

## **Uniform and Effective Mental Health Benefits**

Currently, people have access to different mental health benefits depending on the payer. Under Medical Assistance, there is an excellent mental health benefit set which includes services such as Assertive Community Treatment (ACT), Adult Rehabilitative Mental Health Services (ARMHS), Children's Therapeutic Services and Supports (CTSS), Intensive Residential Treatment Services (IRTS), Adult Crisis Services; and Case Management or Care Coordination. These services are not available to people covered by General Assistance Medical Care or MinnesotaCare. The Mental Health Legislative Network would like to create a consistent mental health benefit package, which includes proven and effective treatments.

Research and practice also has helped the mental health community identify services that are effective in treating mental illnesses. These new approaches need to be funded and benefits need to be updated to support best practices.

Crisis services provide an essential safety net for persons with mental illness and their families. Mobile teams can go to a person's home, assess the situation and provide services to help stabilize the individual who is in crisis. There are also crisis homes where people can live for a few days. They are a cost-effective way of dealing with a mental health crisis and can prevent people from going into the emergency rooms at hospitals or even prevent a police response. Unfortunately, these services do not exist in every county and their funding is precarious.

### **The Mental Health Legislative Network Supports:**

- Require that all of Minnesota's publicly financed health programs offer the same, comprehensive mental health benefit set
- Enable video conferencing between state/county agency sites and community mental health provider sites (SF 903/HF 922)
- Fund a demonstration project for high-risk adults with serious mental illness and co-occurring substance abuse problems (SF 903/HF 922)
- Add family psycho-education, coordination and case management and collateral contacts as components of Adult Rehabilitative Mental Health Services and Children's Therapeutic Services and Supports (SF 903/HF 922)
- For telehealth services, include reimbursement of the originating facility fee and the cost of broadband connections under Medical Assistance (SF 903/HF 922)
- Add peer-to-peer support services (SF 515/HF 416)
- intensive mental health outpatient treatment, care management and collateral contacts as covered services under Medical Assistance (SF 903/HF 922)
- Increase reimbursement rates paid to providers in a number areas including rebasing (SF 903/HF 922)
- Fund mental health outcome tracking efforts
- Provide base funding for crisis teams to ensure their stability while continuing to require them to bill health plans and publicly funded health care programs for crisis services.

All these provisions are also contained in HF 196 and SF 148.