

# Governor's Task Force on Mental Health

## SUMMARY OF COMMENTS RECEIVED OCTOBER 10, 2016-NOVEMBER 15, 2016

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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:

- The definition of mental health providers should be expanded to include a licensing process for national board certified music therapists so that their work can be covered by insurance.
- The reimbursement rates for psychiatric services are so low that providers lose money when they provide them. If policy makers want there to be psychiatry services available in Community Mental Health Centers, the rate should cover the costs of supporting a psychiatry team.
- The Zumbro Valley Medical Society is hosting community conversations on mental health challenges, including the impact of inadequate mental health resource on law enforcement, courts, and emergency departments.
- Providing mental health services for children and youth in schools should be considered a critical component in transforming Minnesota's mental health system [More detail was presented at the October 17<sup>th</sup> Task Force meeting in Rochester.]
- The Task Force should be careful in its use of language to avoid reinforcing racism and health disparities. "Resilience," for example, should be seen as a characteristic of the mental health system—its need to adapt to the changing needs of youth. Resilience as an individual trait—expecting children to adapt to discrimination, poverty, or unequal opportunities—should not be a goal of the mental health system.
- The Task Force should seek expertise in racial equity and social justice and understand that this expertise is fundamental to changing the mental health system.
- Minnesotans are sometimes denied the psychotropic medications they need due to insurance requirements for step therapy or prior authorization. A law should be passed that requires insurance companies to pay for three months of any psychotropic medication prescribed by a board-certified psychiatrist.
- We need to increase psychiatry residencies and schizophrenia fellowships in the state and provide more mental health training for nurses, emergency room staff, and social workers.
- We need more specialized housing for people with schizophrenia and better approaches to treating people who are homeless and have a serious mental illness.
- A domestic violence advocate or someone who understand the impact of trauma on the brain should be included in assessments during 72-hour-holds.
- The shortages of Intensive Residential Treatment Services and beds at Anoka Metro Regional Treatment Center are forcing patients to wait in emergency rooms until they can transfer to an appropriate psychiatric bed. Because a small number of patients have symptoms that include aggression, this results in community hospitals struggling to keep patients and staff safe. State-operated treatment centers and law enforcement need to serve more of these patients or we risk community hospitals deciding to stop providing mental health care altogether.
- It is unrealistic to think that everyone with mental illness can live in a community-based setting. Some people's mental illness and co-occurring conditions are so complex that their safety and the safety of care givers cannot be ensured unless they live in institutional settings. There also need to be more medium-term institutional settings for people with complex mental illnesses

whose needs cannot be met with the low number of inpatient hospital beds available in the state.

- The Task Force should complete an equity and inclusion impact assessment for each of its recommendations. It should also include the social determinants of health in its discussion of cultural lens, and recommend improving quality measurement and payment systems to achieve health equity.
- Providers of community-based residential services for people with disabilities sometimes lack the capacity to support people with mental illnesses. When those providers file a notice for discharge of someone whose needs they can't meet, they often struggle to find another provider to serve the person and hospitals often refuse to admit the person because they don't meet hospital criteria, or they are quickly discharged from the hospital. Community-based service providers will need more support and resources in order to be able to serve these individuals and/or to accept them when they are discharged from a hospital.
- The Task Force should not recommend requiring 40 hours of CIT training for pre-service students preparing for careers in law enforcement because their curriculum already includes significant coverage of mental health crisis and intervention topics. If this requirement is adopted, it would increase the costs for students and require additional time to complete the degree, all without guarantee that the student will be offered a position within an agency.
- The Task Force should recommend increasing the number of beds at the Anoka Metro Regional Treatment Center and Community Behavioral Health Hospitals and expanding competency restoration services; it should also support the Excellence in Mental Health Act.
- Reduction of state psychiatric bed capacity has had a severe negative impact on rural counties; the State needs to work with counties to improve capacity for people with acute mental illness.
- The Task Force should recommend a renewed commitment to ensuring that mental health services are ADA-compliant. An ADA compliance coordinator should be designated at each mental health services facility.
- Behavioral Healthcare Providers, a Fairview Health Services subsidiary, established a Diagnostic Evaluation Center in 2002 to serve over 20 hospitals by conducting behavioral health assessments of people with mental illnesses who go to those hospitals. The Center completes diagnostic assessments, looks for appropriate treatment settings based on needs identified in the assessments, and assists patients with scheduling appointments. A telehealth option was added in 2012.
- Insurance is not an appropriate funding framework for ensuring the quality or availability of mental health and substance use disorder services.