

Governor's Task Force on Mental Health

CREATING A NEW GOVERNANCE STRUCTURE ISSUE OVERVIEW

I. Outline of This Transformation Issue

Minnesota's current mental health governance structure was last re-designed in the late 1980s. The structure allowed us to make significant strides in development of mental health treatment services but as our system has evolved, its weaknesses have become more apparent. The Task Force has heard that:

- The legislature has defined a set of services but has not adequately funded them to be universally available.
- The responsibilities and accountabilities of the state and local mental health authorities are increasingly unclear. This leads to all kinds of problems for individuals and the system as a whole.
- The responsibility and accountability for "safety net services" is unclear.
- Our system has been focused on publicly-funded mental health care while only about one-third of Minnesotans are covered by public insurance. We need a governance system/plan that ensures that all Minnesotans can have access to the services defined in the continuum of care (true parity).
- We lack a high-functioning system assessment and quality-assurance function.
- We lack a statewide strategic planning and regional collaboration facilitation function that could support collaborative planning and implementation of the entire mental health system and collaboration with the adjacent sectors (education, primary care, criminal justice, employment, etc.).
- We don't use data to drive our decisions or assess quality (at the system level or at the level of individual treatment) and we need to do that to have accountability.

II. Scope Statement

Given the complexity of these issues and the impossibility of having all of the right stakeholders involved in the discussions, the Task Force can probably only formulate these issues and lay out a process for tackling them. There isn't time to convene the meetings that would allow for robust recommendations on a new governance structure. Therefore, the Task Force could develop principles, tasks and a vision for a concerted state-wide planning effort to redesign the governance system for the mental health continuum of care.

The scope of this work could address the following:

- Define what specific aspects of governance/continuum of care to focus on.
- Provide a framework for accountability around access to services, quality of services and development of new services (the "safety net" concept and clarification of how the safety net function is to be fulfilled now, with clear accountability).
- The use of data for continuous quality improvement.
- The importance of providing mental health services that are driven by local need.

III. Formulation Team Overview

DHS staff will assist the Formulation Team to formulate the issues, identify any “low hanging fruit” for possible improvements, and suggest how a state-wide Governance Redesign effort could be set up. This effort would focus on laying out a process for re-designing governance and not necessarily make recommendations for how governance would change. The Formulation Team would decide if there are particular data or presenters needed, and work with Task Force staff to develop the agenda for the Continuum section of upcoming Task Force meetings.

Formulation Team:

Task Force volunteers: Sue Abderholden, Melissa Balitz, Jim McDonough, Shauna Reitmeier, Rep. Clark Johnson

DHS Staff: Claire Wilson, Matt Burdick, Jana Nicolaison, Nancy Houlton

IV. Why is this Transformational?

There are fundamental, systemic problems with Minnesota’s mental health delivery system. Laying out a framework to address some of these governance issues could improve how people access mental health services across Minnesota.

V. Possible Questions to Pose to the Task Force

- How best to design a governance structure of publicly-funded mental health services. Does the state-directed, county administered system still make sense?
- How can the governance system better coordinate—or integrate—between child and adult services?
- How could governance changes create more incentives for integration (between mental health and substance use disorder services, between behavioral health and primary care, between behavioral health and community support services, etc.)?
- How to develop robust mechanisms for collaboration with related sectors (education, law enforcement, corrections, courts, transportation, housing, employment, etc.)?
- What are the statutory changes needed to implement the above, including changes to the Mental Health Act, the Commitment Act, etc.?