

Mental Health Innovation Grants

Report overview

The Mental Health Innovation Grant Program is intended to improve access to and the quality of community-based, outpatient mental health services and reduce the number of people admitted to, and expedite discharges from-Anoka Metro Regional Treatment Center and community behavioral health hospitals.

There are many factors that play into the patient flow problem. For example, a hospitalization or emergency department visit which doesn't lead to successful recovery may be followed by homelessness, incarceration, commitment and placement in a state-operated hospital.

Therefore, the mental health innovation grant program's scope goes beyond the bounds of the state-operated hospital system to address the interconnected nature of healthcare and patient flow that happens from one intervention to another, one level of care to another, and one system to another.

The grants

The Minnesota legislature appropriated \$2 million per biennium. Funds for this grant program come from revenue captured from the county share of treatment costs for people receiving care at Anoka Metro Regional Treatment Center and the Community Behavioral Health Hospitals. Six contracts were executed in June 2018:

- **Adult Mental Health Initiative Region V+:** Transition Services
- **American Indian Family Center:** Healing Journey
- **Hennepin County Adult Behavioral Health:** Behavioral Health Care Center
- **Kanabec County:** Care Connector/Navigator Model
- **White Earth Mental Health Program:** Holistic Health Practitioners
- **Human Development Center:** Emergency Department Case Management

The goal is to ensure:



The report

This report outlines challenges, opportunities, findings and recommendations during the first year of implementation. Recommendations include:

Care coordination

- There needs to be better care coordination.
- Coordination is fundamental to a person/family-centered care system and may produce cost savings.
- There needs to be an investment on the front end that will produce cost savings on the back end.
- Communication between Direct Care and Treatment and lead agencies needs to be better.

Capacity

- There needs to be better access to beds and more inpatient beds.
- There needs to be more local and regional options for people to go to upon discharge.
- The 48 hours rule prioritizes access to beds for some, over others.
- The sheer volume of people being admitted from jails or correctional institutions has delayed admissions to state-operated hospitals by weeks and months for some people.

Housing

- There needs to be more affordable and customized housing options.
- It may help to reduce wait times by designing and making transitional beds or placements available specifically for people discharging from state-operated hospitals.
- More IRTS beds need to be available for people leaving state-operated hospitals.

Assessment & placement

- There needs to be a clearer diagnostic picture.

Mental health workforce shortage

- There needs to be more providers.
- Cross-sectoral and inter-governmental departments should pool their institutional knowledge and resources together to address workforce shortages.

Paperwork processing & turnaround times

- There needs to be faster and simpler paperwork processes.
- There needs to be re-entry and re-assessment opportunities that activate funding quickly.

Rate setting & payment

- Community providers need information and support to access Medicaid funded home and community based services, including services available under the Community Access for Disability Inclusion Waiver (CADI).

Data collection

- There needs to be better coordination between systems to truly examine the patient flow problem at a policy level and identify policy alternatives.

Early intervention & Prevention

- Efforts and resources need to prioritize prevention and early intervention.
- Prevention needs to include a multi-generational framework.

Future grant cycles must minimally include a two-pronged approach: 1) increase the workforce and, 2) increase transitional levels of care. These strategies will build capacity for timely, community re-integration efforts. (pg 4)