

MN Task Force Recommendations:

Recommendations for policymakers would be a three-part plan: Ease the backlog with temporary solutions, create long-term strategies to care for those with mental health and chemical dependency issues, and preventative programs to help, prevent, identify, and treat those mental health issues.

1. Prioritize violent patients to the top of the waitlist to ease pressure on the staff at community hospitals and programs. A temporary solution might be to create additional bed space in facilities that can accommodate this type of patient, such as AMRTC, by investing in hiring, retention, and training employees. Additionally, a secure area could be created in specific hospitals to house violent patients until they can be appropriately placed and treated in a secure facility like the Forensic Mental Health Program. Psychiatric patients in other area hospitals could be transferred to the hospitals with the secure area, freeing up beds in the locations unequipped to handle this type of patient.
2. Create additional community beds for those patients who are not violent, not ready to live independently, and need additional services in CBHH and IRTS. This could be accomplished by incentivizing private companies to expand existing businesses to include more facilities like Touchstone.
3. Work in conjunction with schools to help identify promising students with an interest in mental health. Provide mentorship programs and use the PSEO to help diminish the cost of education and speed up the time to graduation for students. Set aside funding to provide tuition reimbursement/loan forgiveness for students in areas of highest need in mental health professions. Train existing employees with the skills necessary to provide care to high-need patients. Adjust licensing requirements to make it easier for previously trained out-of-state mental health professionals to qualify for jobs.
4. Increase salaries and provide sign-on bonuses for people working in mental health. Create schedules that prevent burnout at secure locations and implement necessary training for those in danger of being assaulted by violent patients.
5. Partner with virtual platforms that provide therapy so patients not needing inpatient care can access therapists without a long waitlist, especially for those who need assistance or do not have behavioral health coverage.
6. Expand existing chemical dependency treatment programs to be available 24/7 to accept new patients and provide funding for long-term inpatient care. Provide specialized centers to accommodate patients with health or mobility concerns. Expand the availability of concurrent chemical dependency and mental illness treatment at facilities to prevent relapse when discharged. Increase pay for workers and sign-on bonuses to attract more people to the profession.

7. Change the law to prioritize the most acute patients as determined by a healthcare professional through a triage system. Patients with the highest needs determined by healthcare professionals should be prioritized and placed accordingly.
8. In the criminal justice system, people with mental illness should be provided care while incarcerated. Jails should provide access to care and have a psychiatrist available to treat inmates. Transferring to a secure hospital system or creating additional treatment space in the correctional system should be considered.
9. Adequate funding must be available to provide more beds and staffing around the state.
 - a. Create secure space in existing hospitals equipped with psychiatric staff to treat patients that need care at AMRTC for Forensics.
 - b. Funding for operations and staff to open the existing beds available at AMRTC.
 - c. Funding for additional beds for CBHH and IRTS
 - d. Evaluate and build new or convert facilities to house more patients for acute care and chemical-dependent patients to receive patients 24/7 to eliminate boarding at ERs and hospitals.
 - e. Incentives private companies like Touchstone to provide more housing for individuals who need ongoing care but can live independently.
10. Preventative measures should be implemented by requiring more exercise time in schools from pre-K to graduation, college, and university settings. Many more adolescents are experiencing mental health problems; exercise aids in treating depression and anxiety and could be a valuable, cost-effective tool in treating or preventing mental health conditions like depression and anxiety. Unfortunately, it is not used as a first line of defense, and medical schools do not teach exercise as medicine.