

Governor's Task Force on Mental Health

WORK STRUCTURE

draft 8/31/16

This document describes the structure of the Task Force's work between 8/29/16 and 11/15/16. The Task Force will address two immediate challenges facing Minnesota's mental health system as well as three longer-term transformational opportunities. Together these will allow the Task Force to respond to the Governor's charge and to yield both short-term legislative recommendations and a roadmap for more visionary transformation.

I. Topics

A. Immediate Improvements in Two Challenges

1. **Crisis response** collaborations and diverting people with mental illnesses from the criminal justice system: The Task Force will identify models that work and develop recommendations about how to replicate those models around the state. For example, this could include recommendations on universal CIT training for first-responders, incorporating mental health staff in law enforcement response teams, and expanding jail diversion programs.
2. **Inpatient bed capacity and levels of care transitions**: The Task Force will formulate this complex "patient flow" issue and summarize past recommendations that could help ensure that people needing inpatient hospital psychiatric care receive the right services at the right time and place. The Task Force could develop recommendations to replicate proven models, point out needed statutory changes, and identify needs for additional analysis or ongoing collaboration.

B. Three Transformational Challenges

1. **Redefining and transforming the Continuum of Care**: The Task Force has identified two focal points in this transformation work:
 - Widening the understanding of the continuum. The continuum should include wellness, health promotion, and prevention in addition to early intervention, treatment, recovery supports, and crisis response. The continuum of care concept also needs to emphasize collaboration with related systems (natural supports, primary care, housing, transportation, education, criminal justice, etc.).
 - Explicating the services needed in the continuum of care across the state. The Task Force could spell out a process for identifying the minimum set of services necessary to support recovery, the service-level expectations for each service, the geographic gaps and challenges, strategies to achieve full access across the state, and the system-wide changes needed to assure quality and collaboration.
2. **Address the governance structure**: The Task Force will formulate the challenges with our current governance structure and lay out a process for addressing them.
3. **Using a cultural lens to reduce mental health disparities**: The Task Force will review existing reports and promising models to formulate a culturally-informed process for reducing disparities in mental health outcomes and making mental health services more person-centered and family-centered for everyone.

II. Work Process

The Governor's charge to create comprehensive recommendations is daunting given the time available to formulate recommendations. The Task Force was hesitant to use a standard workgroup process because they all wanted to be involved together in the formulation of recommendations rather than having that work done in workgroups. However, members also recognized the need to move quickly. To address both concerns, a "Formulation Team" process was established. Each of the five topic areas has a Formulation Team of Task Force volunteers that is staffed by DHS staff. The Teams will work with DHS staff to formulate the issues and plan and facilitate Task Force discussions to help Task Force members move efficiently toward recommendations on each of the five issue areas. Issue formulation and recommendation development will take place at the next three Task Force meetings, with first drafts of recommendations hopefully ready for the October 17th meeting. In the Formulation Teams, it's expected that DHS staff will handle much of the writing and rely on the Formulation Teams for guidance on approach, conceptualization, and review of drafts.

- **Immediate Improvements in Crisis Response**
 Task Force members: Kim Stokes, Sara Suerth, Rodney Seurer, Jamie Anderson, Tony Lourey, Amy Lopez (for Ed Ehlinger)
 DHS staff: Ben Ashley-Wurtman
- **Immediate Improvements in Inpatient Bed Capacity/Levels of Care Transitions**
 Task Force members: Bruce Sutor, Rodney Seurer, Jamie Anderson, Cathy ten Broeke, Tony Lourey
 DHS staff: Jen McNertney
- **Transformation: Redefining and Transforming the Continuum of Care**
 Task Force members: Melissa Balitz, Kim Stokes, Sue Abderholden, Paul Goering, Cathy ten Broeke, Anna Lynn (for Ed Ehlinger)
 DHS staff: Sue Koch
- **Transformation: Addressing the Governance Structure**
 Task Force members: Melissa Balitz, Sue Abderholden, Shauna Reitmeier, Clark Johnson
 DHS staff: Claire Wilson, Matt Burdick, Jana Nicolaison
- **Transformation: Using a Cultural Lens to Reduce Mental Health Disparities**
 Task Force members: Liliana Torres Nordahl, Pahoua Yang, Amira Adawe and Jackie Dionne (for Ed Ehlinger)
 DHS staff: Carol LaBine, Deidre Jackson, Niambi Shakir, Angie Hirsch

III. Crosswalk of the Governor’s Charge to the Task Force and the Work Structure Activities

Directive from the Governor’s Executive Order	Work Structure Response
Develop comprehensive recommendations to design, implement, and sustain a full continuum of mental health services throughout Minnesota.	Continuum of Care Transformation work is focused on this.
Make recommendations on:	
a. Developing and sustaining a comprehensive and sustainable continuum of care for children and adults with mental illnesses in Minnesota, including policies, legislative changes, and funding;	Continuum of Care Transformation work is focused on design of the continuum of care. The Governance Transformation work is focused on the policies, legislation, and funding.
b. Clear definition for the roles and responsibilities for the state, counties, hospitals, community mental health service providers, and other responsible entities in designing, developing, delivering, and sustaining Minnesota's continuum of mental health care;	The Governance Transformation work is focused specifically on this.
c. Reforms needed to support timely and successful transition between levels of care, including early intervention services and substance abuse services; and	The Inpatient Bed Capacity/Levels of Care Transition work is focused specifically on this.
d. Expanding the capacity of Minnesota’s mental health system to responsively serve people of diverse cultures and backgrounds.	The Cultural Lens Transformation work is focused specifically on this. Some aspects will also be covered in the Continuum of Care work.