



**WORKGROUP GUIDELINES FOR:
A CONSUMER RESPONSIVE MENTAL HEALTH SYSTEM
FEBRUARY 1, 2005**

The Minnesota Mental Health Action Group (MMHAG) is working to improve the public and private mental health systems to better serve consumers and family members. A number of work groups have been formed to develop plans and recommendations on topics ranging from financing methods to quality of services. These consumer guidelines are a combination of guidelines developed in past efforts by the State Mental Health Advisory Council and Subcommittee on Children's Mental Health (1995) and modifications and additions made by Minnesota's mental health consumer and advocacy organizations as part of the MMHAG effort.

MMHAG work groups are assessing their action plans and recommendations against these guidelines. In evaluating their action plans and recommendations, work groups are asked to be able to answer these questions with a positive response, or if not possible, to explain why. The consumer and advocacy organizations are using them to evaluate and provide input on the products of the work groups. The guidelines are also used by the MMHAG Steering Committee as it reviews reports from the work groups and approves and implements MMHAG action plans.

Guidelines

1. Does the mental health system, and individual providers within it, actively facilitate respect, recovery, and self-sufficiency through true partnerships among the consumer; family/chosen support persons, providers, and payers?
2. Are the mental health care services and necessary supports flexible enough to create care plans individualized to the personal needs and goals of the consumer, including integration of goals related to housing, education and vocational services, employment, recreation and transportation ?
3. Are the mental health care services provided in the location in which the consumer chooses to live, and do they respect the cultural, family, spiritual and personal support networks of the consumer?
4. Are consumer options, services, and the quality of care received evaluated using a statewide quality of care assessment, based on national standards, enforceable by state law and inclusive of continuous quality improvement processes?
5. Are consumers and family members/ chosen support persons involved in all levels of planning, evaluation and policy making on state and local levels, in both the public and private systems?

6. Does the system promote early, preventive and mitigating interventions at all points in a consumer's disease process, including identification and diagnosis, the ongoing disease process, and episodic exacerbations of symptoms?
7. Are the mental health care services delivered in a manner that supports and facilitates the use of least restrictive, most respectful and most appropriate alternatives?
8. Are demonstrable efforts being made to provide consumer access to mental health services that is equal to consumer access to other health care services, both public and private?
9. Does the system of care encourage and fund research and development of outcome based services, and are practices that are documented to be effective incorporated into the system as part of ongoing efforts to improve care?
10. Does the model benefit set include all appropriate and necessary services?
11. Does the system encourage and compensate quality professionals so that sufficient numbers are recruited and retained?
12. Does the delivery system provide for continuity of care with an individual provider when desired, even when insurance coverage changes?
13. Has the state supervised, county administered public system been adapted to provide statewide equity, including a standardized set of quality services and supports, provided with timely access and continuity of care, regardless of geographic location?
14. Is the funding flexible enough to allow consumers and their families/chosen support persons a choice of services and providers as required for that person's needs and goals?
15. Do the delivery system and its financing mechanisms provide services and supports necessary in all phases of the consumer's illness/disorder, including continuing eligibility and a full range of services across all ages and geographic areas?
16. Do financial incentives encourage client-focused, cost-effective, high quality services that follow the individual consumer rather than being tied to the provider, payer, geographic area, or living setting?
17. Are cost savings that are secured by changes in the structure of funding and delivery documented to improve the efficiency and effectiveness of mental health services, including seamless transfer between levels and types of care?
18. Are cost savings achieved through appropriately aligning clients and services directly reinvested in community mental health services rather than used to proportionately reduce funding for mental health services?

19. Do the entities with statutory responsibility to provide services under the Mental Health Acts have the authority needed to direct all appropriate resources required for individual consumers' needs and goals?
20. Does the financial framework prevent cost-shifting among payers by instead supporting a global budget allowing for consumer directed and focused care plans?
21. Does the system provide a strong right to protection, advocacy and enforcement by the consumer, and on behalf of the consumer?
22. Are grievance, appeal and patient representative services designed for ease of use and do they contain a "feedback loop" to ensure that problems that are identified are fixed for all consumers?
23. Do the public and private systems assure ready access to voluntary treatment without dependence on court involvement?