



**WORKGROUP GUIDELINES FOR:
A CONSUMER RESPONSIVE MENTAL HEALTH SYSTEM
JULY 19, 2004**

The Minnesota Mental Health Action Group is working to reform the public and private mental health systems to better serve consumers and family members. A number of work groups have been formed to develop plans and recommendations on topics ranging from financing methods to quality of services. The guidelines are a combination of guidelines developed in past efforts by the State Advisory Council and Subcommittee on Children's Mental Health (1995) and modifications and additions made more recently by Minnesota's mental health consumer and advocacy organizations in meetings and over the Internet.

MMHAG work groups are being asked to assess their plans and recommendations against these guidelines. The consumer and advocacy organizations will also use them in evaluating and providing input on the products of the work groups. The guidelines will also be used by the MMHAG Steering Committee as it reviews reports from the work groups and approves and implements MMHAG action plans.

Guidelines

1. Does the mental health system, and individual providers within it, actively facilitate respect, recovery, and self-sufficiency through true partnerships among the client, his/her family or loved ones, and providers, where appropriate?
2. Are the *services* provided flexible enough to allow the design of individualized plans of care around the clients' personal needs and goals, including integration of education, housing, vocational services, employment, physical health care, and transportation to access services?
3. Is the *funding* flexible enough to allow clients and their families or caregivers a choice of services and providers required for that individual client's needs?
4. Does the mental health delivery system and its financing mechanisms provide the supports necessary in all phases of a person's illness/disorder, including eligibility and a full range of services?
5. Are the mental health services provided in the community and other locations in which clients choose to live, and do they respect the cultural, family, spiritual, and personal support networks of the client?
6. Are the mental health services funded in a manner that supports and facilitates the use of early intervention and the use of least restrictive alternatives?
7. Do financial incentives encourage the delivery of individual client-focused, cost-effective, high quality services that follow the consumer rather than provider or living setting?
8. Does the system provide for client rights to protection, advocacy, and enforcement as well as family/caregivers' ability to achieve protection, advocacy, and enforcement on behalf of the client when necessary?

9. Does the system emphasize the “early is better than later” philosophy and promote preventive interventions at to various points in a client’s disease: in the diagnosis of the disease, in the disease process, and in the episodic exacerbation of symptoms?
10. Are the funding mechanisms and services structured to provide prevention and treatment that are individually appropriate to client needs and goals?
11. Are demonstrable efforts being made to provide clients with access to publicly and privately funded mental health services equal to access to other health services within our state?
12. Is there evidence that the cost savings being pursued by changing the structure of how mental health services are funded and delivered improve the efficiency and effectiveness of providing seamless transfer between levels of care and provider types for mental health services?
13. Is there evidence that the organizations with the statutory responsibility to provide services under the Mental Health Acts have the authority to direct the use of all appropriate resources that could be used to promote the best interests of the client?
14. Does the model benefits set include all appropriate and necessary services?
15. Do the public and private mental health systems provide ready access to responsive providers and services with or without court orders for treatment?
16. Does the financial framework prevent cost-shifting among all third-party payers by supporting a global budget which allows for client-focused care plans?
17. Are cost savings achieved through appropriately aligning clients and services, with the savings directly reinvested in community mental health services rather than being used to reduce relative funding for mental health services in proportion to other services?
18. Is quality of care and services evaluated using a statewide quality of care assessment that is based on national standards, enforceable by state law, and inclusive of continuous quality improvement processes?
19. Does the system of care encourage and fund research and development of outcome-based programs so that we are not experimenting with treatment based on unproven practices or theories? Are research, public education, and documented effective new practices incorporated as essential parts of ongoing efforts to improve the mental health system of care and financing?
20. Does the system encourage and compensate professionals so that a sufficient number of quality professionals can be recruited and retained?
21. Are consumers and family members involved in all levels of planning and policy-making on a state and county level, and in the public and private systems?
22. Has the current state-supervised, county-administered system been transitioned into a system with a standardized set of mental health services available within any given geographic region?
23. Does the system provide for continuity of care with an individual provider when desired, even when insurance coverage changes?