



# **ACTION STEPS**

**FEBRUARY 2004**

**THIS IS A PROGRESS REPORT ON IMPROVEMENTS BEING MADE TO MINNESOTA'S PUBLIC & PRIVATE MENTAL HEALTH SYSTEMS THROUGH THE MINNESOTA MENTAL HEALTH ACTION GROUP.**

## **~A TIME FOR CHANGE~**

Anybody can develop a mental illness at some point in their life. But today, not everybody receives the care they need. Minnesota's mental health care system is a product of well-intentioned efforts to add programs, increase coverage for services, and contain costs. But the system has become fragmented and its complexity is the obstacle to assuring that children and adults receive the best possible mental health care. But this is about to change. Today, medical research is producing amazing discoveries about the functions of the human brain. This expanding knowledge has the potential to make treatment of mental illness common practice in doctors' offices and our communities. The best news is that the earlier a mental illness is identified, the better the chance for recovery.

## **~ACTING TOGETHER~**

An inclusive, broad-based coalition of mental health providers, hospitals, health plans, consumer advocacy organizations and the Minnesota Departments of Human Services and Health have joined forces to transform Minnesota's mental health system. The coalition is called the Minnesota Mental Health Action Group ("Action Group" or MMHAG). It is an organizing body where interested people and organizations communicate and work collaboratively to make changes. Minnesota Human Services Commissioner Kevin Goodno and the Citizens League Board Chair Gary Cunningham co-chair the steering committee. The Action Group is forming linkages between existing projects and brings groups together to set priorities and overcome barriers to change.



## ~TOP TEN PRIORITIES~

The Action Group is moving forward with a sense of urgency to improve access to care and services for people experiencing mental illness. To the extent possible, changes are being implemented through the commitment of public and private organizations and their leaders to champion change within their own organizations and among their peers. Those who experience mental illness and their families can partner with their care givers to change the systems that serve them. Legislative changes will also be sought to remove barriers and reduce complexity of programs and funding.

CURRENT PROBLEMS	ACTION SOLUTIONS (NOT IN PRIORITY ORDER)
<p><i>Significant social stigma related to seeking mental health care &amp; lack of strong prevention efforts and screening programs.</i></p>	<p><b>1. Increase the public’s awareness of mental health care and provide education and support for screening and earlier intervention.</b></p> <ul style="list-style-type: none"> <li>✓ Provide education, training and support to families, community-based providers and natural helpers to children and adults who may be experiencing mental health problems.</li> <li>✓ Enhance preschool mental health consultation and screening.</li> <li>✓ Consistently screen persons who have physical illnesses with a high incidence of co-morbidity with mental illness.</li> </ul>
<p><i>Flawed accountability places emphasis on programs not people.</i></p>	<p><b>2. Develop a new statewide funding and payment model that is consumer-centered and promotes high quality, efficient care provided at the right time in the right setting.</b></p>
<p><i>Access to varying services across county boundaries cause problems for consumers. Disproportionate spending on institutional care limits community-based care alternatives.</i></p>	<p><b>3. Move to a regional system for publicly funded, community-based services.</b></p> <ul style="list-style-type: none"> <li>✓ Work with the Governor, Commissioner of Human Services and Counties to transition the current state-supervised, county-administered system into a system with a standardized set of mental health services available within a geographic region.</li> <li>✓ Work in close partnership with private sector funders and providers as part of the regional approach.</li> <li>✓ Work with the Commissioner of Human Services to redirect a majority of Regional Treatment Center funding to more flexible, community-based services.</li> </ul>

<b>CURRENT PROBLEMS</b>	<b>ACTION SOLUTIONS (NOT IN PRIORITY ORDER)</b>
<p><i>Minnesota is experiencing a severe shortage of trained mental health providers. Consumers may have to wait months to receive care.</i></p>	<p><b>4. Address workforce shortages.</b></p> <ul style="list-style-type: none"> <li>✓ Support shared care models between psychiatrists and primary care providers to support the provision of mental health services.</li> <li>✓ Identify strategies to assure a culturally competent workforce.</li> </ul>
<p><i>Current system is complex and fragmented. It cannot be accessible, efficient, accountable or responsive to consumers.</i></p>	<p><b>5. Coordinate care and services in the public and private mental health systems.</b></p> <ul style="list-style-type: none"> <li>✓ Assure that service coordination is built into practice protocols and expected of providers.</li> <li>✓ Develop sample working agreements for use by health plans, providers and local agencies to combine essential service components into a comprehensive care plan.</li> </ul>
<p><i>Too much administrative reporting and associated “paperwork” drain resources from delivering care.</i></p>	<p><b>6. Establish outcomes for care.</b></p> <ul style="list-style-type: none"> <li>✓ Promote the use of streamlined, standardized measurement tools for use across the entire system to produce useful quality data.</li> <li>✓ Designate an independent authority to compile, integrate and report on data that is collected.</li> </ul>
<p><i>Schools and mental health providers encounter multiple barriers to working together. Student learning and well being is compromised.</i></p>	<p><b>7. Expand opportunities for partnerships between education systems and mental health providers to increase consultation and earlier interventions addressing the continuum of mental health needs for students and their families.</b></p>
<p><i>The current system lacks a rational financial framework which hinders access to care.</i></p>	<p><b>8. Correct financing dysfunctions.</b></p> <ul style="list-style-type: none"> <li>✓ In the shorter term, change the most significant dysfunctions in the financing system.</li> <li>✓ Determine which services are underpaid and develop a plan for making key services sustainable, including a plan for dealing with uncompensated care.</li> </ul>
<p><i>Cost-shifting between payers occurs at the expense of the consumers.</i></p>	<p><b>9. Develop a model mental health benefit set and promote its adoption by both public and private payers.</b></p>

CURRENT PROBLEMS	ACTION SOLUTIONS (NOT IN PRIORITY ORDER)
<p><i>Many people and organizations are trying to change the system in limited settings. An organized effort to produce transformational change is needed.</i></p>	<p><b>10. Establish a statewide public-private partnership where common understandings of mental health system changes are understood and actions initiated.</b></p> <ul style="list-style-type: none"> <li>✓ Develop an action oriented forum where leaders are empowered to be catalysts for mental health system changes within their own organizations and among their peers.</li> <li>✓ Set goals for private and public mental health system changes and recommend proposed legislative changes.</li> </ul>

## ~ACCOMPLISHMENTS SINCE SEPTEMBER 2003~

- ◆ **Coalition.** Formed the Minnesota Mental Health Action Group coalition, a steering committee, and action teams.
- ◆ **Web site.** Established a web site for information and communication among coalition members.
- ◆ **Communication and outreach.** Announced the formation of the coalition at the annual Community Mental Health Conference and conducted outreach to recruit members.
- ◆ **Linkages to existing projects.** Compiled an inventory of existing mental health and chemical dependency work groups and projects and established linkages to them.
- ◆ **Survey of existing system.** Compiled a comprehensive review of existing mental health and chemical dependency systems, programs, funding and regulations.
- ◆ **Comparison of past reports and recommendations.** Compiled reports, recommendations and proposals of recent work groups and commissions and analyzed and compared them to identify common themes and widely-shared goals and strategies.
- ◆ **Vision and priorities.** Articulated a vision and set priorities and deadlines for action.
- ◆ **Action teams.** Formed action teams to work on each priority area and developed web communication linkages to bring together people and organizations interested in each area.
- ◆ **Public/private partnership model.** Developed a model for statewide and regional public/private partnerships and identified the duties of the statewide partnership.
- ◆ **Performance measurement.** Reviewed and analyzed existing key outcomes measures for the mental health system and identified key domains and participants.
- ◆ **Addressing stigma.** Developed a detailed plan to combat the stigma that surrounds mental illnesses so people can identify their needs and get help early.
- ◆ **Data plan.** Developed a plan for a system-wide data gathering for assessment, performance measurement and outcomes.

### President's New Freedom Commission on Mental Health

“The mental health services delivery system needs dramatic reform. The system is fragmented and in disarray – not from lack of commitment and skill of those who deliver care, but from underlying structural, financial, and organizational problems.”

## **~MMHAG VISION & GUIDING PRINCIPLES~**

**A comprehensive mental health system that is accessible and responsive to consumers, guided by clear goals and outcomes, and grounded in public/private partnerships.**

### ***The Mental Health System ...***

- ◆ *Is flexible to meet the needs of different populations, ages, and cultures.*
- ◆ *Provides the right care and services at the right time.*
- ◆ *Delivers care and services in the least intensive site possible.*
- ◆ *Uses a sustainable and affordable financial framework with rational incentives.*
- ◆ *Is easily navigated by providers and consumers because it operates in efficient, understandable pathways.*
- ◆ *Uses evidence-based interventions and treatment to produce the desired outcomes.*
- ◆ *Utilizes effective health promotion and prevention strategies.*
- ◆ *Has appropriate providers and service capacity.*
- ◆ *Clearly defines accountability among all parties.*

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## ~ACCOUNTABILITY FOR ACTIONS & RESULTS~

Minnesota's mental health providers, hospitals, health plans, and consumer advocacy organizations have made commitments to be catalysts for change through the Action Group, its Steering Committee, and its Action Teams.

### Action Teams

Action Teams are formed to guide the implementation of specific changes and then disband when their work is complete. Details of work in progress and completed tasks appear on the MMHAG Web Site at: <http://www.citizensleague.net/mentalhealth/>. Action Teams that have been operating as part of the Coalition to this point are below.

- 1. Public/private partnerships:** Mental health system changes in both the public and private systems require *statewide & regional public-private partnerships* consisting of consumer leaders, mental health providers, hospitals, health plans, and state and local government.
- 2. Fiscal Framework:** Fundamental, system-wide changes are needed in both the public and privately funded mental health services finance systems. Sustainable and affordable financing that provides rational incentives to assure that the right care is delivered in the right setting and at the right time is essential.
- 3. Coordination of Care and Services:** Mental health care and services need to be easily navigable by patients and their families and coordinated so that the right combination of services is delivered to achieve excellent health and social outcomes.
- 4. Standardized Assessment, Performance Measurement & Outcomes:** Quality care for consumers of mental health services is the central goal, but must be measured appropriately by using standardized assessment to determine performance of the system and treatment outcomes.
- 5. Earlier Intervention and Secondary Prevention:** Minnesotans can realize a stigma-free system and community where mental health is regarded no differently than any other health issue and people have hope and are willing to seek and able to access help.
- 6. Workforce Solutions:** Innovative workforce solutions are being implemented to address: a) complexity of care needed by consumers, b) cultural competence; and c) shortage of providers.

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## ~ MMHAG STEERING COMMITTEE ~

(As of 12/03)

### Co-Chairs

**Kevin Goodno**, Commissioner, MN Department of Human Services

**Gary Cunningham**, Board Chair, Citizens League

### Members

**Sue Abderholden**, Executive Director, National Alliance for the Mentally III – MN

**Gordon Alexander**, President, Fairview-University Hospital

**Glenn Andis**, VP of Public Programs and Behavioral Health, Medica Health Plan

**Mary Braddock**, Director of Child Health Policy, Children's Hospitals & Clinics

**Ron Brand**, Executive Director, MN Assoc. of Community Mental Health Programs

**Marti Erickson**, Senior Fellow, U of MN Children, Youth & Families Consortium

**David Ewald**, Executive Director, MN Assoc. of Resources for Recovery & Chemical Health

**Kris Flaten**, Chair, State Advisory Council on MH & Subcommittee on Children's MH

**Maila Hedin**, Director of Human Services, Scott County

**Mark Kuppe**, Director of Behavioral Health, Human Services Incorporated

**Steve Lepinski**, Executive Director, Washburn Child Guidance Center

**Sandra Meicher**, Executive Director, Mental Health Association of MN

**Darcy Miner**, Deputy Commissioner, MN Department of Health

**Tom Peterson**, Executive Director, Mental Health Consumer/Survivor Network of MN

**Colleen Reitan**, Executive Vice President, Operations, Blue Cross/Blue Shield of MN

**Donna Zimmerman**, Vice President of Government Public Relations, HealthPartners

### Staff

**Sean Kershaw**, President, Citizens League

**Deanna Mills**, Community Health Director, Halleland Health Consulting

**Michael Scandrett**, Public Policy Director, Halleland Health Consulting

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## **JOIN THE MINNESOTA MENTAL HEALTH ACTION GROUP TODAY**

If you are interested in joining this effort to transform Minnesota's mental health system, or just want more information about the Minnesota Mental Health Action Group, go to our web site hosted by the Citizens League:

**<http://www.citizensleague.net/mentalhealth/>**