

Governor's Task Force on Mental Health

GOVERNANCE STRUCTURE FORMULATION TEAM: AGENDA FOR 9/26 MEETING

DRAFT 9/23/16

September 26 Task Force Meeting: 90 minutes

Presented by Shauna Reitmeier

- I. Introductions of Formulation team members
- II. History - How we got here
- III. Overview of the Funding and Current Governance Authority
- IV. School Based Mental Health Services example
- V. Next Steps
- VI. Identification of Opportunities
- VII. Development of Recommendations

Governor's Task Force on Mental Health

CREATING A NEW GOVERNANCE STRUCTURE ISSUE OVERVIEW draft 9/22/16

I. Outline of This Transformation Issue

Minnesota's current mental health governance structure was last re-designed in the late 1980s. The structure allowed us to make significant strides in development of mental health treatment services but as our system has evolved, its weaknesses have become more apparent. The Task Force has heard that:

- The legislature has defined a set of services but has not adequately funded them to be universally available.
- The responsibilities and accountabilities of the state and local mental health authorities are increasingly unclear. This leads to all kinds of problems for individuals and the system as a whole.
- The responsibility and accountability for "safety net services" is unclear.
- Our system has been focused on publicly-funded mental health care while only about one-third of Minnesotans are covered by public insurance. We need a governance system/plan that ensures that all Minnesotans can have access to the services defined in the continuum of care (true parity).
- We lack a high-functioning system assessment and quality-assurance function.
- We lack a statewide strategic planning and regional collaboration facilitation function that could support collaborative planning and implementation of the entire mental health system and collaboration with the adjacent sectors (education, primary care, criminal justice, employment, etc.).
- We don't use data to drive our decisions or assess quality (at the system level or at the level of individual treatment) and we need to do that to have accountability.

II. Scope Statement

It is the intent of the Formulation Team to develop the principles, tasks and vision for Governance of the Mental Health Continuum of Care. The Formulation Team will identify the issues, tasks and proposed timeline for a concerted state-wide planning effort to redesign the governance structure for the mental health continuum of care. We recognize that the Governance structure needs to aligns responsibility for finance design and resource allocation in a manner that enables the Mental Health Continuum of Care Services to meet the needs of Minnesota residents and is responsible for implementing continuous quality improvement principles and processes throughout the mental health service delivery system.

Governance Scope Statement

- Defines the scope and responsibilities of the governance structure for the Mental Health Continuum of Care (note we decided to use the product of the "Continuum of Care" Group)
- Defines how the "safety net" service responsibility should be fulfilled

- Provides a framework for accountability that ensures access to and quality of services within the full continuum of care
- Responsible for the collecting, analysis and reporting of meaningful outcome and process measures that includes genuine input from individuals and families impacted by mental illness.
- Uses data for the ongoing identification and implementation of continuous quality improvement efforts
- Responsible for the identification, development and implementation of new services that are that are driven by local need
- Responsible for ensuring that all residents of the region receive services

III. Formulation Team Overview

DHS staff will assist the Formulation Team to formulate the issues, identify any “low hanging fruit” for possible improvements, and suggest how a state-wide Governance Redesign effort could be set up. This effort would focus on laying out a process for re-designing governance and not necessarily make recommendations for how governance would change. The Formulation Team would decide if there are particular data or presenters needed, and work with Task Force staff to develop the agenda for the Continuum section of upcoming Task Force meetings.

Formulation Team:

Task Force volunteers: Sue Abderholden, Melissa Balitz, Jim McDonough, Shauna Reitmeier, Rep. Clark Johnson, Mike Herzing

DHS Staff: Claire Wilson, Matt Burdick, Jana Nicolaison, Nancy Houlton, Nancy Carlson (MDH)

IV. Why is this Transformational?

Minnesota’s mental health delivery system is financed through multiple funding streams that operate in isolation. Effective Governance structures align funding, responsibility and authority. Developing a framework to align responsibility, authority and funding improve mental health services across Minnesota.

V. Possible Questions to Pose to the Task Force

1. What is spot on?
2. Is there anything missing?

Funding and Governance of the Mental Health Continuum of Care

Funding Sources

- Federal Match (public insurance reimbursements)
- Federal Grants
- State Match (public insurance reimbursements)
- State Agency Grants
- State Allocations
- County Match (public insurance reimbursements)
- County Grants
- Employer Contributions (insurance)
- Individual/Family Contribution
- Foundation and Association Grants
- Indian Health Services?
- Community Faith Organizations
- Local School
- Business/employer wellness grants
- Homeland Security MDE school safety grant

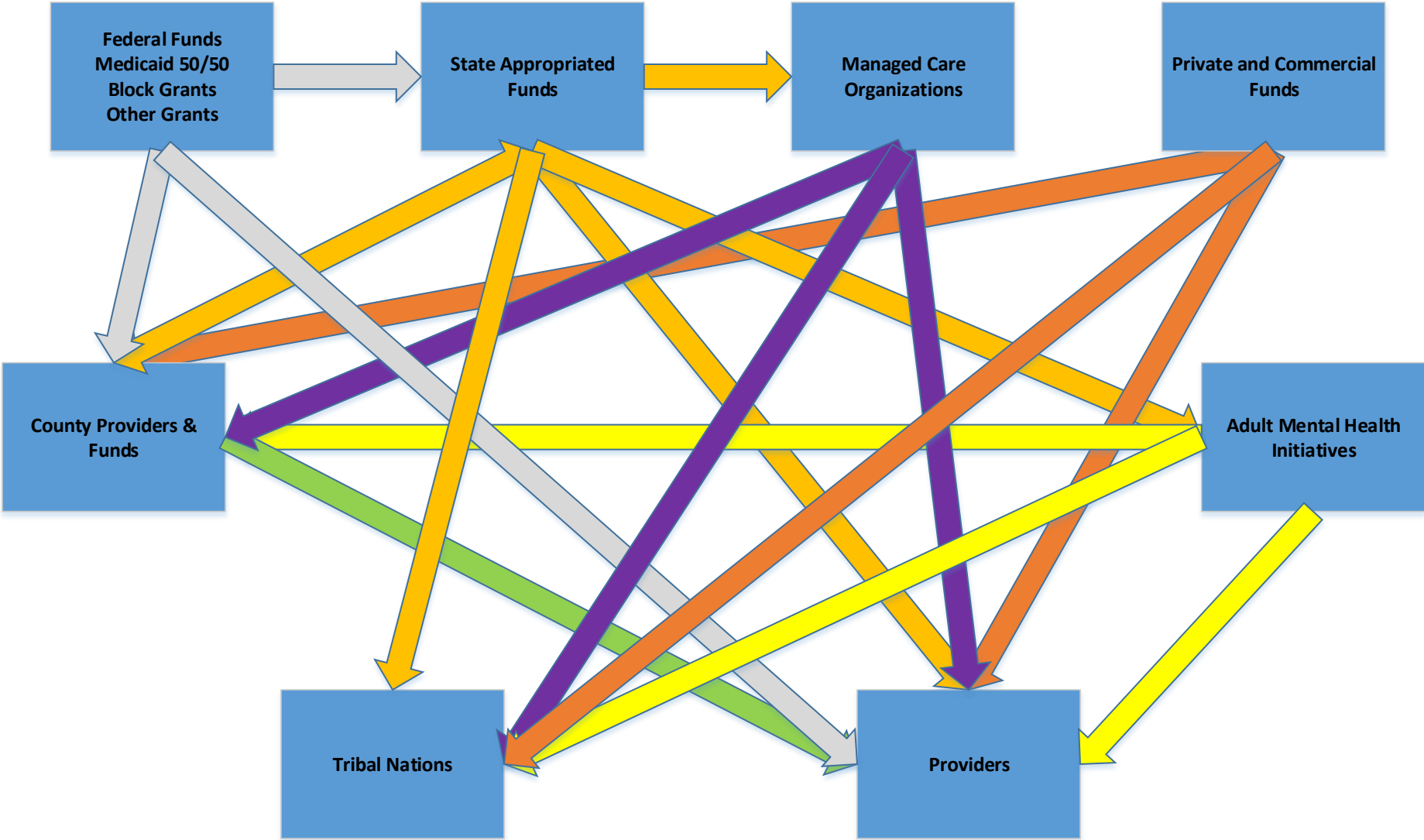
Decision Making (Governance)

- Federal & state Legislatures set goals
- Indian Health Service and Tribes set goals
- DHS contracts with MCO's
- DHS defines services and sets rates that providers can bill for publicly-funded services
- Federal agencies sets rules, distributes grants
- State agencies sets rules, distributes grants
- State agencies collect and report on data
- State directly manages services
- State provides services
- Providers decide what services to provide and business model for providing them
- Employers contract with MCO's to manage insurance
- Insurers create plans to attract employers and/or individuals desiring coverage
- Counties determine eligibility for public insurance, use grants to contract for services, and plan local services.
- Local Public Health/Community Health Planning
- SCHSAC
- Public interest/media influences planning

Mental Health Continuum of Care

- Health Promotion
- Prevention
- Early Intervention
- Core Clinical Services
- Inpatient & Residential Treatment
- Community Services and Supports
- Crisis Response Services

Current State of Funding Distribution in MN

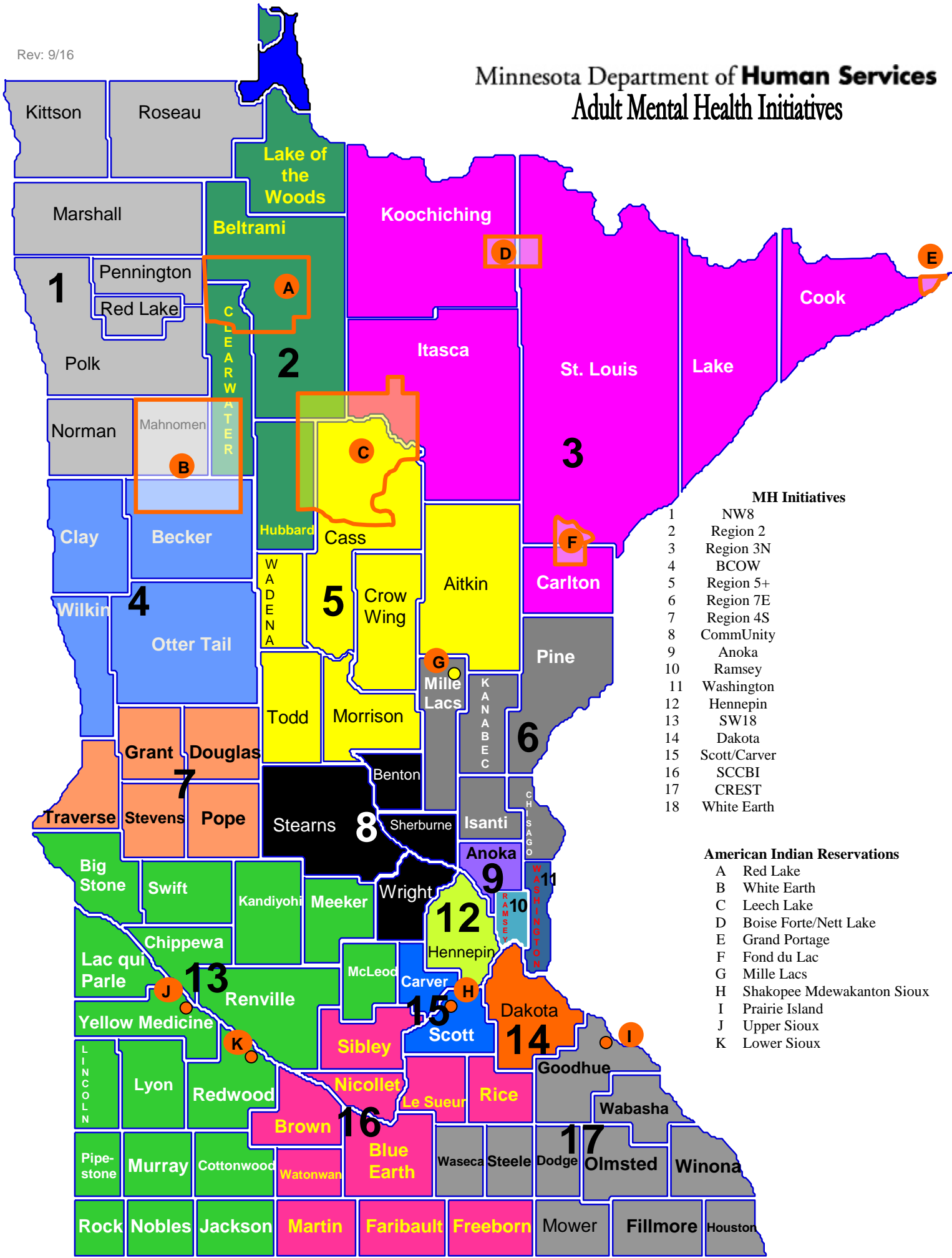


Funding for School Linked Mental Health Services (NWMHC Example)

Initial Funding Type/Source	Eligible Students	Eligible Services	Estimated Contributions to Project	Contributing Partner	Invoicing Process
1. School Linked MH Services Grant/ MN DHS	Children with Emotional Disturbance	CTSS (Children’s Treatment Services & Supports)		NWMHC	Charged Direct to Grant
2. LCTS funding/ Polk County Collaborative	Students with a Disability on an IEP/IFSP/IIP, students at risk of a mental health problem	LCTS – services to be billed out hourly		District (Pass Through)	NWMHC invoices District to charge against LCTS
3. Polk County Grant	Students with a Disability on an IEP/IFSP/IIP, students at risk of a mental health problem	services to be billed out hourly		District (Pass Through)	NWMHC Invoices District to charge against County funding
4. MA/PMAP, MA Crisis	Children with Emotional Disturbance	CTSS (Children’s Treatment Services & Supports) CMH Crisis Response Services		NWMHC	NWMHC bills directly
5. Special Ed funding/ State of MN	Students with a Disability on an IEP/IFSP/IIP	“related services”, per schedule in Attachment A. Based on PARS reporting		District (Pass Through)	NWMHC provides PARS report to allow District to bill State
6. District funding	Children with Emotional Disturbance	CTSS, CMH, and CTSS Services		District	NWMHC invoices District
TOTAL					

Acronyms: CMH=Children’s Mental Health; CTSS=Children’s Therapeutic Services and Support; IEP=Individualized Education Plan; IFSP=Individualized Family Service Plan; IIP=Individual Interagency Intervention Plan “triple-i-p”; LCTS=Local Collaborative Time Study; MA=Medial Assistance; NWMHC=Northwestern Mental Health Center; PMAP=Prepaid Medical Assistance Plan; PARs=Personal Activity Reports

Minnesota Department of **Human Services** Adult Mental Health Initiatives



MH Initiatives

- 1 NW8
- 2 Region 2
- 3 Region 3N
- 4 BCOW
- 5 Region 5+
- 6 Region 7E
- 7 Region 4S
- 8 CommUnity
- 9 Anoka
- 10 Ramsey
- 11 Washington
- 12 Hennepin
- 13 SW18
- 14 Dakota
- 15 Scott/Carver
- 16 SCCBI
- 17 CREST
- 18 White Earth

American Indian Reservations

- A Red Lake
- B White Earth
- C Leech Lake
- D Boise Forte/Nett Lake
- E Grand Portage
- F Fond du Lac
- G Mille Lacs
- H Shakopee Mdewakanton Sioux
- I Prairie Island
- J Upper Sioux
- K Lower Sioux