Women in Government

Washington, D.C.

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A comprehensive mental health system:

- Accessible and Responsive
- Guided by Clear Goals
- Grounded in Public / Private Partnership
- Client-centered

Principles…

- Flexible
- Right care, right time, right location
  - New focus on early identification and early, effective intervention
- Least intensive…least intrusive
- Relies on evidence-based practices
- Clearly defines accountability
- Sustainable and affordable
- Easily navigated

About Minnesota and
Its Health Care
Systems

- Population of 5.2 million; 3Million in metro
- Midwest’s fastest growing state
- Predominately white, but rapidly increasing diversity
- Population distribution: large metro; scattered population hubs; rural and frontier counties

Minnesota Health Care System

- Long history of capitated models of public health care financing: PMAP, MNCare
- Very low rates of uninsured
- MCO’s providing services to public enrollees are non-profits
- State mental health/substance use parity enacted 1996

Minnesota's Mental Health System

- State supervised, county administered (87)
- Regional planning, implementation and monitoring in Adult Mental Health Initiatives
- 95 Children's Services Collaboratives
- 600 providers serve both public and private sectors
- Legislative champions: MH Caucus

43,000 MN children and 90,000 adults access public funded MH at $713M per year

- State Community Mental Health Grants
- Social Services Grants, e.g., housing, respite
- State Hospital Appropriations
- Medicaid Fee for Service and Pre-paid
- State, federal and local contributions
- Majority of funding for community-based services

Legislative Actions

- **2001 and 2003** Authority for expansion of Medicaid Rehab. Option community-based services
- **2003** Authority to close state hospitals, realign MH financing, and expand community services
- **2006–07** Community service investments, financing realignment, integration models

Community-Based
Mental Health Services
Development 2002-09

Community-based services: Adults

- Addition of community-based services:
  - Adults: crisis, Assertive Community Treatment, Intensive Residential Treatment , Adult Rehab services
  - Contracts with 16 community hospitals for extended stay adult psychiatric inpatient services.
  - Ten 16 bed state operated hospitals- acute care
  - Benefits for tele-health; telephonic psychiatric consultations to primary care MD's.

Community-based services: Children and Adolescents

- Addition of community-based services:
  - Children’s Therapeutic Services and Supports, incorporating skills training, mental health behavioral aides and crisis assistance
  - Mobile crisis response services
  - Therapeutic foster care
  - Youth-ACT
- Limited public (enterprise) and private psychiatric bed capacity

Community-based Services Infrastructure

- Adults:
  - Significant state funding for housing development, crisis housing and temporary Section 8 subsidies
  - State support for employment supports for adults with serious mental illness
  - 3.5 M grant for infrastructure development of integrated dual disorder treatment

Community-based Services Infrastructure

- Children and Adolescents
  - School-linked services grants
  - Crisis and respite care grants
  - Grants to support culturally-specific provider organizations
  - Early intervention grants

Integrated Care Background

The case for integration:

- Persons with SMI have numerous physical health problems that often go undiagnosed or untreated
  - High rates of diabetes, hypertension, cardiac disease, obesity, cancers, HIV infection, hepatitis B and C
  - Increasingly serious implications for life expectancy: 25 years less than age cohorts

Integrated Care Background

- Mental health needs of children and adults with acute and chronic illness also underestimated and undertreated
  - Adjustment disorders and depression are common concomitants of diabetes, cardiac illness, cancers and HIV infection
  - Children with special health care needs have elevated levels of depressed mood and suicidal ideation

Integrated Care Background

- Most mental health care occurs in primary care, despite often not being identified as such
  - 10 most common problems that bring patients to primary care, including chest pain, fatigue, dizziness, headaches, back pain and insomnia, account for 40% of primary care visits
  - In only 25% of these visits, though, can a biological cause for the complaint be confirmed
  - 60% of psychotropic prescriptions for children in MHCP occurred without any other mental health service being provided

Integrated Care Background

- Primary care is particularly likely to be the only site in which mental health treatment is obtained for young children and for the elderly, as well as for those in rural areas (Task Force on Rural Mental Health and Primary Care, Office of Rural Health, MN Department of Health, 2005)

Integrated Care Background: Documents and Studies

- Bazelon Center for Mental Health Law (2004) identified integrated models to serve adults with SPMI:
  - Primary care embedded in a mental health program
  - Unified programs
  - Co-location of mental health specialists within primary care
  - Collaborations between separate providers

Integrated Care Background: Documents and Studies

- National Council for Community Behavioral Health Care (2003) Four-Quadrant Model
  - Population segmentation defined by acuity of physical and mental health care needs
  - Care coordination is central, but may be differently located for sub-populations, led by area in which person faces most serious risks
  - Identifies needs for specific disease management, psychiatric consultation and connections to community resources

Integrated Care Background: Documents and Studies

- Robert Wood Johnson-commissioned study (2007) of publicly-funded integrated service models. Common components:
  - Clear conceptual framework
  - Use of communication tools and case management
  - Screening
  - Evidence-based algorithms and treatment approaches
  - Dedicated funding for start-up costs
  - Financial sustainability, including a funding stream for service coordination
  - Outcome measurement and evaluation

Integrated Health Care Initiatives

- **Integrated Behavioral Health Care:** emergence of co-location/"shared care" models
- **ABCD II Grant-** used EPSDT program to introduce specific codes for developmental and mental health screening for children in primary care/pediatric settings
- **DIAMOND Project-** Evidence-based care delivery model for treating adult depression in primary care settings. Current development of child analog

Related Integrated Care Initiatives

Multiple initiatives focused on case management/care coordination:

- Expansion of Medical Home projects
- FFS program initiatives:
  - Contracted care coordination for high-utilization clients
  - Primary care clinic payments for care coordination
  - Demonstration projects for special populations
- Incorporation of care coordination in existing capitated products

Other System Developments

- **Community Psychiatric Bed Tracking System:** web based program that tracks acute care inpatient beds in real time
- **Stay Well- Stay Working -** Demo project to help persons with a serious mental illness & working a min of 40 hrs/month retain or increase their employment through coordinated health care, peer support, employment assistance

- **Cooperative projects among child-serving systems: Head Start, Part C, MCH/MCSHCN**
- **Mental Health Screening in Child Welfare, Juvenile Justice**

The Mental Health Action Group
A Public / Private Partnership

- Formed August, 2003
- Key stakeholders: DHS, MN Council of Health Plans; wide spectrum of care systems, providers, advocates, consumers and families
- Organized voluntarily
- Convened by the Citizen’s League
- Committed to work on actionable issues

MMHAG, continued

MMHAG perspective re: our MH system:

- “The system is product of well-intentioned efforts to add programs, improve coverage, and contain costs.”
- “The system has become fragmented and its complexity is the obstacle to the best possible mental health care.”

MMHAG Priorities

- Measuring quality and performance
- New financing and payment model
- Reduce complexity and ease of access
- A consumer-centered system

The MMHAG Outcome: Governor’s Mental Health Initiative

MH Model benefit set made uniform across all public programs:

- Adult Rehabilitative Mental Health Services
- Assertive Community Treatment (Adult)
- Intensive Residential Treatment (Adult)
- Crisis and Stabilization Services
- Case management and care coordination
- Children’s residential treatment

Governor's Mental Health Initiative continued:

Infrastructure Grants:

- Provider rate increases (23%)
- Crisis services (for uninsured and underinsured)
- Support for culturally specific providers
- Respite care for children
- Early intervention and school linked services
- Housing with services
- Support for developing outcome measurements
- Web-based service tracking system

Governor's Mental Health Initiative continued:

Preferred Integrated Network (PIN) Pilots

- Health plan / counties in partnership
- Focus on integrating physical and behavioral health care, care coordination, case management
- Willing partners…willing client participation
- Consumer driven RFP and Evaluation
- RFP issued April, 2008…services in 9/09
- Limited to 40% of state in up to 3 projects

Many Remaining Challenges…

- Twin Cities metro area psychiatric bed demand
- Psychiatry and psychiatric beds are loss leaders
- Workforce shortages - Clinicians
- Affordable housing
- Systems adjustment to community services
- High need patients with difficult histories and/or high levels of complexity

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