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Minnesota's Adult Mental Health Resource Guide: HOPE FOR RECOVERY



ABOUT NAMI MINNESOTA

NAMI Minnesota is a statewide 501(c)(3) grassroots nonprofit organization dedicated to improving the lives of children and adults living with mental illnesses and their families. NAMI Minnesota's mission is to champion justice, dignity and respect for all Minnesotans affected by mental illnesses. Through education, support and advocacy, NAMI Minnesota strives to eliminate the pervasive stigma of mental illnesses, effect positive changes in the mental health system and increase the public and professional understanding of mental illnesses.



TABLE OF CONTENTS

Introduction	1
Support & Education	1
Health Insurance Coverage	3
• If You Have Private Health Insurance	
• If Your Insurance Does Not Cover Mental Health Treatment or Only Covers Some Treatment	
• If You Do Not Have Insurance or If Mental Health Services Are Not Fully Covered	
• Medical Assistance (MA)	
• Medical Assistance Spenddowns	
• Medical Assistance for Employed Persons with Disabilities (MA-EPD)	
• MinnesotaCare	
• Medicare	
• Minnesota Comprehensive Health Association	
• Paying Directly for Services	
Financial Assistance	9
• Food Support Program	
• Minnesota Supplemental Aid	
• General Assistance	
• Minnesota Family Investment Program (MFIP)	
• Diversionary Work Program	
• Work Benefit Program	
Social Security Benefits	10
• Social Security Supplemental Income (SSI)	
• Social Security Disability Insurance (SSDI)	
• Social Security & Work	
Community Services & Supports	12
• Community Mental Health Centers (Outpatient Services)	
• Integrated Dual Diagnosis Treatment (IDDT)	
• Case Management	
• Targeted Case Management (TCM)	
• Adult Rehabilitative Mental Health Services (ARMHS)	
• Assertive Community Treatment (ACT)	
• Youth ACT	
• Home Care Services (skilled nursing visits, PCA services)	
• Medication Therapy Management	
• Community Support Programs (CSP)	
• Illness Management & Recovery (IMR)	
• Telemedicine	
• Transportation	
• Psychiatric Consultation	

Housing	18
• Public Housing	
• Project-Based Section 8 Housing	
• Section 8 Housing Choice Vouchers	
• Bridges Housing Subsidy	
• Crisis Housing Fund	
• Assisted Living	
• Group Residential Housing (GRH)	
• Community Alternatives for Disabled Individuals (CADI) Waiver	
• Supportive Housing	
• Lodge Model	
• Adult Foster Care	
• Board & Lodge	
• Boarding Care	
• Nursing Home	
• Other Housing Options	
Employment	23
• Finding Employment Supports	
• Vocational Rehabilitation	
• Extended Employment for People with Serious Mental Illnesses (EE-SMI)	
• Supported Employment	
Crisis Intervention	25
<i>(See NAMI Minnesota's booklet, Mental Health Crisis Planning)</i>	
Intensive Treatment Options	26
• Crisis Services	
• Acute Care Hospital Inpatient Treatment	
• Community Behavioral Health Hospitals (CBHH)	
• Contract Beds	
• State Operated Services	
• Partial Hospitalization Program (PHP)	
• Day Treatment	
• Intensive Residential Treatment Services Programs (IRTS)	
Pre-Petition Screening & Civil Commitment	28
<i>(See NAMI Minnesota's booklet, Understanding the Minnesota Civil Commitment Process)</i>	
Data Privacy	28
<i>(See NAMI Minnesota's booklet, Understanding Data Practices Laws)</i>	
Advocacy, Information & Complaints	29
Important Phone Numbers	35

INTRODUCTION

Mental illnesses are very common. One in four adults lives with a mental illness. Mental illnesses know no bounds and do not discriminate. They could affect you, your sister, parent, grandparent, friend, neighbor or coworker. They affect teachers, doctors, parents, lawyers, business owners and students. They affect many aspects of a person's life, including work, school, home and relationships.

Mental illnesses are biological brain disorders that affect a person's thoughts, feelings, mood and ability to relate to others. Examples include major depression, schizophrenia, generalized anxiety disorder, panic disorder, post-traumatic stress disorder (PTSD) and bipolar disorder.

People living with mental illnesses can and do recover with access to treatment, services and supports. This booklet summarizes the services and supports available in Minnesota's mental health system.

If you are finding it difficult to obtain needed services, know that you are not alone and that it does not reflect your skills as an advocate for yourself or your loved one. There are very real shortages – of psychiatrists, mental health professionals and services – that can make it hard to find the right services at the right time and place. This is especially true in Greater Minnesota and for anyone seeking culturally specific services.

There is no one-stop shopping for mental health services in Minnesota. Some people use private insurance to access mental health services. Others, especially people living with serious mental illnesses, go through the public system for services and supports. The starting point for the public mental health system is usually through the county of residence.

This booklet serves as a starting point. If you would like additional information or guidance, please contact NAMI Minnesota at (651) 645-2948 or 1-888-NAMI-HELPS or visit NAMI's webpage at www.namihelps.org.

****If you need guidance on preparing for and responding to a mental health crisis, please refer to another NAMI Minnesota booklet, *Mental Health Crisis Planning*. The booklet is available at www.namihelps.org (click on "Publications").****

SUPPORT & EDUCATION

Few people know much about mental illnesses until a mental illness impacts them or a loved one. It can help to learn as much as you can about mental illnesses and find others who can support you and who have had similar experiences. This is why NAMI Minnesota offers a number of support groups and educational programs. For more information, visit www.namihelps.org.

NAMI Helpline

NAMI answers thousands of calls each year from people seeking help advocating for themselves or a loved one. We help callers be the best advocates they can be, providing guidance to people who are trying to navigate the mental health system, work with a school to meet their child's needs, access the treatment they need in the criminal justice system and much more. Hearing from you also helps NAMI identify problems that need solutions, whether through our advocacy at the legislature or through some other strategy. To contact our helpline, call (651) 645-2948 or 1-888-NAMI-HELPS or email namihelps@namimn.org.

Fact Sheets & Booklets

NAMI Minnesota offers a wide array of fact sheets about mental illnesses in children and adults, commonly prescribed psychotropic medications and other treatment options and more. NAMI has also published several booklets on topics such as mental health crisis preparation, supporting a loved one during a psychiatric hospital stay, civil commitment, data privacy and the juvenile and adult criminal justice systems. To read these booklets, visit www.namihelps.org (click on "Publications") or call (651) 645-2948 or 1-888-NAMI-HELPS.

The National Institute on Mental Health (NIMH) also provides excellent fact sheets about mental illnesses and evidence-based treatment options. Visit www.nimh.nih.gov for more information.

Individual & Family Support Groups

- NAMI Connection groups - For people living with any mental illness.
- Open Door Groups - For people living with anxiety disorders.
- Family Support Groups - For family and friends of people living with a mental illness. There are also specific groups for daughters and sons, as well as spouses and partners.
- Parent Resource Groups - For families of children under age 18 who live with a mental illness.

Visit www.namihelps.org (click on "Support") or call (651) 645-2948 or 1-888-NAMI-HELPS for times and locations.

Education Programs

NAMI Minnesota also offers many classes for family members and professionals. Most of our classes focus on understanding mental illnesses and the mental health system in Minnesota.

One class, Family-to-Family, is a 12-week series that teaches family members about mental illnesses, mental health resources, communication skills, stress

reduction and where to find support. Another, Hope for Recovery, is a one-day workshop that provides information, hope and practical strategies for dealing with the complexities of mental illnesses. Participants learn about mental illnesses, treatments, coping strategies, the mental health system and local resources.

Check www.namihelps.org or call (651) 645-2948 or 1-888-NAMI-HELPS for a current list of classes.

Additional Mental Health Advocacy Organizations in Minnesota

In addition to NAMI Minnesota, there are two other mental health advocacy organizations that focus on adults in Minnesota:

Mental Health Consumer Survivor Network

The Mental Health Consumer Survivor Network (CSN) is a statewide peer support organization that promotes mental health recovery and wellness.

CSN offers:

Warm Lines: Confidential anonymous phone lines (not crisis lines) answered by peers (people with a psychiatric diagnosis) professionally trained to provide support. The Warm Lines support, listen, chat, empower, inform and refer. Find times and phone numbers online at www.mhcsn.org/support-resources/warmlines.

Wellness Recovery Action Plans (WRAP): WRAP helps people monitor, reduce, modify, change or eliminate distressing symptoms through planned responses. WRAP enables people with psychiatric illnesses to understand what it is like when they are functioning at their best and most stable quality of life and to formulate a wellness plan from that perspective. WRAP groups are presented by people living with mental illnesses who have been trained and certified to facilitate.

Contact CSN at (651) 637-2800 or 1-800-483-2007 for more information.

Mental Health Association of Minnesota

The Mental Health Association of Minnesota (MHAM) works to enhance mental health, promote individual empowerment and increase access to treatment and services for people with mental illnesses. MHAM provides peer support groups:

Depression & Bipolar Support Alliance (DBSA): Support groups are for people living with depression and bipolar disorder. Call (651) 493-6634 for locations and times.

HEALTH INSURANCE COVERAGE

Health insurance – public or private – may pay for many mental health treatment and services. It is important to learn as much as possible about your coverage, as well as about the options available in Minnesota.

If You Have Private Health Insurance

If you have private health insurance coverage, your plan may pay for many mental health services. It is important to learn as much as possible about your coverage.

Contact your insurance company to find out which services and treatment providers your plan covers and if there are any coverage limits. Federal law bars health plans that offer mental health benefits from setting annual or lifetime limits differently than limits for other medical benefits. Under Minnesota law, health plans licensed by the state cannot have higher co-payments or different limits for mental health or chemical dependency services than other medical services. If you have a self-insured plan, however, these same rules do not apply, and your access to mental health services may be more limited.

Children under age 26 can be covered under their parent's plan (if "dependent coverage" is available), even if they are not in school.

If Your Insurance Does Not Cover Mental Health Treatment or Only Covers Some Mental Health Treatment

If you have private health insurance, you should be aware of parity laws. Mental health parity laws are about equal coverage of mental health and substance use disorders compared to other health conditions. These laws typically do not apply to individual plans or small employers' plans (under 50 employees).

Parity laws do not require coverage of mental health and substance use treatment. They do, however, require plans that cover these treatments to cover them the same way they cover other health conditions. This means there should not be different financial requirements (such as co-pays, deductibles, etc.) or treatment limitations (such as a limit on the number of visits).

To learn more about the law and how to file a complaint, visit www.nami.org/parity or www.mentalhealthparitywatch.org.

If You Do Not Have Insurance or If Mental Health Services Are Not Fully Covered

You may be eligible for a public health insurance program. Medical Assistance (MA) and MinnesotaCare are the most common programs, and there are several others as well. These insurance programs often offer better mental health coverage than private health insurance plans do.

While it's good to understand your health coverage options, you do not have to figure out which one to apply for on your own. Applymn.org is a one-stop shop where you can apply for health coverage (except Medicare; see below) and other state and county programs. There is one application for all state health insurance programs. You can also call the Disability Linkage Line at 1-866-333-2466 or TTY at 711 to talk through the options with someone who understands both the plans and needs of people living with disabilities.

A change to watch for: The Affordable Care Act will soon require people to have health insurance coverage. In 2014, there will be a health care exchange to help people select a health insurance plan if they don't already have insurance. The exchange will allow people to compare prices and benefits online. People under certain income levels will receive tax credits and subsidies to help them afford insurance. All plans in the exchange must cover treatment for mental health and substance use disorders and follow mental health parity laws. The exchanges are still in the planning stages, so look for updates at www.namihelps.org (for Minnesota updates) and www.nami.org (for national updates).

Medical Assistance (MA)

MA is Minnesota's federal Medicaid program for low-income people or people with disabilities.

There are four ways to qualify for MA (see below). Please note that the income limits are tied to the federal poverty guidelines, which are updated each year. There are also asset limits for many, but not all, people on the program, which limits the amount of money you can have saved in your bank account or retirement account.

- 1) Families with children: For families with children and pregnant women, the income limits depend on family size and on the ages of the children and are based on 100% of the federal poverty guidelines. This was \$1,892 a month for a family of two with a child between the age of 2 and 18 and \$2,387 for a family of three as of 2012.
- 2) People who are elderly: Income limits for people age 65 and over are based on 100% of the federal poverty guidelines. This was \$931 a month for one person and \$947 for a family of two as of 2012.
- 3) People with a disability: People have to be certified as having a disability by the Social Security Administration or the State Medical Review Team. The income limit is 100% of the federal poverty guidelines, or \$931 for a family of one. If your income is higher than that, you can still qualify if you do a spenddown or through MA-EPD (see next two sections).
- 4) Person with a low income: You can qualify if your income is at 75% of poverty or below, or about \$718 a month. In 2014 this income limit will go up 138% of poverty, or about \$1,321 a month.

As with many federal and state programs you must be a US citizen or a non-citizen lawfully residing in the US. There are some exceptions. MA can cover medical expenses retroactively – up to three months – from the date of application.

Once you are enrolled in MA, you must re-apply every six months to keep your benefits.

MA covers a wide range of mental health services such as case management, intensive rehabilitative mental health services, adult rehabilitative mental health services (ARMHS), crisis services, telemedicine, assertive community treatment (ACT), psychiatric consultation, medication therapy management, non-medical transportation and home care services. It also covers basic health care needs, dental, vision and prescriptions. There are co-payments for services and medications covered by MA. However, there is a cap on the total amount of co-payments paid for medications. Antipsychotic medications are exempt from co-payments.

You can contact your county for a list of providers, or you can access this information from the Department of Human Services website. Visit www.namihelps.org (click on “Support” and then “Mental Health Resources”) for a list of county and tribal human services offices, as well as for a list of providers that accept people with health insurance coverage from one of the Minnesota Health Care Programs (MA, MinnesotaCare, etc.).

People who receive MA due to a disability are placed automatically into a program called Special Needs Basic Care (SNBC) unless they opt out. SNBC is a managed care program, meaning you access all medical and mental health care through providers that are in the network of one health plan. In some counties, you will be able to select from a list of health plans. Other counties only have one plan. Before you decide on a SNBC health plan, be sure to check on a few things. Each health plan has its own drug formulary (list of covered drugs) and provider network. Some important questions to ask about each health plan include:

- Does the plan cover your medications?
- Does the plan cover your doctors, therapists, mental health case managers and other health care providers?
- Do you need approval before seeing specialist or other health care providers you now use?
- Are there extra benefits available to you?

You can find this information by calling your health care providers, checking the plan’s website, calling the plan or calling the Disability Linkage Line at 1-866-333-2466 or TTY at 711.

You do not have to join a SNBC health plan. You can fill out a form to opt out and have “fee-for-service” coverage instead. Under fee-for-service, you can go to any provider that takes MA. You will have access to medications that are in the state’s drug formulary, which is a broader list than many SNBC health plans offer. If you join a SNBC plan and do not like it, you can switch to fee-for-service, and you will be moved the next month. Again, you can weigh your options by talking with the Disability Linkage Line at 1-866-333-2466 or TTY at 711.

Visit applymn.org to apply for MA.

Medical Assistance Spenddowns

Families with children and people applying as aged, blind or disabled can qualify for MA even if their income is too high by spending down their income on medical bills. People with disabilities and the elderly have to spend down their income to 75% of the federal poverty guidelines after paying medical bills.

Medical Assistance for Employed Persons with Disabilities (MA-EPD)

Many people assume they are ineligible for MA because they work or because their household income is too high. This is not always the case. MA-EPD is a program that promotes competitive employment and economic self-sufficiency for people with disabilities. The program seeks to encourage people with disabilities to work and enjoy the benefits of being employed.

MA-EPD allows working people with disabilities to qualify for MA with higher income and asset limits than are usually allowed under MA. Eligibility for MA-EPD is based on the applicant’s income, not on the household’s net income. There is a premium based on a sliding scale. The premium is generally much lower than what it would cost to spend down one’s income on medical expenses in order to qualify for MA. People have to earn a certain amount each month and Social Security must be withheld. Go to applymn.org to apply.

MinnesotaCare

MinnesotaCare is a premium-based public health care program for low-income working Minnesota residents who do not have access to health insurance through their employer.

To qualify, you must:

- Have a Social Security number or be willing to apply for one (unless you have a religious objection);
- Have lived in Minnesota for six months;
- Be a U.S. citizen or non-citizen lawfully residing in the U.S.;
- Not be able to obtain health insurance through an employer who offers to pay at least half the monthly cost;
- Be uninsured for four months; and
- Meet income and asset limits (no income limit for children under age 21).

Covered services under MinnesotaCare vary according to income and type of household. People with children have a full benefit set, while people without children have a slightly more limited benefit set of coverage for various medical services. All mental health services covered under MA are covered under

MinnesotaCare, although MinnesotaCare has a \$10,000 yearly limit with a 10% copay (up to \$1,000) on inpatient hospital stays.

The same application is used for MA, MA-EPD and MinnesotaCare. Go to applymn.org to apply, or to have an application sent to you, call (651) 431-2670 or visit your county human services office. Once you have MinnesotaCare, you can contact your county for a list of providers, or you can access this information from the Department of Human Services website. Visit www.namihelps.org (click on “Support” and then “Mental Health Resources”) for a list of county and tribal human services offices, as well as for a list of providers that accept people with health insurance coverage through MA, MA-EPD and MinnesotaCare.

Note: MinnesotaCare may be eliminated under the new health care exchange. Be sure to check for updates on this in 2014.

Medicare

Medicare is a national health insurance program administered by the Centers for Medicare and Medicaid Services. Medicare has three main parts: Part A is hospital insurance, Part B is medical insurance and Part D is prescription drug insurance. You can apply by calling 1-800-772-1213, going to www.medicare.gov or visiting a Social Security office.

People age 65 years or older are eligible for Medicare if:

- They or their spouse worked at least 10 years in Medicare-covered employment and they are a citizen or permanent resident of the United States.

People under age 65 years can enroll in Medicare Part A when they:

- Have a disability (established by the Social Security Administration).
- Have been entitled to disability benefits under Social Security for 24 months.

For Medicare related questions, help choosing a plan or help deciding whether to enroll in Part B or Part D, call the Disability Linkage Line at 1-866-333-2466. You can also call the Centers for Medicare and Medicaid Services at 1-800-MEDICARE or 1-800-633-4227.

Minnesota Comprehensive Health Association (MCHA)

MCHA provides basic health coverage for people who have been refused private insurance because of a preexisting health condition. Costs for MCHA can be quite high, including a monthly premium, deductible and 20% co-insurance for most services. The cost ranges widely based on your age and deductible, with someone in their 30s paying \$125 for a \$10,000 deductible plan and \$420 a month for a \$500 deductible plan. Call 1-866-894-8053 or go to www.mchamn.com to apply.

MCHA is an option for people with disabilities if:

- Their income and/or assets are too high for MA or MinnesotaCare;
- They are eligible for MA but want to see a specific health care provider who does not accept MA; or
- They are not “certified” as disabled by the Social Security Administration or the state but have serious health conditions that prevent them from being able to purchase private insurance.

Note: This program may be impacted in 2014, when the Affordable Care Act will prohibit discrimination against pre-existing conditions.

Paying Directly for Services

If you can afford to pay directly, also called out-of-pocket, for services, you can go to any provider for an assessment and/or treatment. Some providers, particularly community mental health centers and community health centers, offer services on a sliding fee scale for those on limited incomes. Some hospitals also give discounts for those without insurance and/or have programs to help pay bills. Check with your provider's billing office to ask what programs are available.

Also, some programs may help pay for medications:

RxConnect Help Line

For information on issues related to prescription medicine, safety, cost-saving tips and programs to help low-income Minnesotans pay for prescription medications, call 1-800-333-2433.

Rx Outreach

Rx Outreach is a program which can help provide lower cost generic prescriptions for those with low incomes. Information about how to apply for discount cards from drug companies is also available online. For more information, or to apply, go to rxassist.org/ or call 1-800-769-3880.

Partnership for Prescription Assistance

This program assists people who need help paying for their prescriptions. It is a partnership among all the pharmaceutical companies to help you find a prescription assistance program. Call 1-888-477-2669 or pparx.org.

FINANCIAL ASSISTANCE

Sometimes a mental illness makes it difficult to work, causing financial hardship. Financial assistance programs exist. To qualify, you must have an income near or below the poverty level. To apply for any of these programs, request a Combined Application Form from your county human services office. For other important

information about work and income-related services, be sure to read about MA-EPD (earlier in this booklet) and supported employment (later in this booklet).

Food Support Program

The Food Support program (formerly called Food Stamps) is a county-administered federal program that assists individuals and families with low incomes to purchase food.

Minnesota Supplemental Aid (MSA)

MSA is an extra monthly cash payment to people who receive Supplemental Security Income (SSI) benefits. Some people who do not receive SSI may still be eligible for MSA if they meet MSA eligibility criteria.

General Assistance (GA)

GA serves as Minnesota's primary safety net for low-income adults without children. GA provides monthly cash grants for people whose income and resources are less than program limits. The maximum benefit for a single adult is \$203 a month and \$260 for a couple. Eligibility is also defined in terms of disability and un-employability. People are often on GA while waiting for Social Security benefits to begin.

Minnesota Family Investment Program (MFIP)

MFIP is a monthly cash assistance program for low-income families and pregnant women. MFIP includes both cash and food assistance. Most families can get cash assistance for only 60 months. To apply for the MFIP program you must contact your county human services agency.

Diversionsary Work Program

The Diversionsary Work Program provides short-term job counseling and basic living costs to eligible families. The program is for families that are looking for work but need help paying for basic living expenses.

Work Benefit Program

The Work Benefit Program is a \$25 monthly benefit for families going off MFIP or the Diversionsary Work Program. The family's caregiver must be working the required number of hours, and gross family income must be less than 200% of the federal poverty guidelines.

SOCIAL SECURITY BENEFITS

An important thing to know about Social Security benefits for people with disabilities is that denials are common for people applying for the first, or

even second or third, time. If your application is denied, don't give up. Apply again. Make sure all of your doctors are supportive and very detailed in their documentation of your disability. Make sure they document how your disability prevents you from working. A common reason for denial of benefits is that the applicant's doctor did not clearly explain how the mental illness prevents the applicant from working.

Social Security Supplemental Income (SSI)

SSI is a federal program that pays monthly cash benefits to persons who:

- Are 65 years or older or blind or have a disability and
- Have limited resources and income.

Social Security Disability Insurance (SSDI)

SSDI provides cash payments to people who live with a disability, have worked a certain amount of time or had a parent or spouse who worked a certain amount of time and paid taxes to Federal Insurance Contributions Act (FICA).

Apply for Social Security benefits as soon as you believe that your disability will prevent you from working. To apply, complete an application at www.ssa.gov/applyfordisability or call 1-800-772-1213. If you are deaf or hard of hearing, call TTY 1-800-325-0778. You may also call or visit your local Social Security office. Find your local office at www.socialsecurity.gov/locator/.

Some attorneys specialize in helping applicants with the appeal process. Their fees are contingent on a successful appeal. Attorneys helping with appeals should not charge up front, and they should not charge for unsuccessful appeals.

You can apply for General Assistance (GA) benefits while you are waiting to qualify for Social Security Benefits (see financial assistance section earlier in this booklet for more about GA).

Social Security & Work

If you receive SSI or SSDI and want to work, there are several ways you can try work without losing your benefits. For example:

- Trial Work Period: You can try work on a month-to-month basis and not lose eligibility no matter how much you make.
- Extended Periods of Eligibility: For 3 years after a Trial Work Period, people can continue to receive their SSDI benefit in months when they earn less than a certain amount. In months when they earn more, the benefit is suspended, but they remain in eligibility status. For 5 years after you receive your last benefit, you can use Expedited Reinstatement to get back on SSDI quickly if your income dips below the "substantial gainful activity" level (\$1,040 a month as of 2013).

- Temporarily Stopping Medical Continuing Disability Reviews.
- Ticket to Work Program: Helps people on SSI or SSDI access employment services, such as job counseling, training and referrals. Anyone on SSI or SSDI automatically qualifies for Ticket to Work. Obtain a Ticket from a local Employment Network (often a WorkForce Center or mental health center Call the Ticket to Work helpline at 1-866-968-7842 to find the Employment Network closest to you.
- Plan for Achieving Self-Support (PASS): Allows people on SSI to save money for a work-related goal and continue receiving SSI benefits. Example include the cost of school or training, starting a business, paying for equipment and more.

There are other opportunities available to people receiving Social Security benefits who want to work as well. If you are considering work, check with the Minnesota Work Incentives Connection to see how working may affect your benefits, as well as what options are available to you (651-632-5113, 1-800-976-6728, or www.mnworkincentives.com).

COMMUNITY SERVICES & SUPPORTS

In order to live in the community, some people who live with a mental illness need services and supports. Many of these are funded through public health care programs, such as MA and MinnesotaCare. Talk with your provider or county about what is available in your area. Some areas have more or fewer services than what is listed here.

Community Mental Health Centers (Outpatient Services)

Community mental health centers provide a wide range of services for people who live with serious mental illnesses, regardless of ability to pay. Services typically include individual, group and family therapy; individual treatment planning; diagnostic assessments; medication management; psychological testing; and many of the other services described in this section. Services differ from one mental health center to another, so contact your local mental health center for details about what they offer. Many mental health centers have sliding fees for people who are uninsured or underinsured. A list of centers is available at www.namihelps.org (click on “Support” and then “Mental Health Resources”).

Integrated Dual Diagnosis Treatment (IDDT)

IDDT is for people who live with co-occurring mental illnesses and substance use disorders. IDDT integrates assistance for each condition, helping people recover from both at once. This approach includes:

- Individualized treatment based on a person’s current stage of recovery;
- Education about the illness;

- Case management;
- Help with housing;
- Money management;
- Relationships and social support; and
- Counseling designed for people with co-occurring disorders.

IDDT is an evidence-based treatment, meaning that research supports the approach, and that providers must follow certain standards. Minnesota does not have many IDDT providers, but the number grows each year. A list of IDDT providers is available at www.namihelps.org (click on “Support” and then “Mental Health Resources”).

Case Management

Case management services are meant to include conducting functional assessments, developing individual community support plans, assistance in obtaining mental health and other services, ensuring coordination of services and monitoring service delivery. Because of budget cuts, most case managers often focus more on helping people obtain services and less, if at all, on the other aspects of case management.

To be eligible for case management, a person must have a serious and persistent mental illness, defined by:

- Two psychiatric hospitalizations or two contacts with a mobile crisis team in the last two years; or
- Six months of psychiatric hospitalization; or
- Twelve months in residential treatment; or
- Two crisis services treatments within the past 24 months; or
- Has a diagnosis of schizophrenia, bipolar disorder, major depressive disorder or borderline personality disorder (schizoaffective disorder may be added to this list in 2013) and a mental health professional believes the individual could require hospitalization without case management services; or
- Has been committed or has had a stay of commitment in the last two years; or
- Has been found eligible in the last three years because he or she has received services from a psychiatrist, licensed psychologist or licensed clinical social worker.

To apply for case management services, contact your county human services department.

Targeted Case Management (TCM)

TCM helps people with serious and persistent mental illnesses gain access to needed medical, social, educational, vocational, financial and other necessary services as they relate to the person’s mental health needs. Targeted case

managers specialize in working with people who live with mental illnesses, whereas regular case managers do not need to specialize in mental health. They work with people to write and carry out an action plan based on diagnostic and functional assessments, and they coordinate this plan with the person's individualized treatment plan.

To qualify for TCM, a person must:

- Be eligible for MA;
- Have a current diagnostic assessment and a diagnosis of a serious and persistent mental illness (see the definition in the “Case Management” section above); and
- Be determined, or re-determined every 36 months, to be eligible for TCM.

People can self-refer or be referred for TCM by a physician, mental health provider, family member, county social worker, legal representative, other interested person.

Adult Rehabilitative Mental Health Services (ARMHS)

ARMHS workers provide one-to-one in the home and in the community by qualified staff. This program helps adults with serious mental illnesses function well and remain in the community.

ARMHS workers instruct, assist and support people with many skills and goals, such as:

- Interpersonal communication;
- Community resource utilization and integration;
- Crisis assistance;
- Relapse prevention;
- Healthy lifestyle;
- Cooking and nutrition;
- Transportation;
- Medication education and monitoring;
- Mental illness symptom management;
- Household management;
- Employment-related; and
- Transition to community living services.

ARMHS services can be accessed by going directly to an ARMHS provider. There is no need to apply through a county agency. An individual must be on MA or MinnesotaCare, and the ARMHS provider determines if the person meets other criteria.

A list of licensed ARMHS providers can be found at www.namihelps.org (click on “Support” and then “Mental Health Resources”). You can also call your county human services office to find a local ARMHS provider.

Assertive Community Treatment (ACT)

ACT teams provide a full range of services to people who live in the community, have a serious mental illness and have difficulty caring for themselves and keeping safe. The team consists of mental health professionals from several disciplines, including psychiatry, nursing, social work, substance abuse treatment, employment and often peer support.

ACT is designed for people who live with serious and persistent mental illnesses. People who qualify for ACT would likely require hospitalization without it. ACT teams have small case loads and are available 24 hours a day, seven 7 days a week and 365 days a year based on people's clinical needs. ACT is funded through MA and MinnesotaCare.

ACT services might include:

- Grocery shopping and cooking classes or assistance;
- Social and family relationship therapy;
- Linking people with appropriate medical providers;
- Preventive healthcare;
- Financial management; and
- Medication support and education.

Like ARMHS, you can contact the provider directly instead of going through the county to enroll. A list of licensed ACT teams is available at www.namihelps.org (click on “Support” and then “Mental Health Resources”).

Youth ACT

Youth ACT is a new mental health benefit for youth ages 16-20. Eligibility for the service is based on:

- Age;
- A diagnosis of serious mental illness or co-occurring mental illness and a substance abuse addiction;
- A level of care determination for “intensive integrated intervention without 24-hour medical monitoring” and a need for extensive collaboration among multiple partners;
- A functional impairment and a history of difficulty functioning safely and successfully in the community, school, home or job or likely to need services from the adult mental health system within the next two years; and
- A recent diagnostic assessment that documents the medical necessity of the service.

Services provided by the treatment team include:

- Individual family and group psychotherapy;
- Individual, family, and group skills training;
- Crisis assistance;
- Medication management;
- Mental health case management;
- Medication education;
- Care coordination;
- Psychoeducation of and consultation and coordination with the client's support network;
- Clinical consultation to the client's employer or school;
- Coordination with, or performance of, crisis intervention and stabilization services;
- Assessment of client's treatment progress and effectiveness of services using outcome measurements;
- Transition services;
- Integrated dual disorders treatment; and
- Housing access support.

Services are delivered in a team treatment model rather than an individual treatment. Caseloads are limited to ten people per every full-time staff person. Teams include a licensed mental health professional; an advanced practice registered nurse certified in psychiatric or mental health care or a board-certified child and adolescent psychiatrist; a licensed alcohol and drug counselor trained in mental health interventions; and a peer specialist.

Youth ACT is included here because it targets youth 18 and over. For information about children's mental health services, refer to the NAMI Minnesota booklet, *Keeping Families Together*.

Medication Therapy Management

Medication therapy management is for people who are on MA or MinnesotaCare and who are taking multiple medications. It is provided by specially trained pharmacists and includes education on medication, monitoring of side effects, providing information and support services to help with medication adherence and looking at the interactions between medications. This service, also called medication management, is an evidence-based practice recognized by the Substance Abuse and Mental Health Services Administration.

Home Care Services

Home care services are additional services designed to keep people with mental

illnesses, developmental disabilities and certain other conditions living as independently as possible in the community. The primary home care services available for people living with mental illnesses are in-home skilled nurse visits and personal care assistance (PCA) services. Examples of in-home nursing services can include observation, assessment and evaluation of a person's mental health status, hands-on nursing care that is part of the person's written care plan and more. Examples of PCA services can include assistance with meal planning and preparation, managing finances and more.

To receive home care services, a person must:

- Be eligible for MA, MinnesotaCare (which does not now cover PCA services or waived service programs such as the CADI waiver);
- Have a medical need for the services (potential recipients will undergo a "medical necessity" assessment); and
- Be able to make medical decisions about their own care or have someone who can.

Community Support Programs (CSP)

The goal of a CSP is to assist people to live as comfortably, productively and independently as possible in the community. CSPs provide several related services, such as case management, housing assistance, meals and organized activities. You can learn more about your county's programs by contacting your county human services department.

Illness Management & Recovery (IMR)

The IMR program puts individuals in the "driver's seat" by teaching them about their illness and involving them in their recovery. The information and skills taught in the program include:

- Recovery strategies;
- Practical facts about mental illness;
- The stress-vulnerability model and strategies for treatment;
- Building social support;
- Using medication effectively;
- Reducing relapses and coping with stress;
- Coping with problems and symptoms; and
- Getting needs met in the mental health system.

Many ARMHS workers, ACT teams and peer specialists offer IMR services.

Telemedicine

Mental health services can be delivered through telemedicine, which is a two-way, interactive video. This can help overcome transportation difficulties in rural areas. Providers must ensure that a person's privacy is protected.

Transportation

MA covers non-emergency medical transportation to and from medical appointments, therapy visits and the pharmacy. It can be provided in a few different ways, depending on the person's ability: mileage reimbursements, volunteer drivers, bus passes, taxi cab reimbursements or specialized transportation such as wheelchair-accessible vans.

Psychiatric Consultation

MA covers consultation between psychiatrists and primary care practitioners, such as family practitioners, physician assistants, clinical nurse specialists and nurse practitioners.

HOUSING

Though some people with mental illnesses may spend time in treatment facilities, most live in the community most of the time. The type of housing needed depends on the person's financial situation and the types of supports the person needs.

There are a few different types of housing subsidies for independent living:

Public Housing

Public housing means publicly owned and managed rental units for low-income households. May be single-family, apartments or townhomes, with some units reserved for older adults or people with disabilities. Rent is based on income. Housing may be older and include few amenities. Be prepared for long or closed waiting lists.

Project-based Section 8 Housing

Project-based Section 8 housing refers to privately owned and managed rental units for low-income households. Subsidized housing is "project-based" if the assistance is assigned to a specific unit or housing development. Very affordable rents. May be single-family, apartments or townhomes. Multiple landlords and property managers participate. Some units reserved for older adults or people with disabilities. It is important to know that the waiting lists for project-based Section 8 housing are typically even longer than those for public housing.

Section 8 Housing Choice Vouchers

Section 8 housing choice vouchers help low-income households pay rent on market-rate rental units. The tenant finds their own unit, within certain requirements, and the housing authority pays part of the rent directly to the landlord. Like project-based Section 8, rent is based on income. You get to choose the apartment you want to rent. You may not have to move if your current property will accept the voucher. Sometimes you can keep your subsidy if you

decide to move. If you do move, the new unit you find must pass an inspection before the subsidy payments can start. The waiting list for Section 8 vouchers is very long.

You can start applying for housing in one place:

To apply or to get more information on public housing, project-based Section 8 housing or Section 8 housing choice vouchers, visit housinglink.org/housingresources. You can also call your local Housing Authority, which you can find by calling the Housing and Urban Development (HUD) MN Field Office at (612) 370-3000 or visiting www.hud.gov/offices/pih/pha/contacts/states/mn.cfm. For general information and apartment and waiting list information for the Twin Cities, go to www.housinglink.org.

Bridges Housing Subsidy

Bridges is a program designed to subsidize rent for people who spend most of their income on housing or people who have no place to live while waiting for a Section 8 housing choice voucher. It provides a "bridge" to stable housing until the Section 8 housing program has openings. Bridges can have a long waiting list, especially in the Twin Cities metropolitan area where the wait can be several years. In Greater Minnesota, however, Bridges sometimes has openings right away.

Bridges provides rental assistance for people who live with a serious and persistent mental illness, are homeless and qualify for a Section 8 housing voucher. Participants must pay between 30 and 40% of their monthly income for rent while in the Bridges program.

To qualify for Bridges, you must:

- Be an adult member of the household;
- Have a household gross income under 50% of the area median income;
- Have a diagnosis of a serious and persistent mental illness as defined by the Mental Health Act (for the definition, see the "Case Management" section in the "Community Services & Supports" chapter earlier in this booklet;
- Apply for and accept a permanent housing subsidy, such as a Section 8 certificate; and
- Live in a rental unit that meets federal Section 8 standards.

Go to www.housinglink.org/housing_subsidies.html for more information, print forms for the program or find contact information for specific counties.

Contact your local housing authority to find out whether your county is enrolled in the Bridges program and/or who to contact. You can find this information by calling the HUD MN Field Office at (612) 370-3000 or visiting www.hud.gov/offices/pih/pha/contacts/states/mn.cfm.

Crisis Housing Fund

This is a flexible pool of money accessed through county services that provides short-term housing assistance to people who live with serious and persistent mental illnesses, are being treated in an inpatient treatment setting for up to 90 days and have no other source of income to retain their housing. Referrals for this assistance must be made through a county case manager. Call 1-800-728-8916 or (651) 649-1710, then press #3 for more information.

Assisted Living

In Minnesota, assisted living is a service concept and not a specific type of housing. It usually refers to housing that includes services. Any of these circumstances may mean that you could benefit from an assisted living arrangement:

- Difficulty preparing meals or maintaining adequate nutrition;
- Forgetting to take medications or taking the wrong amounts;
- Inability to manage daily personal needs such as bathing, dressing, grooming, shopping, cooking, laundry or transportation;
- Chronic or recurring episodes of illness or rehabilitation;
- Difficulty coping with feelings of depression, anxiety or fear; or
- Family and friends no longer able to provide adequate care and support.

Residential assisted living programs may be licensed under a “class F” license, in which case services can be provided by management or by contracted providers. Licensed programs must have a designated provider available to provide services 24 hours a day.

Please note that few assisted living programs take people who have a serious mental illness. NAMI Minnesota recommends that anyone considering assisted living look into the program’s ability to work with people who live with a mental illness (see the “Adult Foster Care” section below for suggestions on how to check on this).

Group Residential Housing (GRH)

The GRH program provides a monthly payment for room and board for adults who have low incomes and have been placed in a licensed housing setting. GRH is for people who live with a physical or mental health disability, chemical dependency or visual impairment and are age 18 or older, as well as people who are age 65 or older, blind and/or unable to work. Without GRH, program recipients likely would be in institutional placements or homeless.

GRH pays for room and board in a number of licensed or registered settings, including adult foster care, board and lodging establishments, supervised living facilities, supportive housing, non-certified boarding care homes and various

forms of assisted living settings. To find out if you are eligible for the GRH program, visit applymn.org or contact your county human services agency.

Community Alternatives for Disabled Individuals (CADI) Waiver

The CADI waiver provides funding for home and community-based services for children and adults who would otherwise require the level of care provided in a nursing facility. CADI waiver services may be provided in a person’s own home, in his/her biological or adoptive family’s home, in a relative’s home (e.g. sibling, aunt, grandparent etc.), a family foster care home or corporate foster care home, a board and lodging facility or in an assisted living facility. If married, a person may receive CADI waiver services while living at home with his or her spouse. In addition to regular MA services, the following services can be covered:

- Assisted living services
- Adult day care
- Case management and case aide services
- Extended home health aide and nursing services
- Extended home health therapies
- Extended personal care assistant services
- Extended supplies and equipment
- Extended transportation services
- Family counseling and training
- Foster care services
- Home delivered meals
- Homemaker services
- Independent living skills
- Modifications to home or vehicle
- Prevocational services
- Residential care services
- Respite care
- Supported employment services

The CADI waiver can be used for people who have a mental illness. However, recent changes may make it more difficult for people with a mental illness to access the program.

Supportive Housing

Supportive housing is housing plus services for people who have low incomes, live with chronic health conditions (such as a mental illness) and need stable housing that is tightly linked to services. It is often targeted to people who have

experienced homelessness. For more information, contact:

Corporation for Supportive Housing
2801 21st Ave. S, Ste. 230, Minneapolis, MN 55407
Phone: (612) 721-3700
www.csh.org/resources/

Lodge Model

The lodge model is like living in a small extended family. Lodges are peer-run and managed. Residents share expenses and household responsibilities. Lodges are located in regular houses and duplexes in neighborhoods throughout the Twin Cities metropolitan area. Typically, four to six working adults live together in a home, and most work together as well. A coordinator is available to assist the residents. Tasks Unlimited is the only Minnesota organization that follows the lodge model. They can be reached at:

2419 Nicollet Avenue South, Minneapolis, MN 55404-3450
Phone: (612) 871-3320

Adult Foster Care

Adult foster care refers to a licensed home that provides sleeping accommodations and services for one to five adults. The rooms may be private or shared, and the dining areas, bathrooms and other spaces are shared family style. Adult foster care homes vary in the type of services provided. Usually people access services in an adult foster care home through CADI waivers.

There are two types of adult foster care: family adult foster care and corporate adult foster care. In family adult foster care, the license holder lives in the home and is the primary caregiver. In corporate adult foster care, the license holder does not live in the home, and the primary caregivers are usually paid staff who provide services.

When considering an adult foster care home, it is important to find out what training the caregivers or staff have had with regard to serving people with a mental illness. Many adult foster care homes serve people with a variety of disabilities, and the staff may not have experience with or training for working with people who have mental illnesses. Ask the person in charge of the home what training staff have had regarding mental illnesses and crisis de-escalation. If the staff have not received a good deal of training on these topics, consider looking elsewhere.

Adult foster care homes have the option of becoming “certified” in mental health. To become certified, the provider must show that staff have at least seven hours of training on mental health-related topics and have crisis plans in place, both for each resident and for the home generally. If an adult foster care home has been certified in mental health, it will be noted on their license.

Board & Lodge

Board and lodge residences vary greatly in size. Some resemble small homes, while others are more like apartment buildings. Board and lodges provide sleeping accommodations and meals to five or more adults for one week or more. They offer private or shared rooms with a private or attached bathroom. There are common areas for dining and for other activities. Many offer a variety of supportive services (e.g., housekeeping or laundry) or personal care services (e.g., assistance with bathing or giving medication) to residents.

Boarding Care

Boarding care homes are homes for older adults or people with disabilities who need minimal nursing care. They provide personal or custodial care and related services for five or more people. They have private or shared rooms with a private or attached bathroom. There are common areas for dining and for other activities.

Nursing Home

Nursing homes are long-term care facilities that offer a full array of personal, dietary, therapeutic, social, spiritual, recreational and nursing services to residents. There has been a trend against placing younger people with mental illnesses in nursing homes.

Other Housing Options

Additional housing options may be available in your area. For more information, contact your county.

EMPLOYMENT

Research shows that people recover faster when they have an opportunity to work. People do better if they go to work as soon as they feel ready rather than waiting until all symptoms disappear.

One barrier to working is the potential loss or reduction of benefits, such as health insurance coverage, community supports and Social Security Income (SSI). There are programs that help people determine the risks and benefits of being employed and how much a person can earn before affecting benefits.

For example, MA for Employed Persons with Disabilities (MA-EPD) is a work incentive program that enables people with mental illnesses to earn income while maintaining their eligibility for MA programs (see the insurance section earlier in this booklet for a more in-depth description of MA-EPD). The Social Security Administration also has programs that allow people to work part-time.

Finding Employment Supports

Increasingly, community mental health center staff focus on employment because it is such an important part of recovery for so many people. Many CSPs and ARMHS workers, for example, can provide assistance in obtaining employment. Ask your local mental health center for assistance. To find a center near you, visit www.namihelps.org (click on “Support” and then “Mental Health Resources”). You can also try any of the other services and supports listed in this section.

Vocational Rehabilitation Services

This program is the state’s comprehensive, statewide program that helps people with significant disabilities find and retain employment. People whose mental illnesses impair functioning in one or more important life activities may qualify for multiple vocational rehabilitation services (VRS) over an extended period of time to achieve employment goals.

Counselors working out of the state’s Workforce Center System coordinate services. Services include assessment, vocational evaluation, training, rehabilitation counseling, assistive technology and job placement. For the location of your local WorkForce Center, call (651) 259-7366 or 1-800-328-9095.

Qualifying for VRS is a two-step process. The first step is to determine eligibility. Eligibility is based mostly on whether a physical or mental condition makes it difficult for someone to obtain or keep a job. The second step is to determine the seriousness of limitations caused by the condition. Limitations may include mobility, self-care, interpersonal skills, communication skills, work tolerance and work skills.

To learn more about vocational rehabilitation services, go to the Minnesota Department of Employment and Economic Development website at www.deed.state.mn.us.

Extended Employment for People with Serious Mental Illnesses (EE-SMI)

EE-SMI helps people living with serious mental illnesses find and maintain jobs. It provides individualized support to help people find employment, ongoing training to help people succeed at work and assistance to employers to make reasonable accommodations for employees with serious mental illnesses. Individual supports offered through EE-SMI include: job coaching, coordination of support services, job placement and money management. The program also works with employers to encourage hiring people with mental illnesses.

Supported Employment

Supported employment programs help people with mental illnesses find and hold competitive employment in their communities. Supported employment

programs are staffed by employment specialists who meet frequently with treatment providers to integrate employment and mental health services.

In Minnesota, individual placement and supports (IPS) is the one type of supported employment model with significant evidence to show that it works well for people who live with mental illnesses. IPS rests on several principles:

- Client choice;
- Integrated with treatment;
- Competitive employment in regular work settings;
- Rapid job search and job placement;
- Personalized on-the-job support;
- Zero exclusions;
- Time-unlimited support;
- Person-centered services; and
- Benefits counseling.

CRISIS INTERVENTION

Even with good community supports and access to mental health care, a crisis can occur. It is recommended that everyone prepare for a crisis.

Here are some basic tips that can help if a crisis occurs:

- In many counties, mental health crisis services are available 24 hours, seven days a week. Crisis services vary by county. All counties at least have a crisis phone number, many have mobile crisis teams and some have crisis homes as well.
- If you need emergency services and cannot transport the person in crisis to a mental health center or emergency room, it may be necessary to call 911 for help. Call 911 if the person may harm themselves, someone else or property.
- If you call 911, tell the dispatcher the situation is a mental health crisis. Ask for an officer with crisis intervention team (CIT) training, if available. CIT is a 40-hour training that teaches officers about mental illnesses, crisis de-escalation and crisis resources in the community.
- When law enforcement arrives, inform the officer that the person lives with a mental illness. Keep in mind that you will no longer have control over the situation after law enforcement arrives - they will proceed as they deem necessary. The officer who arrives on the scene will decide whether the person presents a danger to themselves or others. If the person in crisis does not meet this criterion, the officer will not likely transport them.
- Be specific when describing the behaviors and the concerns that point to the need for immediate emergency care. If you can bring the person in crisis to the emergency room, be prepared for a long wait. If you can reach the person’s psychiatrist, ask the doctor to call the hospital and do a “direct admit.”

- Talk through the situation with your loved one. It is always best if the individual agrees to treatment voluntarily. When the person doesn't agree, the facility can hold a person for 72 hours if they believe the person may cause injury to themselves or others. After 72 hours, the facility must either release the person or begin involuntary commitment procedures if the person is unwilling to accept voluntary confinement and treatment. When treatment facility (an emergency room) is deciding whether to hold someone for 72 hours, they are required to obtain information from the person bringing the individual into the treatment center.
- When in doubt, go out.

For in-depth guidance on preparing for and responding to a mental health crisis, please refer to another NAMI Minnesota booklet, *Mental Health Crisis Planning*. The booklet is available at www.namihelps.org (click on "Publications").

INTENSIVE TREATMENT OPTIONS

When people have a mental health crisis or their symptoms begin to interfere with their home and work life, more intensive services are needed. These are generally paid for through health insurance.

A complete listing of all the services listed below can be found on the Department of Human Services website at mn.gov/dhs, and many can be found at www.namihelps.org (click on "Support" and then "Mental Health Resources").

Acute Care Hospital Inpatient Treatment

Acute care hospital inpatient treatment is short-term treatment providing medical, nursing and psychosocial services provided in an acute care hospital.

Community Behavioral Health Hospitals (CBHH)

State Operated Services operates several CBHHs, which are 16-bed psychiatric hospitals. These hospitals provide acute psychiatric inpatient care for adults. These hospitals are located in Alexandria, Annandale, Baxter, Bemidji, Fergus Falls, Rochester and St. Peter. There are also two specialized State Operated Services facilities in Wadena and Willmar.

The goal is to serve people as close as possible to their home communities. CBHHs provide intensive, multidisciplinary services, including assessment, developing treatment plans, mental health treatment and individualized discharge planning. In treatment and discharge planning, CBHH staff should collaborate with the person's family members, significant others, regular mental health providers and county social services.

Contract Beds

The Department of Human Services (DHS) contracts with community hospitals to expand the number of inpatient psychiatric beds available in Minnesota. This allows inpatient services to be extended for 45 days over and above routine acute care admissions for patients on Medical Assistance (MA), those on both MA and Medicare, and those who are uninsured.

Contract beds are used to prevent people from having to travel long distances to access acute inpatient psychiatric care. DHS's goal is to provide more appropriate services in a timely manner, closer to the person's home community and in the least restrictive setting possible.

Eligibility criteria are:

- Person must be 18 or older, or turning 18 within 45 days of admission;
- Person must not be under a 72-hour or court-ordered hold;
- Person must not have a prepaid health plan;
- Person cannot be eligible for both MA and Medicare unless all benefits through Medicare for inpatient stay have been used;
- County of financial responsibility (residence) must be in Minnesota;
- Psychiatric services are beyond what MA normally covers; and
- The need for psychiatric services is documented.

Contract beds can be accessed by a person committed for psychiatric care, as well as by those seeking care on a voluntary basis for up to 45 days (or longer if medically necessary).

State Operated Services

State Operated Services, a division of the Minnesota Department of Human Services, provides an array of programs for people living with mental illnesses: Anoka Metro Regional Treatment Center, Minnesota Security Hospital in St. Peter and the CBHHs described on the previous page. Most people need to be civilly committed to be admitted to either Anoka or St. Peter.

Partial Hospitalization Program (PHP)

A PHP is a time-limited, structured program of psychotherapy and other therapeutic services. These services are provided in an outpatient hospital facility or community mental health center. The goal of PHP is to resolve or stabilize an acute episode of a mental illness. People are admitted to a PHP based on a physician's referral.

Day Treatment

Adult day treatment offers intensive daily treatment and support in a group setting. Day treatment usually lasts around three hours per day and for three to five days per week. Participants typically attend for about five to 15 weeks, depending on the program. Day treatment seeks to help people move toward recovery by improving psychiatric stability, independent living skills and healthy coping skills.

Intensive Residential Treatment Services Programs (IRTS)

IRTS programs provide short-term services in a residential setting. IRTS is a 24-hour-a-day program under a supervision of a mental health professional. Stays are usually limited to 90 days. IRTS seek to develop and enhance mental health stability, personal and emotional development, self-sufficiency and skills to live in a more independent setting. People may benefit from IRTS following acute hospitalization or as a deterrent to hospitalization.

PRE-PETITION SCREENING & CIVIL COMMITMENT

Civil commitment is court-ordered mental health treatment. The greatest challenge faced by the civil commitment law is to maintain a careful balance between the need for treatment of a severe mental illness and an individual's civil rights. Involuntary commitment is a last resort.

For more information and guidance on prepetition screening and commitment, refer to the NAMI Minnesota booklet, *Understanding the Minnesota Civil Commitment Process*, available at www.namihelps.org (click on "Publications").

DATA PRIVACY

Many laws govern what information can be shared beyond a person living with a mental illness. This often frustrates family members who typically are not seeking access to medical records, but rather want basic information on their loved one's diagnosis, treatment and care.

Family members should remember that while a doctor or provider cannot share information with you, you can share information with them. You can also ask your relative to sign a privacy release or request the provider to ask your relative to sign one.

For more information and guidance on this subject, refer to the NAMI Minnesota booklet, *Understanding Data Practices Laws*, available at www.namihelps.org (click on "Publications").

ADVOCACY, INFORMATION & COMPLAINTS

Following is a list of organizations that provide advocacy, support and legal assistance that can help address problems with the mental health system in Minnesota.

Minnesota has three mental health advocacy organizations that can provide education, support and guidance as you navigate the mental health system, housing, criminal justice issues and more:

National Alliance on Mental Illness (NAMI) of Minnesota

The National Alliance on Mental Illness (NAMI) of Minnesota is a statewide 501(c)(3) grassroots nonprofit organization dedicated to improving the lives of children and adults living with mental illnesses and their families. NAMI Minnesota's mission is to champion justice, dignity, and respect for all Minnesotans affected by mental illness. Through education, support and advocacy, NAMI Minnesota pursues its goals to eliminate the pervasive stigma of mental illness, effect positive changes in the mental health system, and increase the public and professional understanding of mental illness.

800 Transfer Road, Suite 31, St. Paul, MN 55114
Phone: (651) 645-2948 or 1-888-NAMI-HELPS
www.namihelps.org

Mental Health Consumer Survivor Network (CSN)

CSN is a grassroots 501(c)(3) organization run entirely by people who have experienced psychiatric disorders. They serve adults in every county in Minnesota, providing support, education and advocacy to peers, family members, mental health providers, policy makers and the general public.

540 Fairview Avenue North, Suite 301, St Paul, MN 55104
Phone: (651) 637-2800 or 1-800-483-2007
www.mhcsn.org

Mental Health Association of Minnesota (MHAM)

MHAM helps people find access to services or problem-solve situations on a one-to-one basis. MHAM provides community education about mental illness, treatments and resources.

475 Cleveland Avenue North, Suite 222, St. Paul, MN 55104
Phone: (651) 493-6634 or (800) 862-1799
www.mentalhealthmn.org

Disability Linkage Line

The Disability Linkage Line (DLL) is a free, statewide information and referral resource that provides Minnesotans with disabilities and chronic illnesses a single access point for all disability related questions.

Phone: (866) 333-2466
www.mnhelp.info

Mental Health Licensing Boards

Additionally, if you seek to address an issue with a licensed mental health professional, contact the appropriate licensing board:

Board of Psychology

2829 University Avenue Southeast, Suite #320, Minneapolis, MN 55414
Phone: (612) 617-2230
Fax: (612) 617-2240

Board of Marriage and Family Therapy

Park Plaza Building, Suite 330, 2829 University Avenue Southeast,
Minneapolis, MN 55414
Phone: (612) 617-2220

Board of Behavioral Health and Therapy

2829 University Avenue Southeast, Suite 210, Minneapolis, MN 55414
Phone: (612) 617-2178
TTY: 1-800-627-3529

Board of Social Work

2829 University Avenue Southeast, Suite 340, Minneapolis, MN 55414
Phone: (612) 617-2100 or (888) 234-1320
TTY: (651) 297-5353 (Twin Cities) or (800) 627-3529 (Greater Minnesota)

Board of Nursing

2829 University Ave Southeast, #500, Minneapolis MN 55414
Phone: (612) 617-2270
Fax: (612) 617-2190

Board of Medical Practice

2829 University Avenue Southeast, Suite 500, Minneapolis, MN 55414
Phone: (612) 617-2130
Hearing Impaired: (800) 627-3529

Minnesota Attorney General's Office of Healthcare Complaint Private Insurance

The Attorney General's Office may be able to help with a problem or dispute related to private insurance. Upon request, a staff member will try to negotiate a timely resolution between the person receiving services and the business involved. The Attorney General's office will not act as a private attorney. If you want to file a legal complaint, consider contacting a private attorney or the nearest legal aid office.

To initiate a complaint with the Attorney General's office, complete a Consumer Complaint Form. This form is available at www.ag.state.mn.us/consumer/complaint.html. Fill out the form carefully with important details. The form must be signed. Once completed and signed, the form can be mailed to:

Office of Minnesota Attorney General
1400 Bremer Tower, 445 Minnesota Street, St. Paul, MN 55101

The Attorney General's office can be reached by phone or mail at the following:

(AG) Consumer or Citizen Assistance Line
NCL Tower, Suite 1400, 445 Minnesota Street, St. Paul, MN 55101
Phone: (651) 296-3353 or 1-800-657-3787

Minnesota Department of Commerce

For problems with health insurance companies licensed by the Department of Commerce, contact their Market Assurance Division with questions or to file a complaint. Their Consumer Response Team (CRT) includes investigators who respond to phone calls about insurance. The CRT attempts to resolve disputes between consumers and the insurance industry informally.

Phone: (651) 296-2488 (Twin Cities)
or (800) 657-3602 (Greater Minnesota)

Minnesota Department of Health

The Minnesota Department of Health's Managed Care System Section handles complaints about health maintenance organizations (HMOs), county based purchasing (CBP) and essential community providers (ECPs) that operate in Minnesota. They can investigate to determine if a health plan and its providers have acted consistently with the law and with the terms of the enrollee's health plan. Complaints can be mailed or taken over the phone. The department also contracts with a third party for external reviews of cases where someone has been denied by a health plan. There is a small cost for an external review.

Minnesota Department of Health
P.O. Box 64882, St. Paul, MN 55164
Phone: (651) 201-5100 (Managed Care Line/HMO Complaints) or 1-800-657-3916

Minnesota Department of Human Rights

The Department of Human Rights is a neutral state agency that investigates charges of illegal discrimination, ensures that businesses seeking state contracts are in compliance with equal opportunity requirements and strives to eliminate discrimination by educating Minnesotans about their rights and responsibilities under the state Human Rights Act.

Phone: (651) 296-5663

Minnesota Disability Law Center

The Minnesota Disability Law Center works to promote, expand and protect the human and legal rights of persons with disabilities through direct legal representation, advocacy and education.

Phone: (612) 334-5970 or 1-800-292-4150

Minnesota Health Plans

Minnesota law requires each health plan to have an internal complaint process. Usually it is the member services department that handles complaints. If the complaint is not resolved to an individual's satisfaction, the individual can then file an appeal to the health plan.

Minnesota Work Incentives Connection

This program helps people with disabilities go to work or increase their level of employment by providing clear, accurate information about the impact of work on their Social Security and other benefits.

Goodwill/Easter Seals
553 Fairview Avenue North, St. Paul, MN 55104
Phone: (651) 632-5113 (metro area) or 1-800-976-6728 (Greater Minnesota)
TTY: (651) 632-5110

Office of Health Facility Complaints

The Office of Health Facility Complaints (OHFC) serves the general public as a division of the Minnesota Department of Health (MDH). Complaints, questions or concerns must be related to services received at a licensed facility. These include hospitals, nursing homes, boarding care homes, supervised living facilities, assisted living, and home health agencies.

Office of Health Facility Complaints
P.O. Box 64970, St. Paul, MN 55164-0970
Phone: (651) 201-4201 or 1-800-369-7994
Fax: (651) 201-4202

Office of the Ombudsman for Mental Health and Developmental Disabilities

The Ombudsman for Mental Health and Developmental Disabilities assists with concerns or complaints about services, questions about rights, grievances, access to appropriate services, general questions or the need for information concerning services for people with disabilities.

Phone: (651) 757-1800 or 1-800-657-3506

U.S. Department of Justice

The U.S. Department of Justice provides information about discrimination under the Americans with Disabilities Act (ADA) through its ADA Information Line.

Department of Human Services Licensing Division
Maltreatment Intake and Licensing Complaints
Phone: (651) 431-6600 or 1-800-514-0301

U. S. Department of Labor

For assistance regarding self-insured health plans, contact the U.S. Department of Labor, which regulates these plans.

Employee Benefits Society Administration
1100 Main Street, Suite 1200, Kansas City, MO 64105
Phone: (816) 285-1800 or (866) 444-3272

U.S. Equal Employment Opportunity Commission

For discrimination complaints contact them at 1-800-669-4000.

This booklet was funded by the Minnesota Department of Human Services.

Other publications from NAMI Minnesota

- Keeping Families Together: A guide for families to understand intensive treatment options for children with mental illnesses
- Understanding Data Practices Laws
- Psychiatric Hospitalization: What you need to know when a loved one is hospitalized
- Understanding the Minnesota Civil Commitment Process
- Mental Health Crisis Planning: Learn to recognize, manage, prevent and plan for your loved one's mental health crisis (children and adult editions)
- Advocating for a Child with a Mental Illness in the Minnesota Juvenile Justice System
- Advocating for People with Mental Illnesses in the Minnesota Criminal Justice System
- Numerous fact sheets about mental illnesses, treatment options, services and more

IMPORTANT PHONE NUMBERS

The phone number of the local crisis center or mobile crisis team is:

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Name and phone number of the closest hospital with a psychiatric unit is:

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The psychiatrist's name and phone number is:

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The pharmacy name and phone number is:

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The case manager's name and phone number is:

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The county human service office phone number is:

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The local housing authority phone number is:

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