



# **Creating Community Solutions For Mental Health**



# Why Focus on Mental Health and Substance Use?

- Approximately 20% of the population have diagnosed mental health concerns compared to 11% with diabetes and 8% with asthma
- Patients boarding in the ER with no place to go (capacity constraints of all mental health programs)
- Decreased throughput in inpatient settings due to lack of appropriate discharge settings
- Cost of 1:1 sitters for inpatients
- Staff burnout and turnover
- Workplace violence
- Community Costs (County, jails, businesses)

MH  
Clinic

Primary  
Care

Online  
MH  
Center



School  
Counselor

Hotline

Emergency  
Room

Law  
Enforcement

Emergency  
Room



Jail

In the local community, 75% - 80% of police  
calls are for mental health

Emergency  
Room via  
Ambulance



Senior  
Living and  
SNFs



Stopping  
the  
revolving  
door!

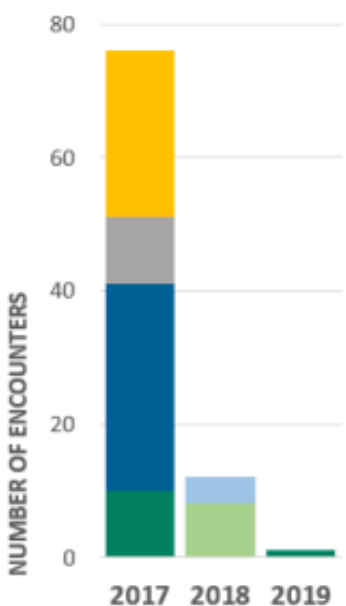
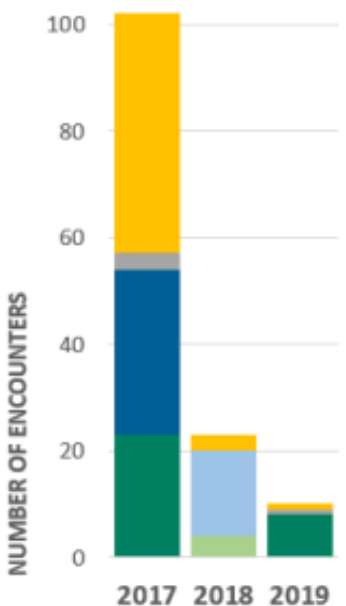
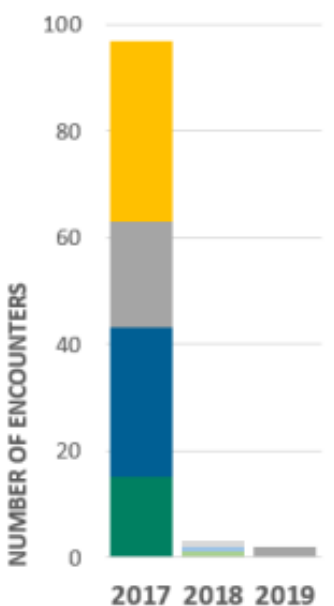
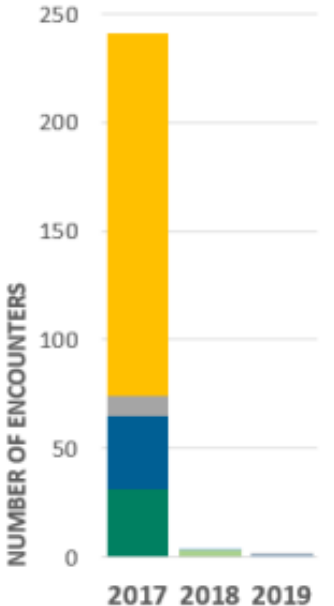
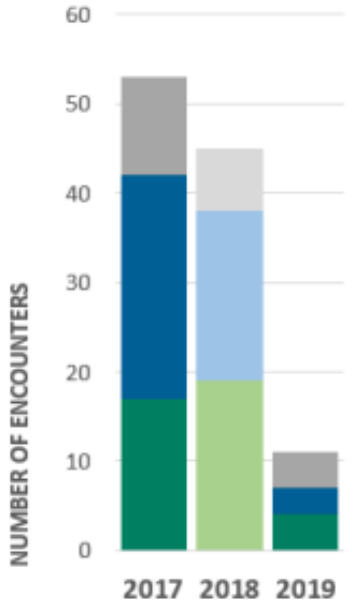
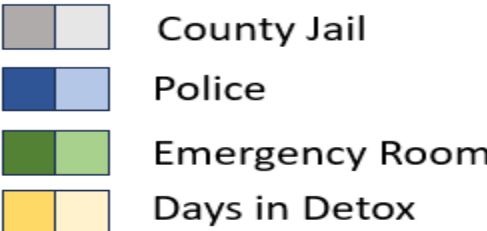
Creating  
relationships  
one cup of  
coffee at a  
time



# Creation of a Correctional Care Program and Coordinated Care Clinic

- Coordinated Care Clinic takes patients who have a combination of physical and mental health issues as well as social determinants challenges
- Includes a physician, APPs, RN, LPNs, MTM pharmacist, mental health provider and community liaison
- Creation of a Community Action Team (CAT)
- Same providers in jail as in Coordinated Care – makes for continuity of care
- Started with 2 county jail contracts, 3 now





# What If?

- We created a co-responder model for the police so a mental health provider could be with the officer?
- We did probation differently and could more easily get people out of jail and into treatment?
- We created a mental health court?
- We expanded crisis beds at the local mental health center?
- We pulled as many different types of providers and agencies together to talk about mental health in the community?



# Community Mental Health Summit

- Found agencies and organizations who provide services related to mental illness
- Group homes, public health, health system, suicide prevention teams, United Way, State legislators from local districts, city administrators, local colleges, local school district
- In person, 5 hours on a Friday – capacity group
- Could not sit with people from your own organization
- Table top work on both the challenges and possible solutions

# Creating the buckets of work!





## Workforce Development

- Coordinate with local colleges to create understanding of provider type needs and program needs
- Expedited training
- Career education for high school and younger
- Funding for graduate programs
- Broader use of students
- Change Dept of Human Services policy on work experience needed – factor in lived experience



## Capacity Development

- Expansion of mental health treatment beds – residential and crisis
- Extend residential crisis coverage beyond ten days
- Development of respite homes and group homes – eliminate the moratorium
- Development of early intervention programs
- Development of centralized help line for early intervention/de-escalation for police or families or group homes



## Community Coordination

- Development of additional Community Action Teams (CAT)
- Identify and eliminate policy barriers that prevent deeper collaboration
- Consistent, in-person meeting of the mental health summit group
- Sharing of best practices



## Navigation

- Expansion of existing navigator programs and inclusion of additional care options
- Development of a central phone number for someone to talk to, someone to come and somewhere to go
- Community education sessions





## Advocacy

- Eliminate moratorium on new beds for corporate group homes
- ACF is proposing walking back some rules – States need to adopt these positive changes
- Make an annual mental health check a preventive, covered visit
- Walk back overregulation of daycare to regain workforce
- Change the MN Health records act to all more sharing across providers
- Increase capacity of crisis beds and MH beds in the State system

# What Can a Health System Do Right Now?

- Know that health systems can be a community conveners – the system does not have to DO everything
- Dig into what resources and programs exist in your community
- Begin individual conversations with other organizations to build the needed platform for community conversations
- Think in terms of a big tent for the conversation
- Make sure you know your own data on the impact of mental illness in your organization

There are 3 type of baseball players: Those who make it happen, those who watch it happen and those who wonder what happened.

Tommy Lasorda



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