

Behavioral Health Transformation Task Force

September 17, 2021



Wellstone Collaborative Strategies

Proposed Meeting Dates

Joint Task Force and Subpanel

1. Thursday, September 23, 9 to 4, Old State Library and Zoom
2. Friday, September 24, 9 to 4, Old State Library and Zoom
3. *Friday, October 29, 9 to 4, Old State Supreme Court and Zoom *TBD*
4. *Monday, November 1, 9 to 4, Old State Library and Zoom *TBD*
5. *Monday, November 8, 9 to 4, Old State Supreme Court and Zoom *TBD*
6. *Tuesday, November 9, 9 to 4, Old State Library and Zoom *TBD*
7. Friday, December 10, 9 to 4, Old State Library and Zoom
8. Wednesday, January 5, 9 to 4, TBD
9. Tuesday, January 11, 9 to 4, TBD – Hold Date, may not be needed

Subpanel

1. Tuesday, September 28, 2 to 5, Zoom
2. Friday, October 22, 9 to 3, Zoom
3. Friday, November 12, 9 to noon, Zoom
4. Friday, December 3, 9 to noon, Zoom

Overview of Draft Pillars from the Subpanel

1. **Integrated and Coordinated Care:** Building an integrated statewide to local resource navigation, community hub, and care coordination system using a hub and spoke model.
2. **Gaps in Care across the Continuum:** Filling regional and population level gaps across the continuum from prevention to high acuity services. May include accountability system.
3. **Sustainable Funding, Affordability, and Payer Systems:** Identifying opportunities for sustainable funding and determining payer system reforms for affordability.
4. **Criminal Justice Reform and Care:** Developing a system that supports population health before crises occur and that prioritizes diversion toward health care at first point of intervention when crises do occur. May also include treatment while incarcerated, transitions, and several other diversion and competency recommendations.
5. **Children and Youth:** Securing a system of care across the continuum from prevention and screening to high-intensity care. This includes suicide prevention and intervention.
6. **Workforce:** Ensuring that enough behavioral health workers can be retained, recruited, and trained. This includes cultural and linguistic competence.

Lenses: Consideration Across Pillars

The following aspects, or lenses, should be considered across the pillars when developing solutions:

- **Regions:** Regional gaps and needs, including rural communities
- **Populations:** Populations experiencing vulnerabilities, including the unique needs or gaps for the following populations: Monolingual non English speakers; LGBTQIA+; BIPOC; Latino/a; Tribal communities; Undocumented individuals; People with intellectual and developmental disabilities; Veterans; Co-occurring disabilities; Justice involved individuals; Unhoused individuals; Pregnant women and infants; Older adults; People with serious mental illness; Children, youth and families
- **Payers:** Specific barriers, gaps and opportunities with payer type
- **Regulations:** Solutions to overcome regulatory constraints / System barriers to access / streamlining processes
- **Integration:** Ensure we are always looking at mental health and SUD
- **Accountability:** Note transparency and accountability with every pillar
- **Leveraging Funding:** Opportunities to leverage local and other dollars
- **Sustainable:** Transformational for the long-term
- **Behavioral Health Task Force:** Keep in mind BHA / Blueprint, including: Affordability; Accountability; Access to Care; Whole Person Care
- **Criminal Justice:** Criminal justice incorporated throughout

1. Integrated and Coordinated Care

- a. Promote easier access to continuum of care through an entry and resource navigation system.
- b. Support systems navigation with utilization management.
- c. Reduce fragmentation and increase integration within health care systems, including mental health and SUD as well as physical health.
- d. Integrate behavioral health and community support systems, including housing task force recommendations.

2. Gaps in Care Across the Continuum

- a. Make one-time investments to fill unique gaps for populations experiencing disparities.
- b. Make one-time investments to fill regional gaps.
- c. Identify emergency funding needs.
- d. Develop an accountability and transparency system.
- e. Identify opportunities to fill gaps across the continuum:
 - a. Universal prevention, health promotion, and community supports,
 - b. Targeted intervention and crisis management, and
 - c. High acuity services.
- f. Overcome gaps and delays in care due to regulatory and system barriers.

3. Sustainable Funding, Affordability, and Payer Systems

- a. Identify ongoing sustainable funding.
- b. Evaluate disparities and barriers across payer systems and identify how to maximize public benefit and uniformly pay for integrated health services.



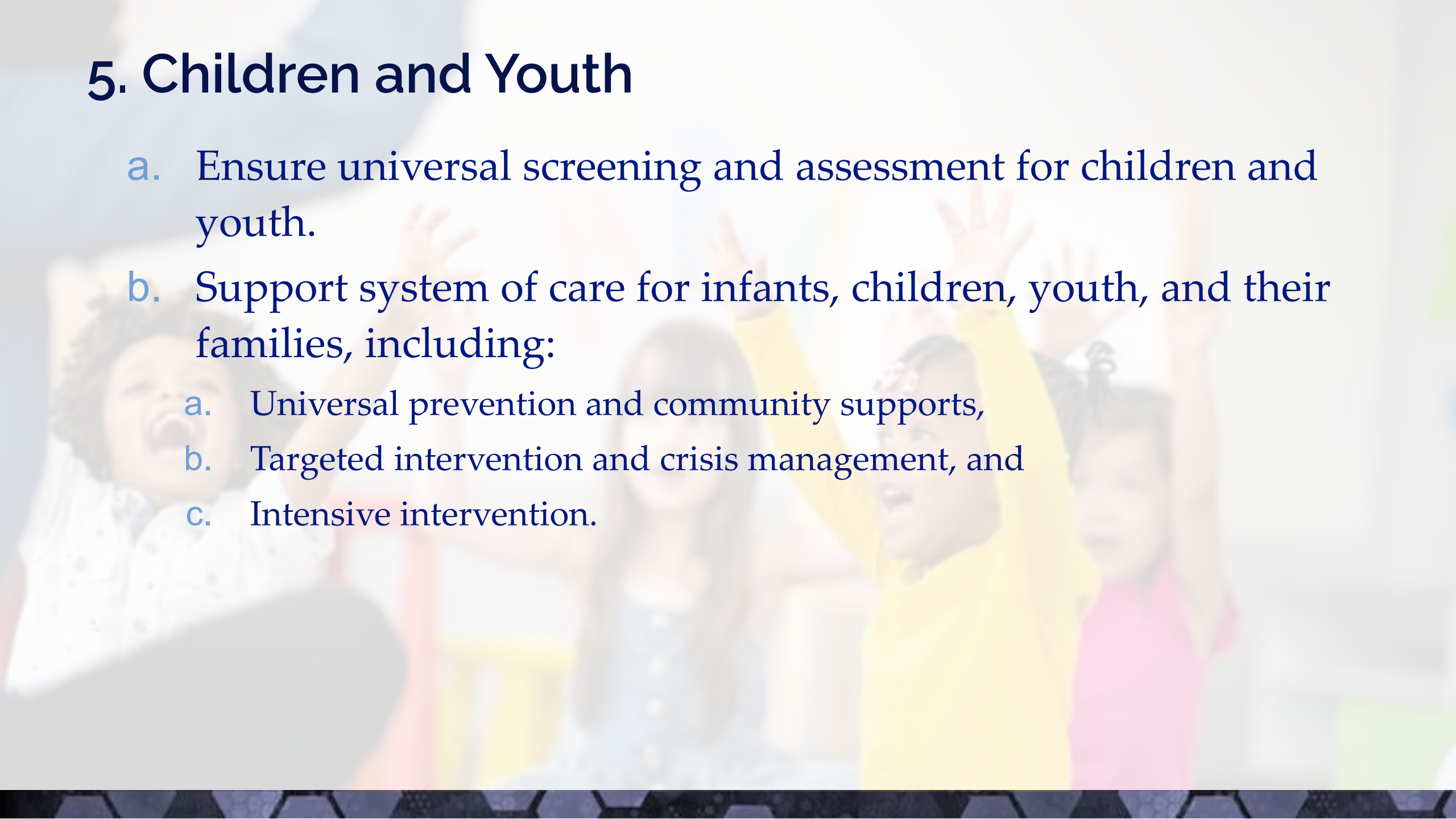
4. Criminal Justice Reform and Care

- a. Support health outcomes in order to prevent crises. Determine how to divert at first intervention before arrest.
- b. Support alternatives to incarceration before trial as well as post-trial diversion.
- c. Ensure jail, prison, and community corrections mental health and SUD treatment.
- d. Support smoother reentry and transitions out of incarceration and into the community.

Note: This includes justice-involved youth programs.

5. Children and Youth

- a. Ensure universal screening and assessment for children and youth.
- b. Support system of care for infants, children, youth, and their families, including:
 - a. Universal prevention and community supports,
 - b. Targeted intervention and crisis management, and
 - c. Intensive intervention.



6. Workforce

- a. Recruit and retain workers to meet behavioral health needs across the state and for high-need populations. Pipeline development should include a focus on recruitment from those populations experiencing disparities.
- b. Better train the workforce, including more broadly for healthcare workers, as well as for resource navigators and care coordinators.
- c. Ensure cultural competence and linguistically accessible services.