



MMHAG: Minnesotans Working Together to Improve Mental Health Services

“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.”

-- President’s New Freedom Commission

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

WHAT IS MMHAG?

The Minnesota Mental Health Action Group (MMHAG) is a public-private partnership working for better mental health care in Minnesota. It is a broad-based coalition of consumers, advocacy organizations, mental health professionals, hospitals, clinics, health plans, local government agencies and officials, and the Minnesota Departments of Human Services and Health. **MMHAG’s efforts resulted in the 2007 enactment of the most comprehensive package of mental health system improvements and funding increases that have occurred since the original enactment of the state’s mental health acts in the 1980’s.**

MMHAG brings together all the stakeholders to work on system-wide changes through collaborative action and by developing policy proposals for legislators and government programs. MMHAG was formed in the fall of 2003. Virtually hundreds of individuals and organizations participate in MMHAG to develop and implement improvements to Minnesota’s mental health system. MMHAG receives no public funding – it is supported by donations from Minnesota health plans, hospitals and health care organizations. MMHAG is staffed by the Citizens League and Halleland Health Consulting. Many of MMHAG’s recommendations are becoming a reality, including a statewide quality reporting system, major reforms state-funded mental health services, and substantial new funding to develop and support needed mental health services and infrastructure improvements.

THE MAJOR PROBLEMS IN THE MENTAL HEALTH SYSTEM.

MMHAG’s first task in 2003 was to review dozens of past mental health reports, studies, and task force recommendations to avoid duplicating the work that has already been done. They found a surprising amount of agreement on the major problems with the mental health system. They are:

1. **The mental health system is too complicated.** It is hard for consumers and family members to know where to go for help, to find out what is covered by their health insurance

plan or government program, or to solve problems getting the services they need.

2. **Access to mental health services is inadequate due to fragmentation, lack of parity with other medical care, and lack of coordination of services.** Many consumers and family members find that different mental health and medical programs and the providers who serve them do not work together well and, in fact, often do not communicate with each other at all. Mental health care is often provided and paid for differently than for other medical conditions such as cancer or heart disease. This perpetuates the societal stigma and misconception that mental illness is not a medical condition and, as a result, mental health benefits under health insurance and access to mental health providers and services are often poorer than for other medical conditions.
3. **The existing system lacks accountability of programs, agencies and providers.** Because there are so many programs, agencies and funding streams, it is often difficult to tell who is responsible for ensuring that mental health services are available and accessible to consumers and families who need them or to solve consumers' problems. Also, treatment decisions often are based on the requirements of insurance plans or public programs rather than on an individual's needs and preferences.
4. **Existing methods of paying mental health providers create problems for consumers and families.** Consumers and families often can't get services they need because the services aren't covered by their insurance or government programs, or because payment rates are so low that not enough providers are willing to provide services. Also, preventive services and community-based services are not adequately funded, so patients get worse and eventually require more expensive treatment.

CONSENSUS-BASED SOLUTIONS

MMHAG's founders were determined not to create "just another study," but instead to focus on taking action. MMHAG reviewed past studies and reports to find out what *solutions* were recommended most often and had the broadest support. MMHAG also worked with consumers, family members and advocacy groups to find out what problems and solutions are most important to consumers and their families. Based on this information, MMHAG chose the following as its major priorities and has either accomplished, or is making substantial progress toward accomplishing, each priority:

1. **Integrate medical and mental health care and coordinate services under a single, consumer-centered treatment plan:** A nearly universal objective stated by consumers and family members and most articles and reports is to integrate mental health treatment with medical treatment. Mental illness is a medical condition and should be treated the same as other medical conditions. MMHAG believes all the different services a consumer needs should be coordinated as part of a single treatment plan that is tailored to the individual needs and preferences of each consumer and family. This principle extends beyond medical care for persons with serious mental illness who need additional non-health care services. If other non-health care services are needed, these should also be coordinated. Depending on a consumer's or family's needs, this might include health care, mental health care, chemical dependency treatment, social services, housing and community supports.
2. **Simplify government programs:** The existing publicly funded mental health system is very complex, consisting of many different programs, agencies and funding streams, making it difficult for many consumers and families to locate and gain access to needed services. The many different programs and funding streams should be combined or

coordinated so that the system is easier to use and all services are provided under a unified treatment plan.

3. **Improve payment methods to reward better mental health care and earlier identification and treatment:** MMHAG believes mental health services should be paid for differently to reward health care providers who identify mental health problems early, deliver high quality care, keep patients as healthy as possible, and whose patients are happy with their services. The payment system should also reward coordination of care and services when a consumer or family has more complex needs.
4. **Clearly identify roles and responsibilities:** Roles and responsibilities of public and private agencies, providers and health plans are not clearly defined in the current system, creating confusion for consumers and families and resulting in cost shifting. The responsibilities of health insurance plans, government agencies, service agencies, and the providers who provide mental health services so that consumers and families know who pays for what, who is responsible for care and services, and where to go for help solving a problem.
5. **Produce results:** Not much is known today about the quality and outcomes of our existing mental health services. MMHAG believes consumers and families should be given useful, information on quality and outcomes so consumers and families can compare quality and find out which providers and programs deliver the best results, and so that policy makers and others can evaluate whether the system is working to meet the needs of consumers and families.
6. **Form Partnerships:** Because the current system is fragmented and services are often not well coordinated, those who work in the mental health field should form partnerships across the state and in local areas so that all the different parts of the mental health system work together to meet the needs of consumers and families.

Having identified the main problems and solutions, MMHAG approved the following **goals and principles** to guide its work.

The mental health system ...

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

MMHAG'S ACCOMPLISHMENTS

Since its formation in 2003, MMHAG has been working steadily toward mental health reform in Minnesota. MMHAG's accomplishments have exceeded the expectations of those who have been involved in the collaborative. Its accomplishments to date include:

1. **Developed a common vision and guiding principles** for mental health reform in Minnesota. These became the foundation for the 2007 mental health legislation and funding increases.
2. **Developed a model benefit set** identifying the services that ideally should be covered by health insurance and government programs. Public programs and private insurance plans took notice and have changed their mental health benefits because of this work. Through 2007 legislation and administrative action by the Minnesota Department of Human Services, state-funded health care programs were expanded to include additional services specified in MMHAG's model benefit set.
3. The **Minnesota Department of Human Services (DHS) reorganized state agency staff** so that all publicly funded mental health services will be better coordinated and easier for consumers and family members to understand and use.
4. **Convened dozens of consumer and family forums and focus groups** to develop consumer- and family-focused guiding principles for all MMHAG activities. MMHAG views consumer and family input as critical because it wants to make sure its proposals will make the mental health system work better for consumers and families. Representatives of the major mental health consumer, family and advocacy organizations serve on MMHAG's steering committee.
5. An MMHAG work group developed recommendations for a **statewide quality information program** that will collect and report information on the quality of mental health services across the state. This will help consumers make informed decisions when selecting services and providers. The 2006 Legislature adopted these recommendations and allocated funding for development and pilot projects, which are currently underway.
6. MMHAG worked with all the interested groups, including consumer and advocacy organizations, to develop recommendations for how to **improve the public program payment system** to fix many of the major problems with the current payment system. After MMHAG approved a framework and principles for a different payment system, DHS agreed to lead the effort to further design the model and prepare a detailed plan, working closely with MMHAG's work group. The resulting plan was approved by the Minnesota Legislature in 2007 and will be phased-in over several years.
7. **Improvements to Access and Services.** In 2006 and 2007, the Minnesota Legislature approved money and enacted policies to improve mental health access and service capacity, including resources for crisis services, a system to track available inpatient and residential beds, improvements in payment rates to address the shortage of mental health professionals, and approval of a statewide quality monitoring program.
8. **MMHAG work groups** developed recommendations on a variety of other topics ranging from prevention to school-based mental health services. Public and private agencies and mental health organizations have taken action based on these recommendations.

2007 FUNDING AND LEGISLATIVE CHANGES

In 2007, the Minnesota Legislature enacted the most comprehensive mental health legislation and funding package in decades. The initiative is aimed at improving the accessibility, quality and accountability of publicly funded mental health services. It is based on the recommendations of the Minnesota Mental Health Action Group and builds on mental health improvements approved in 2006. The legislation includes a net increase in mental health funding of approximately \$34 million.

- **Model Benefit Set and Mental Health Parity.** Under the legislation, all publicly funded health care programs will have a comprehensive mental health benefit set. Services available under the Medical Assistance fee-for-service program will be added to General Assistance Medical Care, MinnesotaCare and the Prepaid Medical Assistance Program. (*\$6.2 million in net new funding during the coming biennium; \$5.3 million per year thereafter*)
- **Integrated Mental Health Networks.** Mental health care networks will be established through a request for proposals process in consultation with consumers, advocates and other stakeholders. The networks will integrate and coordinate health care and social services for consumers. Networks will be developed by county/health plan partnerships with a statewide limit of three projects. (*\$527,000 for the upcoming biennium; about \$500,000 per year thereafter*)
- **Infrastructure investments:** Approximately \$31 million will be provided in targeted investments to improve mental health services in the state:
 - **Shore up school-based mental health services** infrastructure for uninsured and under-insured children (*\$12.7 million during the upcoming biennium; \$6.8 million per year thereafter*)
 - **Monitor and track availability of mental health services** and create a system for measuring mental health service outcomes. (*Continue one-time funding approved by the 2006 Legislature by providing \$121,000 during the upcoming biennium; \$121,000 per year thereafter*)
 - **Develop and support evidence-based practices and best practices.** (*\$2.25 million during the upcoming biennium; \$1.5 million per year thereafter*)
 - **Address workforce shortages** by extending mental health rate increases approved by the 2006 Legislature to include Children's Therapeutic Services and Support providers and Adult Rehabilitative Mental Health Service medication education. (*\$2.6 million during the upcoming biennium; \$3.2 million per year thereafter*)
 - **Develop intensive outpatient treatment** services for certain disorders that require time-intensive approaches. (*\$528,000 during the upcoming biennium; \$1.1 million per year thereafter*)
 - **Develop capacity to address the mental health needs of other specialty populations.** A portion of the funding is dedicated to development of mental health professionals and practitioners from minority communities. (*\$1.25 million during the upcoming biennium; \$1 million per year thereafter*)
 - **Expand access to a range of housing options.** (*\$3.25 million during the upcoming biennium; \$1.5 million per year thereafter*)

NEXT STEPS

In June 2007, MMHAG's Steering Committee celebrated MMHAG's accomplishments, including the enactment of comprehensive mental health reform legislation during the 2007 legislative session. It also decided to continue to meet to monitor the implementation of mental health system reforms and to continue to play a role in resolving issues and overcoming barriers that may arise in the process.

For more information about MMHAG, please contact Michael Scandrett at 612-573-2923 or mscandrett@halleland.com.