NAMI
National Alliance on Mental Illness
MINNESOTA

November 10, 2015

Dear Members of the Barriers to Access Workgroup of the MN Health Care Financing Task Force:

NAMI Minnesota recently learned that the workgroup is considering aligning the health care benefits under Medical Assistance (MA), MinnesotaCare and the State Employee Group Insurance Program (SEGIP). We write to oppose this proposal because it will limit access to needed mental health care and will destroy the fragile foundation of our current mental health system.

The Minnesota Mental Health Action Group, an unprecedented public-private effort to improve mental health services, was organized in the fall of 2003. For three years people worked hard to develop recommendations to build the foundation of our mental health system. One of the key initiatives offered during the 2006 legislative session and passed during the 2007 legislative session was providing a Model Mental Health Benefit Set under Medical Assistance, MinnesotaCare and General Assistance Medical Care. This was a bipartisan effort with support from the legislature and Governor Pawlenty. The benefits were added in January 2008 with just a few services such as case management and children's residential services being added in 2009. The intent was to, over time, add this benefit set to insurance in the private sector.

The Model Mental Health Benefit Set for mental health treatment includes clinical services and supportive services that are sometimes necessary for effective treatment. Both clinical and supportive services were selected based on documented and evidence-based mental health best practices and all were supported by vast research. The benefit set includes services that provide earlier help as well as services that offer alternatives that are just as effective as more costly acute care for some individuals. By offering a full continuum of care, it facilitates a system that has latitude and flexibility to meet people's needs, which leads to better outcomes and increased satisfaction.

Services under the Model Mental Health Benefit Set includes Assertive Community Treatment teams (ACT), Crisis Services, Adult Rehab Mental Health Services (ARMHS), and Children's Therapeutic Services and Supports (CTSS) to name a few. The adoption of this benefit set across all programs was a huge step towards creating true mental health parity, for creating greater access to mental health care and for ending the "shuffling" between programs when people needed more intensive care.

The State Employee Group Insurance Program (SEGIP) is a union negotiated program. Several years ago, NAMI sought to add the Model Mental Health Benefit Set to this program and were told by union leaders that the benefit set was negotiated by the unions. We respected this and did not pursue the issue further.

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Research has demonstrated that employment helps people with mental illnesses get better. Prior to MA expansion and the adoption of the Model Mental Health Benefit Set people with mental illnesses had to declare that they would never have substantial gainful employment so that they could go on MA and access the very treatments and supports that would help them recover – and go back to work. There are many people with mental illnesses with MinnesotaCare who are receiving the treatment they need and are working. A "win" for them and a "win" for Minnesota.

NAMI Minnesota urges members to not support this proposal. Eliminating access to evidence-based mental health treatments and supports will destroy the foundation of our mental health system and will negatively impact children and adults with mental illnesses and their families. At at a time when we are finally making progress we cannot understand why this would be a viable option.

Please do not hesitate to contact me if you have any questions. Thank you.

Sincerely,

Sue Abderholden, MPH
Executive Director