Governor’s Task Force on Mental Health

SUMMARY OF COMMENTS RECEIVED AUGUST 8, 2016 – SEPTEMBER 6, 2016

The Governor’s Task Force on Mental Health received comments from several stakeholders between August 9, 2016 and September 6, 2016. Those can be summarized as follows:

- Peer support specialists face several challenges, including stigma and unquestioned assumptions about people with mental illnesses.
- Peers should be involved with people experiencing mental illnesses from the first point of contact, not just when the individual is in crisis.
- Peers can play a crucial role in repairing the mental health service system.
- Recovery from mental illnesses is possible and should be the basis for design of services.
- The Center for Medicare/Medicaid Services’ refuses to pay for services that are provided by “Institutes for Mental Disease,” defined as providers of residential mental health or chemical dependency treatment with more than 16 beds. This is known as the “IMD exclusion” and it threatens to shut down several long-term Minnesota service providers. More than 20 Senators (including Minnesota’s two Senators) have written to CMS about this problem.
- Cultural teachings can play a role in mental health prevention, intervention, and aftercare. Cultural leaders should be included in mental health teams where appropriate (including for billing).
- Mental health providers should be required or incentivized to accept clients with publicly-funded insurance plans and to provide them with the range of services they need.
- Requirements and criteria for services should be more flexible to match the individual circumstances of the people they serve.
- The requirement that providers have 2,000 hours of experience is creating unnecessary barriers to entry, especially for bi-lingual practitioners and practitioners of color.
- We need more integration of physical medicine and mental health care.
- We need better responses to people in mental health crises and to stop the “revolving door” of 72-hour holds, returning home, and then being involved with law enforcement again because the person did not receive adequate treatment.