DEPARTMENT OF HUMAN SERVICES

REPORT

Adult Mental Health Initiative Reform 2017 Workgroup

Mental Health Division

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Background

The Governor's Mental Health Task Force Report of 2016 described Minnesota as a "state-directed, county-administered" model of mental health services oversight. This model was implemented in Minnesota Statute in the 1980s, with DHS designated as the "state mental health authority" and counties (and some tribes) designated as "local mental health authorities." This arrangement established a partnership between DHS, counties, and strongly encouraged active involvement of tribes, to jointly plan and administer mental health services in the state. This structure helped Minnesota make great strides in developing community-based mental health treatment and services. The system has always had strengths and weaknesses, but changes accompanying ongoing de-institutionalization, health care reform, and person-centered care have made some of the weaknesses more pronounced. Responsibility and accountability for services, funding, and quality have blurred, and there is significant variation in service availability across counties and regions of the state. The relationship of tribal nations with AMHI's varies across the state. White Earth Nation is an AMHI, several northern nations participate in a regional AMHI. Several nations have no formal involvement in the AMHIs. Integrated, person-centered care is difficult to achieve with so many different decision-making bodies and funding sources. Shifts between the grant-based social services model and the insurance-based health care model can also create the need for realignment of governance structures.

Adult Mental Health Initiatives (AMHIs) were created under this model in 1996 in response to strong advocacy to strengthen investment in community mental health. The initiatives were designed to be flexible and responsive to local community needs. The AMHIs flexibility has been their greatest strength and vulnerability. AMHI is unique in its governance, membership, and resources and is responsive to local needs. The initial grants were funded through a transfer of state operated resources (dollars and staff members) in response to AMHI proposals and the amounts vary across the state. This variation makes it challenging to provide a global description of the AMHIs and their impact. A Legislative report summarizing the AMHI's and the adult mental health grants was published in 2016.

Between July and December 2016 consultant Nancy Houlton attended, in person, meetings of AMHIs and several tribal nations. In each meeting, the Legislative report was distributed and summarized at a high level. Participants were asked to provide feedback on the report findings either in the meeting or in writing. Information about a planned workgroup to focus on the recommendations was announced and an invitation extended to send a representative. AMHIs recommended adding representatives of people with lived experience, advocates and Managed Care Organizations to the workgroup. An invitation was extended to Mental Health Minnesota, NAMIMN, Wellness in the Woods and the Minnesota Council of Health Plans.

The AMHI Reform Workgroup meet four times between February and May 2017 in St. Cloud. Each meeting lasted 4 hours. The group was charged with: 1) Creating a mission/vision and purpose statement for AMHIs, 2) Determining the membership needed to accomplish that mission, 3) identifying outcome reporting strategies and 4) Recommending revisions to the statute to support the work.

The workgroup tackled operationalizing each of the four charges as well as identifying challenges and opportunities. Their work provided a rich foundation for development of the recommendations.

Key Findings

1. Mission/Vision/Purpose

The expectations and responsibilities of AMHI's have evolved beyond the original purpose. An updated statement of the mission, vision and purpose is needed to reflect today's reality and guide the future.

2. Regional Diversity

The populations served by each region varies by density, culture, income, resources, etc. AMHI's are very knowledgeable about their local regions strengths, needs, resources and challenges. They have the ability to create solutions that work for their region.

AMHI's have the potential, through their local relationships, knowledge of resources and use of data driven decision making to build a more effective mental health delivery system that includes substance abuse disorders and children's mental health.

A "Garden Metaphor" was developed to describe the differences in strengths and challenges in developing a full-service continuum across all parts of the state.

Garden Metaphor

Not all crops grow equally well in all parts of the state:

- Crop rotation – it is important to spend money on new programs and initiatives
- Variety of planting (services) within the region to respond to individual taste
- Not all plants grow the same, i.e., we do not see potatoes growing under the soil – Need to include the resources of the entire community in planning

Tree of Life – the branches the roots are the same size. The strongest branches need to be: Person with Lived Experience, Provider, County, Advocate, Tribal Nations, MCO…

3. Lived Experience

The voice of People with Lived Experience needs to be strengthened in planning and decision-making. Participants spoke of the need for more than one individual, inclusive of cultural representation that reflects the population, and to increase representations so that it is proportional to other representatives on the governance board. Examples included a requirement to have 1/3 lived experience, 1/3 providers and 1/3 county and community members or 51% lived experience on each board in addition to county, tribal nation and managed care organization representation.

4. Data

The ability to collect and use data to identify needs, prioritize planning, and evaluate the results for continuous quality improvement is critical to our future.

Data collection and outcome measurement has been challenging due to collection burden, validity of submitted data, and lack of uniformity in tracking of grant clients across county, tribal, and initiative systems. There were positive responses to the demonstration of the DHS emerging data reporting capability that responds to these issues.

The group considered future outcome measures. Proposed process measures included 1) AMHI membership, participation, and voting rights, as well as 2) Identification and utilization of regional assessments and reports. Proposed outcome measures included 1) access to service and service gaps, 2) client housing and employment statuses. The group also discussed looking at client hospitalization usage rates.

5. DHS Mental Health Program Consultants

DHS mental health program consultants are highly valued by the AMHIs and their role needs to be stronger.

Identified roles include:

- Communication
    - Trends
    - Between AMHIs, within/across DHS and the legislature
    - Grant opportunities
- Technical assistance
- Data collection and reporting
- Coordination/collaboration with state safety net services
- Support innovation

6. Services

It is of critical importance to address the whole person when developing the service array. Access to mental health, substance abuse, food, shelter, primary care etc. across the life span all impact the individual's ability to participate fully in their community. Population and geography contribute to challenges in timely access and ease of use of services.

7. Resources/Funding

There is uneven funding across the AMHI's dating from the original grants and continuing to the present day. Decisions on each grant have focused on regional needs and less on addressing service disparities across the state. Grants are used to support critical services that are not covered by the Medicaid benefit, underinsured and uninsured. AMHI's have been uneven in their ability to leverage community relationships and resources to create solutions. AMHI's vary in how they engage and work with the MCOs who manage the care of the Medicaid population in their region. All regions struggle with the needs of underinsured/uninsured individuals who would benefit from services.

8. Statute

The current statute is outdated and does not reflect the environment, needs, or activities of the AMHIs

Recommendations

1. **Statute: Consider total rewrite**
   A. Adopt the Mission statement created by the workgroup and write it into the statute preamble, which focuses on inclusion of the role of people with lived experience.

> **Mission**
>
> AMHI's are dedicated to improving the mental health of their community, through intentional planning and partnerships across a region grounded in the following principles:
>
> - Lived experience with mental illness guides the governance and services
> - Brings together people with lived experience, providers, counties, tribes, MCOs and DHS to fully utilize all available resources to meet regional needs.
> - Develops and provides an array of person centered services that builds on personal and cultural strengths.
> - Utilizes a data driven model to evaluate the impact of services on health outcomes.
> - Assures access, early intervention, coordination and application of resources through creative partnerships.

   B. Identify common data elements for needs assessments
   C. Create a definition section
      a. Governance
      b. Person centered
      c. People with lived experience
      d. Regional planning role

2. **Governance: Additional guidance is needed on determining the appropriate representation on the board**
   A. Survey all AMHI's on the number of representatives required on a governance board to effectively address the five principles

3. **Describe the AMHI's Regional Planning Roles and Responsibilities**
   A. Adequate representation to operationalize the mission principles
   B. Assesses and addresses needs
   C. Defines required and recommended partnerships
      a. Identifies liaison relationship with other boards
      b. Identify areas of shared interest/impact
      c. Strategize solutions that build on each partners resources
   ii. Works across the life span
      a. Joint planning meetings with Children's MH and SUD
         a. Identify areas of common interest
         b. Develop a strategy to address
         c. Review and update plan
   iii. Responsive to Cultural needs
      a. Tribal Nations
      b. Minority and Immigrant needs

4. **Implement a structure to identify the role of the "Person with Lived Experience". Options to address include:**
    A. Define the required qualifications for the role as: "person with lived experience". Allow each AMHI to use the moniker of their preference
    B. Conduct a focus group to determine the moniker.

5. **Tribal Nation role in AMHIs. Convene a workgroup to address:**
    A. Implications of tribal status as a nation
    B. Tribes border multiple AMHIs, how do they choose participation?
    C. What are the resource allocation impacts?

6. **Data system capability and limitations are poorly understood. Develop written materials and/or include as a topic in regional meetings:**
    A. Description of Sources
    B. Limitations (DHS and MCO)
    C. Plan for ongoing improvement

7. **Stakeholder review/comment on report**
    A. Review in state wide meeting with county partners
    B. Distribute widely to the following stakeholders, invite written comment:
        a. Persons with lived experience
        b. Advocates
        c. Providers
        d. Tribes
        e. Minnesota Council of Health Plans

8. **Create a standing agenda for state wide meetings**
    A. Review Outcome Measures data
        a. Annually review outcome measures
        b. Retain, Retire or Revise
    B. Topic of interest
        a. Regional partnerships
        b. Recruitment/retention of "lived experience" members
    C. Collect one client impact story (rotate around so each Region has a turn) to illustrate impact of AMHIs.

9. **In partnership with AMHIs develop a structure and curriculum for onboarding new AMHI Members**
    A. DHS develops online educational materials on: history, mission/vision and purpose; Governance; Data driven decision making and Outcome reporting
    B. AMHI's
        i. develop orientation to regional area
        ii. identify mentors and other resources within each AMHI for onboarding and support of new members.
        iii. other?

10. Develop Principles for determining funding allocations

A. Supports the Mission
B. Baseline of services across the state
C. Needs assessments support funding request
D. Seed money to develop solutions
    a. Evidence of impact
    b. Exploration and strategizing ongoing sustainability
        i. Changes to Medicaid benefit
        ii. Grants
    c. Realignment of existing resources to meet the need

Conclusion

The AMHI Reform Workgroup tackled several of the issues raised in the Governor's Mental Health Task Force Governance recommendation section. The recommendations are responsive to the specific needs of Adult Mental Health system planning, however the mission, vision, purpose and principles can be generalized to other populations. This work can inform the work of the larger recommended governance task force.