

Behavioral Health Integration in Minnesota

Recommended Actions for Public and Private Sector Employers | November 2021

Depression care has been a focus for Minnesota employers for more than a decade. Despite good intentions and thoughtful collaboration, patient outcomes have failed to improve significantly, and practices known to deliver improved outcomes such as the [Collaborative Care Model](#) have not been widely adopted by clinics and care systems in the state. At the same time, mental health has reached the [crisis level](#) for employers.

ICSI has published [Behavioral Health Integration in Minnesota: Recommended Actions](#) that states, “Mental health leaders, medical leaders, and employers from across Minnesota resoundingly express that integrated behavioral health care in primary care, specifically the Collaborative Care Model, is a solution that must be expanded.”

Minnesota employers have a unique opportunity and responsibility to leverage their “purchaser” influence on the market to accelerate the adoption of the Collaborative Care Model (sometimes referred to as CoCM). It is the fastest, evidence-based approach to transform mental healthcare at a population level and advance health equity for all Americans.

Each CEO and senior leader is highly encouraged to consider the following:

- How well is your organization meeting employee and family mental health needs, as defined by your organization’s access, quality, and outcome metrics? For example, have you used The Path Forward [Model Data Request Form](#) or an RFP process to understand the data for your health plan participants? Have you used claims data to estimate the cost impact of individuals with mental and physical health co-morbidities? Do you know the depression care outcomes for your employee population, including the rates for depression screening, 6- and 12-month follow up, 6-and 12-month response, and 6-and 12-month remission?
- How robustly has your organization, in partnership with your health plan(s), adopted the Collaborative Care Model as the evidence-based model to address depression and other behavioral health needs in primary care for your health plan participants? Have structures, processes and payment been adjusted to support integration vs. specialty mental health care as usual? For example, what is your organization’s utilization of CoCM codes? Have you removed barriers to high-value care (such as plan deductibles for CoCM)?
- How effectively have you engaged executives in driving improved mental health in your organization? For example, have you established a cross-functional Mental Health Council with executives from operations, health & safety, finance, HR, social responsibility, and other functions? Do you have an action plan and executive scorecard with specific measurable goals for the short- and intermediate-term to track improvement in mental health care delivery, outcomes, and business impact?
- Where might you further link strategy to performance by using your purchaser leverage with health plans, care systems, and business partners to prioritize evidence-based integrated mental health care? For example, what terms and provisions do you have in contracts to accelerate CoCM, and how do you hold partners accountable? Are you effectively articulating purchaser expectations for quality mental health care in public and private forums with peers with the same level of commitment and urgency as other efforts where collective action is needed?

- Where do you need to dedicate financial and other resources required to enable action?

The ICSI Recommended Actions note, “With the undeniable need and overwhelming evidence, it’s time for Minnesota to further support and advance the Collaborative Care Model. Focused action will ensure the Collaborative Care Model can reach its potential in optimizing the mental health workforce and improving outcomes for our patients, friends, and family.” For further information, please review [Behavioral Health Integration in Minnesota: Recommended Actions](#), published by ICSI.

The **Minnesota Health Leadership Council** is a group of public and private purchasers collaborating with community stakeholders to drive improved mental health care and outcomes, in affiliation with the National Alliance of Healthcare Purchaser Coalitions and The Path Forward for Mental Health and Substance Use.

The Path Forward for Mental Health and Substance Use is the only behavioral health initiative using a market-driven approach to transform behavioral healthcare by uniting purchasers and subject matter experts across the nation to advance evidence-based reforms, including the adoption of the Collaborative Care Model. Minnesota-based organizations contribute to this effort by using their leverage to drive change in the state and benefit from the simultaneous, aligned efforts of employer coalitions across the nation.

Public and private sector HR and Benefits Departments may access free information, tools, and resources from The Path Forward to help CEOs and senior leaders act on the recommendations above. To learn more, visit the [National Alliance](#) website.