AGENDA:

Discussion with Roy Smith, IRRRB & MN State; Trent Janisich on curriculum enhancements; certification opportunities, health care facility needs for staffing, training, etc.

Update from Kim Stokes on the Governor's Task Force on Mental Health – I believe the committee has presented their recommendations to the Governor

Information from Michelle Ufford – Executive Director NE MN Office of Job Training – grant program available; other services

Other items as the group determines (My thought has been – do we reach out to area nursing homes?)

Healthcare Focus Group
December 1st, 2016
Northeast Service Cooperative
11:30 a.m. – 1:00 p.m.

In Attendance: Steve Giorgi, Sara Ferkul, Roy Smith, Don Negley, Daniel Milbridge, Heath Boe, Michelle Ufford, Todd Scaia, Erika Lamar, Kim Stokes, Shannon Mullager and David Hohl

Focusing on needs and certification problems that are happening at different facilities. Applied Learning Initiative for CNA programs. What do we currently have for healthcare fields on the educational front? IRRRB invested $1.5 million at Hibbing Community College for the simulation program (3 year funding), also, $500 thousand into Iron Range Nursing and $200 thousand in workforce development grants. In addition to the educational grants and investments, IRRRB has also granted money towards infrastructure grants for hospital expansions and building of healthcare facilities. ALI is also granted $1 million in legislation money and it is distributed across 17 school districts in northeastern Minnesota. Customized training can also be an option.

Northeast Minnesota Office of Job Training, is working at upskilling adults, working with youth, helping with career exploration, better connecting students to the healthcare industry, showing them what opportunities are available, career assessments and post-secondary options. Based on an individual basis, they may even pay for training. There are also talent development programs. This program was implemented to offset the costs to employers to train and upskill current employees. Employers are able to complete 1 application per year, however up to $25,000 can be granted. A match may be required, depending on the size of the business. School Districts are also eligible.

Is there an opportunity to introduce more entry level healthcare career opportunities at the high school level? Begin to train or have the options available at a younger time in their lives. Healthcare camps. Finding some able to teach these courses is a setback. Eveleth-Gilbert has it as a requirement to do an “exploration class.” Possibly planning an orientation for all new superintendents to show them the opportunities that are available. However, the turnover in school officials makes it difficult to keep everyone informed.

The Northeast Minnesota Office of Job Training would like to strengthen career awareness and develop a mentorship program. They have promoted and expanded CEO’s in the classroom, created Career Adventure programs and are helping districts meet the requirements of World’s Best Workforce.

Kim Stokes also provided an update on the Governor’s Task force on Mental Health. (Handout provided)

Community Health Assessment – goal is to get it to be a regional approach

Daycare is a huge issue for recruitment of new employees. Is there a possibility to offer salary incentives, paying more to offset costs of daycare?
Reasons for losing employees: most often other companies pay more money or they have bonuses available. Entry level positions have a higher turnover, have actually had people quit because they didn't receive a day off like they would have liked, it's much easier for an entry level position find another job because of the need. It is few and far between to terminate someone based on attendance or work ethic.

Primary Care is getting labor intensive for physicians, working harder for less money. Implementing more requirements has caused the physician's to pass off more and more of their duties to the nurses, and that makes it difficult to keep nurses on staff.

Specific Issues for Roy: possible creation of a certified training program, similar to MSHA, for basic core training. Training for para's in the schools – as of now they only need 6 hours of training.

Roy also mentioned the possibility of doing a tour of the HCC simulation center.

GOVERNOR'S TASK FORCE ON MENTAL HEALTH

EXECUTIVE SUMMARY

Introduction

Governor Mark Dayton established the Governor's Task Force on Mental Health to develop comprehensive recommendations for improving Minnesota's mental health system. The task force included representatives of individuals and families with lived experience of mental illness, mental health advocates, mental health service providers, counties, courts, law enforcement, corrections, public health, education, housing, and legislators. They met seven times between July and November 2016 and also worked in teams to develop their recommendations.

The task force concluded that Minnesota's mental health system provides a variety of effective services that can assist people in their recovery from mental illnesses. However, it is not yet a comprehensive continuum of care that promotes wellness, prevents mental illnesses where possible, and supports all Minnesotans with mental illnesses to pursue recovery in their home communities. The availability of services varies from region to region, and there are critical shortages across the state that can delay access.

The publicly funded system is focused on the needs of people with severe mental illnesses and spends relatively little on supporting wellness, preventing illness, and responding effectively when symptoms first arise. The system has become a complex set of public and private programs and services that is overseen by fragmented and overlapping federal, state, local, and tribal agencies. Funding is similarly fragmented and inadequate to support a robust set of programs and services.

These system inadequacies create significant problems for people with mental illnesses, their families, and organizations that seek to contribute to solutions. Not only must they fight the stigma and discrimination that is directed at people with mental illnesses, but they must also fight through a confusing maze of insurance benefits, eligibility requirements, financial arrangements, service providers, treatment plans, and logistical challenges to get the services they need. Even if they are able to find local providers, the services are sometimes a poor fit with their sense of what they need and they are sometimes difficult to access due to physical, language, or cultural barriers. Moreover, individuals and families often struggle to integrate their care across a range of public and private providers and across institutional sectors that have conflicting expectations and incentives.

The task force offers a vision and set of principles that should drive improvements to the mental health system to create a comprehensive continuum of care. They believe that the mental health system should be person- and family-centered, and that it should provide timely, integrated, culturally responsive, community-based services and activities. They recognize that many changes are needed in order for their vision to be realized. They are also keenly aware of the limitations of their work, especially in the amount of time they had to learn about the details of the mental health system, engage deeply on the challenges facing the system, and communicate with stakeholders about the options being considered. The task force thus offers their recommendations in the spirit of an invitation to further engage in ongoing work on the issues raised in this report. In several cases, they recommend that groups (new or existing) be designated to convene more stakeholders and continue the analysis and planning. They see their recommendations as an initial road map, and look forward to further conversations with a much wider range of participants in the coming years.

Recommendations

- **Recommendation #1: Create a comprehensive mental health continuum of care**. The state should adopt a wide definition of the mental health continuum of care to include mental health promotion and

prevention, early intervention, basic clinical treatment, inpatient and residential treatment, community supports, and crisis response services. The state should collaborate with partners and stakeholders to undertake systematic planning to improve availability and access to mental health services and mental health promotion activities in the continuum. Responsibility for ongoing system assessment and planning, service development, and quality management should be assigned, along with the funding and staffing to fulfill those functions.

- **Recommendation #2: Strengthen governance of Minnesota's mental health system**. A Minnesota Mental Health Governance Workgroup should be convened to make recommendations to the governor and Legislature about improvement and possible redesign of governance structures for mental health activities and services in Minnesota. This should include researching other state and national models, defining governance roles and responsibilities, defining safety net functions, defining appropriate regional boundaries, and assigning roles and responsibilities to particular agencies, organizations, or individual positions and suggesting changes to those bodies if necessary. The resulting governance structure should include a clear oversight structure with responsibility, accountability, and enforcement for ensuring access to mental health services and activities for all Minnesotans. It should also maintain a quality improvement infrastructure, support innovation, align funding mechanisms with responsibilities and accountabilities, and sustain the governance function.

- **Recommendation #3: Use a cultural lens to reduce mental health disparities**. State agencies should convene a workgroup of people from American Indian tribes, communities of color, and other cultural backgrounds to detail strategies for improving mental health services and activities for communities experiencing mental health disparities. These should include ways to support and grow culturally-specific providers, make the entire system more trauma-informed, and supplement the existing medical model with culturally-informed practices.

- **Recommendation #4: Develop Minnesota's mental health workforce**. The governor and Legislature should continue to support development of Minnesota's mental health workforce, including implementation of the recommendations in "Gearing Up for Action: Mental Health Workforce Plan for Minnesota." The Department of Human Services (DHS) and the Minnesota Department of Health (MDH) should work with the Mental Health Steering Committee (responsible for the Mental Health Workforce Plan) to ensure progress on those recommendations.

- **Recommendation #5: Achieve parity.** In general terms, "parity" is the concept that people should have access to mental health services under the same conditions that they have access to other healthcare services. The governor and Legislature should expand the capacity of the Departments of Commerce and Health to review health plans' alignment with parity laws and enforce those laws. Data should be systematically reported and tracked to identify when insurers are not following parity laws, consequences should be significant and swift, and solutions should be implemented in a timely way. In addition, the state should require that private insurers cover the same mental health benefits that are funded through Minnesota's Medical Assistance and MinnesotaCare programs. This will improve access to mental health services and make it easier to achieve parity by promoting more standardized benefits across the coverage spectrum.

- **Recommendation #6: Promote mental health and prevent mental illnesses.** The governor and Legislature should support efforts to build robust mental health promotion and prevention capacity within the state. Infrastructure and programs should be developed to fight stigma and build public understanding of mental health and wellbeing, strengthen community capacity to address system needs and gaps especially for vulnerable populations, and address adverse childhood experiences and trauma throughout the lifespan.

- **Recommendation #7: Achieve housing stability**. Because housing stability is a critical factor in mental health, the governor and Legislature should ensure that affordable housing—including housing with supports where needed—is available to all individuals and families to ensure both the access to and the effectiveness of

mental health care. This should include funding for additional affordable housing development for low-income Minnesotans and supports and protections targeted to people with mental illnesses.

- **Recommendation #8: Implement short-term improvements to acute care capacity and level-of-care transitions.** There should be an expectation that mental health and substance use disorder care is as accessible as physical health care. The governor and Legislature should fund and assign responsibility for several short-term solutions to the patient flow problems implicit in the shortage of inpatient psychiatric beds. These can help ameliorate the situation and build collaborative capacity while longer-term, more extensive solutions are developed. The strategies include expansion of community-based competency restoration, strengthening community infrastructure, making changes to the civil commitment process, expanding options for parents and children, supporting efforts to reform addiction treatment, and assessing the impact of increases in the counties' share of payments for stays at state-operated hospitals. DHS should convene a workgroup to facilitate ongoing collaboration around these solutions.

- **Recommendation #9: Implement short-term improvements to crisis response**. The governor and Legislature should fund and assign responsibility for several short-term improvements to Minnesota's system for responding to mental health crises. These extend ongoing work in the crisis response system and build further capacity and collaboration across the state. They include building Crisis Intervention Team skills and experience into pre-service training for law enforcement, providing additional resources where people already seek help, improving collaboration between mental health and criminal justice, improving data sharing and collaboration, implementing telehealth solutions, and making further improvements to community services.

The task force came to consensus on all nine recommendations, and members are committed to ensuring that their recommendations gain traction and get implemented in the coming years. They understand that their recommendations will be considered by the governor and Legislature and that the recommendations that are chosen for further review and/or implementation will go through the existing policy-making, funding, and implementation structures and processes. Depending on the recommendations that the governor and Legislature decide to pursue, the task force feels strongly that an appropriate implementation structure should be identified to advance the recommendations in alignment with other efforts within the state. This structure should include adequate staffing and funding to support the implementation of the recommendations.

CCHILD Update:

Children's Crisis Housing Innovative Legislation Development work group: MN DHS RFP Spring 2016: http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs-287865.pdf

GOAL: To build a model for children's residential mental health crisis response without county placement.

- First meeting:
  - What should the model look like?
  - Who are stakeholders that should be included?
  - Timeline of project
- Second meeting:
  - Updates on surveys coming out to be completed by families who have had children in crisis
  - Starting research on funding models (FL, NC, CA, NY, VA, MI)
  - Who is served by these models and do they fit what we need?
  - Outreach just starting

Received grant monies from St. Louis County and Miller Dwan to refine our research to help us reach our goal of providing local residential mental health services for youth in crises. We want to appropriately position ourselves once the State of Minnesota receives then acts upon recommendations for children's mental health crisis residential services in 2017 (above).

To determine which evidence-based/best practice model fits our area and how it will improve mental health care for youth in crisis, we need more detailed research so we can ensure we choose a model that builds community capacity to locally care for our youth, thereby improving outcomes for them and alleviating the emotional and financial burdens.

Focus: Define the populations to be served:

- What are the age-ranges that need to be served?
    - Our initial research focused on 0 – 17 years of age; is that the correct range to address for youth crisis services?
- Are there differences by gender?
    - Do separate or combined gender facilities make sense?
- What differences in cultural identity must be recognized and accommodated?
- Do we have data or what data is needed to better define health care inequities of the youth in crisis?
- Can we identify the prevalence of social determinants as factors in a youth's crisis?
- What is the correlation with youth in our juvenile justice system and mental health crisis?
    - Will adjudication services also need to be provided and/or coordinated with?
- What duration of stay is required to stabilize and/or treat and/or refer to other services?

Financial and Social Outcomes:

- Cost of care: will this new model increase or decrease health care costs currently spent by both private and public pay organizations for services to youth in our area?
    - For those needing services, how many are public or private pay patients?
    - What are the cost-benefit models for both?
    - How will a youth crisis center sustain itself?
- How will client/patient, primary caregiver, and whole family outcomes and satisfaction be improved?

Our overall goal in moving forward with this project is to strengthen the capacity of our local communities in creating our own healthy future and reducing disparities inherent in social determinants of health.