Force members that this is not inclusive of underserved populations.
    - Comment was made by a Task Force member that the Task Force needs to be mindful of these issues and realize there are limited evidence based practices/models for underserved and underrepresented communities. “Evidence-informed” is a useful term.
- Commissioner Piper told the Task Force members to connect with the Task Force staff if they have further feedback on the Framework document.

**1:45 p.m. Break**

**2:00 p.m. Presentations from people with lived experience of mental illness followed by question and answer- Commissioner Piper**

- Shannah Mulvihill, Executive Director of Mental Health Minnesota, introduced the presenters. Each presenter discussed their experience with the mental health system.
- Presenters included the following individuals:
  - Derrick Yang
  - Frank Dorsey
  - Suzanne Bachman
  - Kim Lutes
- The presenters' comments included the following:
  - It's important to have a good system for early detection of mental illnesses, so people don't struggle for a long time before they get help.
  - The system really helped me; I wouldn't be here now if it weren't for the services I received.
  - It took a long time for me to realize that I needed to get help with my mental illness.
  - Case management really helped me; I found someone I could connect to over time.
  - There should be more, and more integrated, services in a particular location; we shouldn't have to travel all over to get the services we need.
  - Job specialists are important.
  - Civil commitments can be very problematic, but they are sometimes necessary.
  - The system can create dependency on being in a hospital—you get used to running to the hospital when you're struggling. Assertive Community Treatment is better—it forces (and enables) you to recover in your home setting.
  - Peer specialists would have been helpful when I was going through my journey of recovery. Someone who has lived with mental illness and has been successful in their recovery would have been a good resource.
  - Not all services are the same. I was in two Intensive Residential Treatment Services facilities, for example. One was great and the staff were well-trained. In the other, the staff was not very helpful.
  - Housing is really important; we need stable housing in order to recover.
  - Don't fund more hospital beds; fund more affordable housing in communities. Make lots of different forms of housing with supports to meet various needs.
  - Employment or volunteering is really important to recovery.
  - Everyone is different, so what is important to their recovery is different.
- Question and Answer

- **Question from Task Force member:** How important is stable housing?
  - Stable housing was critical in my recovery
  - There are silos within the mental health services and services for individuals facing homelessness. Why aren't these two agencies working together better?
  - Housing is helpful and allowed me to develop independently.
  - Stable housing is important. If you are worried about where you are sleeping at night, how you can work on recovery?
  - If you give a person a roof over their head it's a starting point.
  
- **Question from Task Force member: What was the importance of volunteering or having a job in your recovery?**
  - Having a job was very important and it impacted me negatively when I lost my job. Medical Assistance for Employed Person with Disabilities (MA-EPD) made a huge difference for me when I was working.
  
- **Question from Task Force member: If we were to create a reliable system, how will you be able to know or identify that it's a reliable system?**
  - Systems integration
  - System that is user friendly that anyone can be able to use
  - Being mindful of individual's languages and cultures
  - When more people are living in the community and not in hospitals, jails and prisons
  - To see more individuals speak freely about their mental illness and lived experience freely
  - Another way to measure improvements would be how people with a lived experience of mental illness are talked about and viewed- "I would like to be able to have the same experience and same respect as I do when I go to primary care"
  - Continuity of care is important-
  - A recovery framework- not only lip service but also putting it in practice- e.g. implement satisfaction surveys in hospitals, community mental health programs, etc. Until this is put into effect and we are able to assess this data we won't know how to improve the services.
  
- **Question from Task Force member: How do we take conversations about being human into a policy perspective?**
  - Be inclusive of individuals with lived experiences and take the feedback
  - It's important to get to know people.

- The system isn't broken but it does need to be mended
- More focus on people and services that provide long term care- this makes individuals with a lived experience feel more human
- Be more person-centered
- How can we take a health care system and disability services system that operate in silos and blend them together to create a system that is integrated?
- Communication best practices between providers and clients. What would that look like?

**2:45 p.m. Public Comment Period: Commissioner Piper and Mariah Levison**

- **Ryan Agai**, Emergency Nurses Association/ Regions Hospital introduced himself to the Task Force members. Ryan discussed some of the issues that Emergency Nurses have been dealing with in their profession. He stated that Emergency Nurses are not trained to deal with mental health and are trained to triage patients. Nurses are being assaulted daily and some nurses have left the profession due to not being able to deal with the situation they encounter in emergency rooms. He stated that there is a lack of resources to work with children and adolescents with behavioral issues in an emergency room setting. Ryan thanked the Task Force members for being here and working on the mental health system. Ryan stated the Emergency Nurses Association would like to partner with the Governor's Task Force on Mental Health in any capacity.
- **Jessica Angeles**, Hennepin County Cope introduced herself to the Task Force. Jessica discussed that there are currently issues with connecting individuals to Assertive Community Treatment teams, Crisis Services, and other community based mental health services, especially for individuals with a lived mental health experience who have past or current behavior issues. Additionally, individuals with personality disorders are harder to place and connect to community mental health programs and at times in inpatient mental health services due to no one feeling like they can provide that level of care.
- Mariah facilitated a brief discussion of the two public comments that were presented.

**3:00 p.m. Next Steps - Sue Koch**

- Sue shared themes from the Task Force member interviews:
  - Building relationships and trust was important to the interviewees
  - The interviewees voiced support for how the Framework document was laid out
  - The interviewees expressed concerns about the scope of the Task Force's work and how the group would focus their efforts in order to have some impact.

- Sue asked the Task Force members what background information they would like to receive in subsequent meetings. Task Force members suggested the following:
  - Need to get a better sense of psychiatric beds. Where are they?
  - Olmstead Plan- overview on this
  - Are we focusing on kids issues? If so, we need to hear from families, youth, students, schools, counselors/therapists.
  - If we are going to talk about insurance coverage, the MCO's should be present
  - Civil commitment process, civil commitment law, overview
  - 48 hour rule
  - What are other states doing? What are some other models that are being developed? - Sue Abderholden stated that there are some pockets of excellence in other states that can be reviewed for specific programs/services
  - Hard data on the magnitude of the problem. What do we know about the target population (i.e. individuals with a lived experience)?
  - Not only looking at data but also focusing on who is missing from the data
  - We are thinking of the solutions we have already discussed. How does technology fit into this and how do Electronic Medical Records and Electronic Health Records fit into this?
  - Are we addressing substance abuse? Is there flexibility to add that to the scope?
  - Better connection and communication
  - The role of the mental health authority? The role of counties? How will this be taken into consideration in this Task Force?
  - Concern that data or background information that already exist may not be reliable.
- Sue discussed the material that will be posted on the Task Force Website. Meeting summaries and other summary documents of the Task Force meeting will be posted there.
- Sue handed out a feedback form to the Task Force members and guests.

**Commissioner Emily Piper adjourned the meeting at 3:26 p.m.**