



HOPE FOR RECOVERY

Providing information and hope
to families of individuals who
live with a mental illness.

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INTRODUCTION

Mental illnesses are very common. They affect one-in-five adults. They could affect you, your sister, parent, grandparent, friend, neighbor, or co-worker. Mental illnesses know no bounds and affect people of all ages, races, sexes and economic status. They affect teachers, doctors, lawyers, business owners, and students. They affect many aspects of people's lives, including work, school, home and relationships.

Although mental illnesses, such as schizophrenia, major depression and bipolar disorder, are biological brain disorders, they are not viewed in the same way as other illnesses. People blame the individual or the parents. This leads to stigma, which prevents people from identifying symptoms and receiving early treatment, although the earlier the treatment, the better the outcome.

The President's New Freedom Commission on Mental Health stated that, "We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community."

For recovery to take place, people with mental illness need access to treatment and supports. This booklet provides an overview of Minnesota's services, programs and organizations that may assist a person with mental illness in his or her recovery. It contains information on the mental health system and publicly funded programs that support people to live and work in the community. Navigating that system can be a complicated, overwhelming task. Individuals with mental illness and their families must deal with many different sectors and agencies, and it is difficult to obtain information. This booklet serves as a starting point.

Overview

In Minnesota there is no "one-stop" shopping for mental health services. Some people use their private health insurance to access the mental health services they need. Others, especially people who have a serious persistent mental illness, look to the public system for services and supports. The starting point for the public system is through the county of residence. Under Minnesota's Comprehensive Mental Health Act, each county ensures the availability of crisis services, outpatient services, residential treatment, inpatient treatment, case management services and education and preventive services. Counties either provide the services directly or contract with private providers for the services.

SUPPORT & EDUCATION GROUPS

Few people know much about mental illness before it impacts them or their family. It is helpful to learn as much as you can about mental illnesses and to find others who understand and are sympathetic to what you are experiencing.

Family & Individual Support Groups

NAMI-MN offers a number of support groups for family members and for people with mental illnesses throughout the state. NAMI also offers free education classes for family members. The Family-to-Family class is a twelve-week class taught by trained family members. This course teaches families the skills needed to help their loved one. Hope for Recovery is a one-day workshop that teaches families about brain biology, treatments and recovery. Call for times and locations at 651-645-2948 or 888-473-0237.

Consumer Survivor Network of MN

The Consumer Survivor Network offers support and WRAP programs for individuals with mental illness throughout the state. WRAP (Wellness Recovery Action Plan) helps people monitor, reduce, modify, change or eliminate distressing symptoms through planned responses. WRAP enables people with psychiatric illness 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 consumers who have been trained and certified to facilitate.

Metro East	651-637-2800
Metro West	651-706-2531
Toll-free	1-800-483-2007

CSN also offers a consumer-operated phone support network called Warm Lines. The Warm Lines support, listen, chat, empower, inform and refer.

Twin Cities Area	651-637-2800
Outside the Metro Area	1-800-484-2007

MN Depression & Bipolar Support Alliance (MN DBSA)

Support groups are for people living with depression and bipolar disorder. Call 612-331-6840 for locations and times.

Reach Family Support Groups

Meetings are for friends and families of people with mental illnesses, sponsored by the Mental Health Association of Minnesota. Call 612-331-6840 for locations and times.

INSURANCE INFORMATION

Health insurance – public or private – may pay for many mental health services. It is important to learn as much as possible about your coverage. If your son or daughter is a student whose studies are being interrupted due to a mental illness, he or she may still be able to be covered under your plan because he or she would be considered to have a disability. Beginning January 1, 2008 unmarried children under the age of 25 can be covered under their parent's plan (if dependent coverage is available) even if they are not in school. This does not apply to self insured plans or the state employee plan.

If you have health insurance coverage

If you have health insurance, contact your insurance company to find out which services and treatment providers are covered by your plan and if there are any limits to coverage. Federal law does not allow health plans that offer mental health benefits to set annual or lifetime limits differently than dollar 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 health insurance paid for by Medical Assistance, GAMC, or Minnesota Care through the state of Minnesota's Prepaid Health plans, you can contact your county for a list of providers or you can access this information from the Department of Human Services web site.

If you do not have insurance or if mental health services are not fully covered

If you are uninsured or underinsured but can afford to pay directly for services, you can go to any provider for an assessment and/or treatment. Some providers 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.

If you do not have health insurance, you may be eligible for publicly funded health services. There are many different types of publicly funded health insurance services. Programs are funded by the federal government, the State of Minnesota, or by both.

Medicare

Medicare is a national health insurance program administered by the Centers for Medicare & Medicaid Services (1-800-MEDICARE).

Persons 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.

Persons under age 65 years are automatically enrolled in Medicare when they:

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

Medicare has three parts:

Medicare Part A or Hospital Insurance.

Medicare Part B or Medical Insurance.

Medicare Part D or Prescription Coverage

Everyone is enrolled in Part A; enrollment in Part B is optional. There is a premium for Part B. Medicare Part D (beginning January 2006) covers prescription drugs. People who receive Medicaid (Medical Assistance) will now receive their drug benefit through this program. Individuals who are covered by Medical Assistance will automatically be enrolled in a plan but will have an opportunity to change plans. For help choosing a plan or understanding the coverage under Part D, call The Linkage Line at 1-866-333-2433. There are co-payments for medication.

Medicare does not cover items such as dental care, hearing aids and most long-term care. Medicare does cover one pair of glasses, some preventive exams and limited diagnostic testing as long as tests are medically necessary. Mental health care is not treated the same, requiring a 50 percent co-payment for outpatient mental illness treatment and a 190-day lifetime limit on inpatient hospitalization. Not all mental health services are covered. Most people are eligible for Medicare when they reach age 65. You qualify for it automatically if you are eligible for Social Security. You can apply by calling 1-800-772-1213 or by going to <http://www.medicare.gov/>

Medical Assistance

The Medical Assistance (MA) program is Minnesota's federal Medicaid program for low-income families and people with disabilities.

To qualify, you must:

- Be one of the following: Under age 21, age 65 or over, a parent or caretaker of a dependent child, a pregnant woman, or certified blind or disabled. Having a serious mental illness may be considered a disability.
- Live in Minnesota.
- Be a U.S. citizen, a non-citizen lawfully residing in the U.S.,* or a pregnant woman (regardless of immigration status) or be receiving care and services from the Center for Victims of Torture.

*For emergency services only, non-citizens may qualify regardless of immigration status.

There are income limits for MA depending upon the size and income of the family. There are also limits on assets (such as savings accounts, etc.) There are co-payments for services and medications, but there is a cap on the total amount paid for medications. Antipsychotic medications are exempt from copayments.

Medical Assistance covers basic health care needs, dental and vision, and prescriptions. It covers a wide range of mental health services such as case management, intensive rehabilitative mental health services, adult rehabilitative mental health services, crisis services, telemedicine, assertive community treatment, psychiatric consultation, medication therapy management and home care services.

TEFRA

TEFRA is a Medical Assistance (MA) program for children with disabilities regardless of the income of the parents. TEFRA provides Medical Assistance to children in order to support them to live at home with their families. Parents are required to pay a parental fee based on their income. In addition to all the regular health care services, TEFRA also pays for premiums, deductibles and co-pays for the child.

Medical Assistance for Employed Persons with Disabilities

Medical Assistance for Employed Persons with Disabilities (MA-EPD) is a program that promotes employment and self-sufficiency for people with disabilities.

MA-EPD allows working people with disabilities to qualify for MA with higher income and asset limits than is usually allowed under MA. The goal of the program is to encourage people with disabilities to work and enjoy the benefits of being employed. There is a premium, but it 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.

CADI Waiver

The Community Alternatives for Disabled Individuals Waiver (CADI) 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. The CADI waiver can be used for people who have a mental illness. 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

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.

Additional eligibility requirements include:

- There are income limits: for two adults without children it is 200% of the federal poverty guidelines. People pay premiums according to a sliding scale. The average monthly premium is \$23.

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

General Assistance Medical Care

The General Assistance Medical Care (GAMC) program provides insurance for residents of Minnesota who are between the ages of 21-64 with no dependent children who do not qualify for federal health care programs and who meet eligibility requirements. Income requirements specify that you can make only 75% of the federal poverty limit or 175% if you apply during a hospital stay and want hospital-only coverage. The benefit set is nearly the same as MA and there are co-payments. People on GAMC are transitioned to MinnesotaCare.

The same application is used for:

MinnesotaCare, Medical Assistance (MA), General Assistance Medical Care (GAMC), TEFRA, Medical Assistance for Employed Persons with Disabilities (MA-EPD), and other Medicare-related programs.

For an application that you can complete online, print and mail, go to the Department of Human Services web site at <http://www.dhs.state.mn.us> and click on “Health Care” at the top of the page, and click on “Questions? Want to apply?” on the left side of the page.

Or to have an application sent to you:

Call (651) 296-7675 (Twin Cities metro area) or 1-800-657-3739 (outside Twin Cities metro area) or visit your county human service office.

Minnesota Comprehensive Health Association (MCHA)

MCHA provides basic health coverage for people who have been refused private insurance due to a preexisting health condition. Costs for MCHA can be quite high, including a monthly premium, deductible, and 20% co-insurance for most services. Nevertheless, it is an option for people with disabilities if

- their income and/or assets are too high from MA or MNCare
- they are eligible for MA, but they 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, which prevent them from being able to purchase private insurance.

Minnesota Rx Connect

This website was created to provide Minnesotans information on issues related to prescription medicine, safety, cost-saving tips and programs to help low-income Minnesotans pay for prescription medications. It also provides information about accessing lower-cost prescription medicine from Canada and the United Kingdom. You can find it by going to: www.minnesotarxconnect.com

Or by calling 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 <http://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; however, to qualify you must have an income near the poverty level.

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

Minnesota Supplemental Aid (MSA) is a state-funded program that provides a monthly cash supplement to people who are aged, blind or disabled and who receive federal 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

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

The same application is used for the Food Support Program, Minnesota Supplemental Aid, and General Assistance. Applicants must contact their county human services agencies and complete a Combined Application Form (CAF) and an interview.

You may also download a Combined Application Form (CAF) which can be printed at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3469-ENG>. The completed CAF can be mailed or taken to your local county human services agency.

A listing of county human service agencies can be found at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DM-0005-ENG>.

Minnesota Family Investment Program (MFIP)

The Minnesota Family Investment Program, or MFIP, is the state's welfare reform program for low-income families with children. MFIP includes both cash and food assistance. Most families first applying for cash assistance will participate in the Diversionary Work Program, or DWP. This is a four-month program that helps parents to go to work immediately rather than to receive cash assistance. Parents are expected to work, and are supported in working. Most families can get cash assistance for only 60 months.

To apply for the MFIP program you must contact your county human services agency.

SOCIAL SECURITY BENEFITS

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 persons who have 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).

You should apply for Social Security benefits as soon as you believe that your disability will prevent you from working. To apply, complete your application online at <http://www.ssa.gov/applyfordisability/adult.htm> or call the toll-free telephone number 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.

You can apply for General Assistance benefits while you are waiting to qualify for Social Security Benefits. Most people who apply for SSI or SSDI are initially denied. Some attorneys specialize in helping applicants with the appeal process. Often their fees are contingent on a successful appeal. 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.

HOUSING OPTIONS

Though they may spend significant periods of time receiving treatment in a facility, most people with mental illness reside in the community for the majority of their lives. The type of housing needed depends upon the person's financial situation and the types of formal and informal supports the individual needs to live successfully in the community.

Housing Subsidies for Independent Living:

Public Housing

Publicly owned and managed rental units for low income households may be single-family, apartments or town homes, with some units reserved for persons who are elderly or disabled. Rent is based on income. Housing may be older and possess few amenities. Be prepared for long or closed waiting lists.

Project-Based Section 8 Housing

These are privately owned and managed rental units for low-income households. (Some units are reserved only for those who are elderly or disabled.) Subsidized housing is "project-based" if the assistance is assigned to a specific unit or housing development.

These units have very affordable rents and may be single-family, apartments or town homes. Multiple landlords and property managers participate.

Section 8 Housing Choice Vouchers

Section 8 Housing Choice Vouchers is a government-funded program that subsidizes low-income households so that they can pay the rent on market-rate rental units. The tenant finds his/her own unit, within certain requirements, and the housing authority pays a portion of the rent directly to the landlord on behalf of the tenant. Like project-based Section 8, the rent you pay is based on your income. You get to choose the apartment you want to rent, and you may not even have to move, if your current property will accept the voucher. Sometimes you can keep your subsidy if you decide to move. The unit you find must pass an inspection before the subsidy payments can start.

To apply or to get more information on Public Housing, Project Based Section 8 Housing, and Section 8 Choice Vouchers call your local Housing Authority. All county listings can be found at the Housing and Urban Development website at <http://www.hud.gov/local/mn/working/localpo/mnhacontacts.pdf>.

For general information and apartment and waiting list information for the Twin Cities, go to www.HousingLink.org.

The MN Housing Finance Agency website is http://www.mhfa.state.mn.us/renters/renter_programs.htm

Call the Housing Authority or the Housing and Urban Development (HUD) MN Field Office at (612) 370-3000.

Bridges Housing Subsidy

Bridges is a program designed to subsidize the rent of people who are paying most of their income towards housing or people who have no place to live while they wait to be accepted into the Section 8 Housing Choice Voucher program. It provides a “bridge” to stable housing until the Section 8 Housing program has openings.

Bridges also provides rental assistance for people who have a serious and persistent mental illness and who are homeless, but who are eligible to receive a Section 8 housing voucher. The minimum participant payment is 30% of monthly income and the maximum payment is 40% of monthly income.

To qualify for the Bridges program, you must:

- Be an adult member of the household
- Have a household gross income under 50 percent of the area median income
- Have a diagnosis of a serious and persistent mental illness as defined by the Mental Health Act
- Apply for and accept a permanent housing subsidy such as a Section 8 certificate
- Live in a rental unit that meets federal Section 8 standards.

Go to <http://www.mhfa.state.mn.us/multifamily/bridges.htm> to find out more information, to print off forms for the program and to obtain 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.

Crisis Housing Fund

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

Assisted Living

In Minnesota, assisted living is a service concept and is not a specific type of housing. It usually refers to housing that has services available. Any combination of these indicators 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
- Family and friends no longer able to provide adequate care and support.

Please note that there are few assisted living programs that take people who have a serious mental illness.

Group Residential Housing Program

Group Residential Housing (GRH) is a state-funded income-supplement program that pays for room-and-board costs for low-income adults who are elderly or have a disability and who have been placed in a licensed housing setting.

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, contact your county human services agency.

Supportive Housing

Supportive housing is housing plus services for people who are poor, have chronic health conditions (such as mental illness) and need stable housing that is tightly linked to services. It is often targeted to people who are homeless.

For more information contact:

Corporation for Supportive Housing

2801 21st Ave. S, Ste. 220

Minneapolis, MN 55407

www.csh.org

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 a 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 is 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 can offer a wide array of services.

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 is not the primary caregiver. Trained and hired staff generally provides services.

Board and 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 a period of 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 (housekeeping or laundry) or personal care services (assistance with bathing or giving medication) to residents.

Boarding Care

Boarding Care homes are homes for persons needing minimal nursing care. They provide personal or custodial care and related services for five older adults or people with disabilities. 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

The 2007 Legislature provided additional funding for new housing options such as supported housing, intentional communities and assisted living. For more information contact your county.

INTENSIVE TREATMENT OPTIONS

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

A complete listing of all the services listed below can be found on the Department of Human Services web site at <http://www.dhs.state.mn.us> by clicking on “Disabilities” at the top of the page, then clicking on “Adult Mental Health” on the left side of the page, then clicking on “Programs and Services.”

Crisis Services

Immediate response services are available 24 hours, seven days a week for people having a psychiatric crisis, a mental health crisis, or an emergency. They are not available in every county. Some services are mobile, others are crisis homes.

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)

Beginning in 2006, State Operated Services began operating several widely dispersed 16 bed psychiatric hospitals called community behavioral health hospitals. These hospitals provide acute psychiatric inpatient care for adults. These hospitals will be located in Alexandria, Bemidji, Baxter, Cold Spring, Eveleth, Fergus Falls, Rochester, St. Peter, Wadena and Willmar. The goal is to serve patients as close as possible to their home communities. These hospitals will provide intensive, multidisciplinary services including assessment, developing treatment plans, mental health treatment, and individualized discharge planning in collaboration with patients family members, and significant others as well as county social services.

Contract Beds

The Department of Human Services (DHS) currently contracts with community hospitals in order 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 dually eligible under MA and Medicare, or 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 patient's home community. For the patient, this means a plan for returning to community living as soon as possible.

Eligibility criteria are:

- Patient must be 18 or older, or turning 18 within 45 days of admission

- Patient must not be under a 72-hour or court-ordered hold
- Patient must not have access to a prepaid health plan
- Patient cannot be dually eligible for 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 is normally available under MA
- The need for psychiatric services is documented

Contracted beds can be accessed by a person committed for psychiatric care, or for those seeking care on a voluntary basis for up to 45 days or longer if medically necessary. The goal is to offer the least restrictive setting necessary for each individual patient in a setting that is as close as possible to their own community.

Regional Treatment Center Inpatient Services:

Regional Treatment Centers have 24-hour comprehensive medical, nursing, and psychosocial services. The Regional Treatment Centers are run by the State Operated Services Division within the Department of Human Services.

Partial Hospitalization Program (PHP)

Partial hospitalization is a time-limited, structured program of psychotherapy and other therapeutic services provided in an outpatient hospital facility or Community Mental Health Center. The goal of PHP is to resolve or stabilize an acute episode of mental illness. People are admitted to a Partial Hospitalization Program based on a physician's referral.

Intensive Residential Treatment Services Programs (IRTS)

Intensive Residential Treatment Services Programs are short-term services provided in a residential setting designed 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 this level of service following acute hospitalization or as a deterrent to it. It is a 24-hour-a-day program under a supervision of a mental health professional, in a residential setting other than an acute care hospital or regional treatment center inpatient unit.

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is an intensive, non-residential rehabilitative mental health service. ACT is designed for people who live with the most persistent symptoms of mental illnesses. Many of these people have trouble simply taking care of their basic needs. They tend to spend more time in hospitals, or live on the streets because of their illness. Services are provided by multidisciplinary treatment teams with small case loads and are available 24/7/365 based

on people's clinical needs. ACT is funded under Medical Assistance and General Medical Assistance programs.

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
- Medication support and education

COMMUNITY SERVICES AND SUPPORT

In order to live in the community, some people who have a serious mental illness need services and supports. Many of these are funded through public health care programs, such as MA and GAMC.

Outpatient Services

Outpatient services provide individual, group and family therapy, individual treatment planning, diagnostic assessments, medication management, and psychological testing. For a list of community mental health programs, go to: <http://www.dhs.state.mn.us/Licensing/ProgramLists/pdf/flmhc.pdf>

Dual Diagnosis Services

Dual diagnosis services are treatments for people who suffer from co-occurring disorders - mental illness and substance abuse. Dual diagnosis service integrates assistance for each condition, helping people recover from both in one setting, at the same time. This is an evidence based treatment, meaning that there is research to support using this approach and there are standards that a provider must follow. This is a new service in Minnesota and currently there are few providers.

Case Management

Case management services include conducting a functional assessment, developing an individual community support plan, assisting the individual in getting mental health and other services, ensuring coordination of services and monitoring the delivery of services.

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

- Two psychiatric hospitalizations 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 and a mental health

professional believes the individual could require hospitalization if he/she does not receive 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.

Adult Rehabilitative Mental Health Services

Adult Rehabilitative Mental Health Services (ARMHS) is also known as the “MA Rehab Option.” This is an option under MA (Medical Assistance) that allows services to be provided one-to-one in the home and in the community by qualified staff. This program helps adults with serious and persistent mental illness to function well and to remain in the community.

Adult Rehabilitative Mental Health Services instruct, assist, and support the person in many areas of his/her life such as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, healthy lifestyle skills and practices and cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills and transition to community living services.

ARMHS services can be accessed by going to an ARMHS provider directly; there is no need to apply through a county agency. An individual must be on Medical Assistance and the ARMHS provider determines if the person meets other criteria. A list of ARMHS providers can be found on the Department of Human Services web site at <http://www.dhs.state.mn.us/> by clicking on “Disabilities” at the top of the page, then clicking on “Mental Health” on the left side of the page, then clicking “Programs and Services” on the left side of the page. The link to ARMHS providers is found in the paragraph under “Rehabilitative mental health services and community support program services.” Or you can call your county human services office for information on who provides ARMHS services.

Community Mental Health Centers

Community Mental Health Centers provide a wide range of services for individuals with serious and persistent mental illness. Services typically include education, consultation to courts, and health and welfare agencies: outpatient diagnostic and treatment services and rehabilitation services. In many counties, support services are contracted by the counties to a Community Mental Health Center. Many Community Mental Health Centers have sliding fees for people who are uninsured or underinsured. For a list of centers go to:

<http://www.dhs.state.mn.us/Licensing/ProgramLists/pdf/flmhc.pdf>

Community Support Programs

The goal of the Community Support Program (CSP) is to assist people to live as comfortably, productively and independently as possible in their home community. This is accomplished by providing a number of related services, such as case management, housing assistance, opportunities to socialize, meals and a variety of organized activities. You can learn more about your county's programs by contacting your county human services department. A complete listing of county contacts can be found on the Department of Human Services web site at <http://www.dhs.state.mn.us>.

Special Populations

Some providers treat people from specific cultures. For a list go to:

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs_id_004954.hcsp

EMPLOYMENT

Research has shown that recovery is faster when people are able to work. Rather than waiting until all of their symptoms disappear; people do better if they go to work as soon as they feel ready to. Outpatient programs now focus on employment. However, a big barrier to working is the potential loss of benefits, such as health care and community supports. There are programs that help people determine the risks and benefits of being employed and how much can be earned before losing benefits.

For example, Medical Assistance for Employed Persons with Disabilities (MA-EPD) is a work incentive program that enables people with mental health disabilities to earn income while maintaining their eligibility for Medical Assistance Programs. The Social Security Administration also has programs that allow people to work part-time.

Vocational Rehabilitation Services

This program is the state's comprehensive, statewide program that assists persons with significant disabilities to look for work, to become employed and to retain employment. People with mental illness whose disabilities cause serious functional limitations in one or more important areas of life activity may qualify for multiple Vocational Rehabilitation (VR) services 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 651-296-5616 or 1-800-328-9095.

Qualifying for VR services is a two step process. The first step is to determine eligibility. Eligibility is based mostly on whether there is a physical or

mental condition that makes it difficult to get 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.

If you qualify for services, in addition to training, there are a number of employment programs.

Extended Employment

There are two EE programs. The EE-SMI program provides supported employment services to persons with serious and persistent mental illness (SMI). There are 22 Coordinated Employability Projects that assist people to secure employment. These projects provide services in 63 counties and often have long waiting lists. There is also an Extended Employment program for people with any type of disability. The differences between the two programs is that the EE-SMI program can provide supports to people whenever they need them on the job and the funding is tied to time spent on job placement, not just on hours worked.

Supported Employment

These programs support people on the job and pay the same wages that are paid to a person without disabilities performing the same type of job. Supported employment may be a step in the vocational process to achieving successful independent employment without the ongoing support services of job retention staff.

Community Employment

C-E is a job in the community that may be as part of a work crew or may be paid on a sub-minimum wage certificate. Community employment may be a step in the vocational process to achieving supported employment.

To learn more about vocational rehabilitation services, go to the Minnesota Department of Employment web site at <http://deed.state.mn.us>

EVIDENCE-BASED PRACTICES

The Substance Abuse and Mental Health Services Administration (SAMHSA) has long been committed to promoting evidence-based practices. Evidence-based Practices (EBP) are mental health programs that have been shown through research to be effective in assisting people with mental illness to recover. Some EBP are now funded by public and private health coverage.

There are six evidence-based practices:

Illness Management and Recovery

The Illness Management and Recovery 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
- Getting needs met in the mental health system

This program will be piloted beginning in January 2006.

Family Psychoeducation

Family Psychoeducation provides information on mental illness, problem solving, and hope. Family psychoeducation also helps with stress, connects people who are experiencing similar issues, and helps support their loved on in their recovery.

Supported Employment

Supported Employment is a well-defined approach to helping people with mental illnesses find and hold competitive employment within their communities. Supported employment programs are staffed by employment specialists who have frequent meetings with treatment providers to integrate supported employment with mental health services. The core principles of this program include:

- Eligibility based on consumer choices and preferences
- Supported employment as an integrated treatment
- Continuous follow-along supports
- Help with moving beyond the patient role and developing new employment-related Roles as part of the recovery process

Co-occurring Disorders: Integrated Dual Diagnosis Treatment

Integrated Dual Diagnosis Treatment is for people who have co-occurring disorders, mental illness and a substance abuse addiction. This treatment approach helps people recover by offering both mental health and substance abuse services at the same time and in one setting.

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
- Counseling designed especially for people with co-occurring disorders

Medication Management

Medication Management Approaches in Psychiatry (MedMAP) provides guidelines and decision-making steps so that medications are prescribed to support a person's recovery. It is a systematic approach that involves the individual with mental illness in providing feedback about the effectiveness of the medication and side effects. It is not yet available in Minnesota.

Assertive Community Treatment Teams

Assertive community treatment is an integrated way of delivering a full range of services to people who have a serious mental illness and have difficulties with caring for themselves and keeping safe. The team is made up of mental health professionals from all the disciplines such as psychiatry, nursing, social work, substance abuse treatment, and employment.

For more information about EBP go to: <http://www.mentalhealthpractices.org/med.html>

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.

Preparing for a Crisis

Dealing with a crisis is challenging and stressful. It is important to gather information and research treatment options before the crisis erupts. Here are some things to do before a crisis:

Learn which hospitals or clinics have emergency psychiatric evaluations. Know who provides crisis services in your community and how to access the services.

Create a crisis kit which includes:

- One-page psychiatric history summary – updated yearly – that includes: Full name, age, diagnosis and city of residence
- Current symptoms and concerns
- Psychiatrist's name and number
- Current medications and medication history
- Emergency contact name and numbers
- Recent picture and description
- Medical releases
- Advance health directive
- Copy of criteria for civil commitment

If a Crisis Occurs

- In some counties, response services are available 24 hours, seven days a week for people having a psychiatric crisis. If you are in need of emergency services and are unable to transport the person in crisis to a mental health center or emergency room, it may be necessary to call the police for help.
- Inform the officer that the person has a mental illness and ask for a trained CIT officer, if available. The officer who arrives on the scene will decide whether the person is a danger to his or her self or others. If the person with the mental illness does not meet this criteria, it is unlikely that the officer will transport him or her.
- It is important that the family be specific when describing the behaviors and the concerns that convinced them that their loved one needs immediate emergency care. If you are able to bring the person with mental illness to the emergency room, be prepared for a long wait. If you are able to reach the psychiatrist, ask the doctor to call the hospital and do a “direct admit.”

- Talk through the situation with your loved one. It is always preferred that the individual agree to treatment voluntarily. When the person doesn't agree, the facility can hold the person with mental illness for 72 hours if they believe the person may cause injury to him/herself 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. Note that when a 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.

A complete listing of crisis services by county can be found on the Department of Human Services web site at <http://www.dhs.state.mn.us>. Click on "Disabilities" at the top of the page, then click on "Mental Health" on the left side of the page, and then click on "Programs and Services" on the left side of the page. The listing can be found under "Emergency Services."

Tips for De-escalating a Crisis

- Do not deny psychotic thinking—offer your support.
- Start low key.
- Put assertive tendencies aside.
- Speak and act slowly and clearly, using simple sentences.
- Don't try to reason with a person in psychosis.
- Avoid quick movements.
- Keep stimulation level low.
- Ask casual observers to leave.
- Give him/her space, avoid touching, do not shout.
- Avoid continuous eye contact.
- Sit at the side of a person who is feeling paranoid; talk from same position.
- Ask if suicide is a concern.

PRE-PETITION SCREENING AND COMMITMENT

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.

Civil commitment is a complex and stressful process based on highly technical definitions and procedures.

When Can Someone Be Committed?

A person cannot be committed for treatment against his or her will unless he or she meets certain legal standards. Courts will only make an involuntary commitment order if:

- A. The person has been diagnosed with a mental illness;

AND

B. There is a strong likelihood that the person will physically harm themselves or others as shown by:

- a failure to obtain food, clothing, shelter, or medical care as a result of the illness, taking into account the possibility of anosognosia, or the unawareness of one's own symptoms OR
- a recent attempt or threat to physically harm him or herself or others OR
- is more probable than not to suffer substantial harm or significant psychiatric deterioration due to not receiving medical care OR
- an inability to obtain food, clothing, shelter, or medical care OR
- recent and volitional conduct involving significant damage to substantial property;

Minnesota law states that the least restrictive treatment program available that can meet the person's treatment needs must be selected. Therefore, before the civil commitment process is initiated, it may be preferable to apply for the less intrusive order for early intervention. If the designated county agency determines that early intervention may be appropriate, then a pre-petition screening report is prepared. The person is entitled to have an attorney, will be examined by a physician, and has the right to a second independent examination prior to any decisions being made.

The person choosing to pursue civil commitment for someone suffering from a severe mental illness must first apply to the appropriate county agency to conduct a preliminary investigation. The agency will appoint a screening team to gather the necessary information. After the investigation is completed, if the pre-petition screening committee decides to proceed with the commitment process, the subject will be notified. This notice must contain all of the patient's rights, including the right to a court-appointed attorney, the right to request a second examiner, the right to attend hearings, and the right to present opposing evidence.

For further information on pre-petition screening and the commitment process, contact your county human services or county attorney's office. NAMI also has information on the process.

Patient Bill of Rights

Minnesota law contains a patient bill of rights, which outlines how an individual must be treated in a health care facility. The Patients and Residents of Health Care Facilities Bill of Rights covers all patients or residents in Minnesota health care facilities. The patient must be given a copy of the Patient Bill of Rights by each facility. In part, these rights include the right to be treated courteously, to

know who is treating him or her, to obtain appropriate care, to participate in the treatment planning, etc.

Advance Directives

The Health Care Directive and the Advance Psychiatric Directive are documents which allow a person to make decisions or choices about their future care.

In Minnesota, the Health Care Directive allows a person to direct which kinds of treatment they do and do not want should they become incapable of making that decision. It allows a person to make mental and physical health care choices ahead of time. It also allows a person to designate someone as their advocate and to make decisions on behalf of that person. It may also include instructions for end-of-life decisions, often called a “Living Will.”

The Advance Psychiatric Directive in Minnesota applies only to treatment with neuroleptic medications and Electroconvulsive Therapy (ECT). It can also include instructions about other psychiatric medications like anti-depressants and anti-anxiety medications.

You can find more information on Advance Directives and download forms by going to:

<http://www.bazelon.org/issues/advancedirectives/>

or you can call the Minnesota Disability Law Center at 1-800-292-4150.

DATA PRIVACY

There are many laws governing what information can be shared beyond the individual 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.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was developed to protect the confidentiality of a patient's health information. It enables the patient to:

- See a copy of their medical records within 30 days (there are exceptions). An individual does not have the right to review or obtain psychotherapy notes, information compiled for legal proceedings or medical records from correctional centers.
- Have corrections made to their health information.
- Receive a notice that tells them how their information is used and shared.
- Decide whether to give the doctor permission before the information can be shared or used for certain reasons.
- Decide who can obtain information about their illness and treatments.

What this means for families who have an adult family member with mental illness is that they cannot get information about the patient's admission, treatment, diagnosis or other medical information without his/her signed permission. HIPAA does not prohibit family members from offering information to providers or healthcare personnel and providers are not prohibited from accepting this information.

However, where an individual is incapacitated, in an emergency situation, or not present, providers may make disclosures determined to be in the best interest of the individual.

How an individual can make sure that their family is informed within the HIPAA guidelines. For example:

- Patients may indicate on the admittance form that they want certain persons to know where they are.
- Patients may sign a release of information to indicate that a particular person should be kept informed.
- Patients may sign an Advance Directive of their wishes for care and information sharing.
- People should be aware that some places may have a list of approved visitors.
- Families can ask the care facility if they have offered the patient a release of information form for the family members.

- The family can ask general, non-specific questions that aren't directly about the patient such as, "How might a family best support someone with schizophrenia?" or "When someone takes Prozac, what might the side effects be?"

Additionally, Minnesota law, Right to Request Patient Information, states that upon oral or written request by a spouse, parent, child, or sibling for information about a patient who is being evaluated for or diagnosed with mental illness, a provider must ask the patient for authorization to release information to a designated individual.

Family Involvement Act

It will now be a little easier for families to obtain basic information about their loved ones' illness and treatment plan. A provider of mental health care and treatment may disclose health record information described below about a patient to a family member of the patient or other person who requests the information if:

- (1) The request for information is in writing;
- (2) The family member or other person lives with, provides care for, or is directly involved in monitoring the treatment of the patient;
- (3) The involvement under clause (2) is verified by the patient's mental health care provider, the patient's attending physician, or a person other than the person requesting the information, and is documented in the patient's medical record;
- (4) Before the disclosure, the patient is informed in writing of the request, the name of the person requesting the information, the reason for the request, and the specific information being requested;
- (5) The patient agrees to the disclosure, does not object to the disclosure, or is unable to consent or object, and the patient's decision or inability to make a decision is documented in the patient's medical record; and
- (6) The disclosure is necessary to assist in the provision of care or monitoring of the patient's treatment.

The information disclosed under this new law is limited to diagnosis, admission to or discharge from treatment, the name and dosage of the medications prescribed, side effects of the medication, consequences of failure of the patient to take the prescribed medication, and a summary of the discharge plan.

If a provider reasonably determines that providing information would be detrimental to the physical or mental health of the patient or is likely to cause the patient to inflict self-harm or to harm another, the provider must not disclose the information.

People can still use the formal consent to release full records and in an emergency information can be released. This new law offers an alternative to accessing all of someone's medical records.

ADVOCACY, INFORMATION AND COMPLAINTS

The mental health system and the wide array of public programs can be confusing. Following is a list of organizations that provide advocacy, support and legal assistance when people have problems.

NAMI-MN (National Alliance on Mental Illness of Minnesota)

651-645-2948 888-473-0237

NAMI-MN is a statewide grassroots organization that provides education, support and advocacy to children and adults with mental illness and their families. NAMI offers support groups, classes, written information, phone support and a lending library.

Mental Health Association

612-331-6840

The Mental Health Association of Minnesota helps individuals find access to services or problem-solve a situation, on a one-to-one basis. MHA provides community education about mental illness, treatments and resources.

Mental Health Licensing Boards

Mental health professional specialties have their own licensing boards. Names and contact information are listed below:

Board of Psychology

2829 University Avenue S.E., Suite #320, Minneapolis, MN 55414-3237

Phone: (612) 617-2230

Fax: (612) 617-2240

Board of Marriage and Family Therapy

Park Plaza Building, Suite 330, 2829 University Avenue S.E., Minneapolis, MN 55414-3222

Phone: (612) 617-2220

Board of Behavioral Health and Therapy

2829 University Avenue Southeast, Suite 210, Minneapolis, MN 55414

Phone: (651) 201-2759; TTY: 1-800-627-3529

Board of Social Work

2829 University Avenue Southeast, Suite 340, Minneapolis, MN 55414-3239

Phone: (612) 617-2100, or toll free (888) 234-1320

Phone: TTY: (651) 297-5353 (Twin Cities) (800) 627-3529 (Greater Minnesota)

Board of Nursing

2829 University Ave SE, #500, Minneapolis MN 55414-3253

Phone: (612) 617-2296

Fax: (612) 617-2190

Board of Medical Practice

2829 University Avenue S.E., Suite 500, Minneapolis, MN 55414-3246

Phone: (612) 617-2130; Hearing Impaired (612) 297-5353 or (800) 627-3529

Minnesota Attorney General's Office of Healthcare Complaint Private Insurance

A staff member of the Attorney General's Office may be able to help a Minnesota healthcare consumer who has experienced a problem or dispute regarding a private insurance related issue. At the consumer's request, this office will attempt to negotiate a resolution between the consumer of services and the business involved in order to reach a timely resolution. Keep in mind that 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 service.

To initiate a complaint with the Attorney General's office, you must complete a Consumer Complaint Form. This form can be printed from the AG website: www.ag.state.mn.us/consumer/complaint.html. Fill out this 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

Or, the AG 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

(651) 296-3353

Toll Free: 1-800-657-3787

Minnesota Department of Commerce

For problems with health insurance companies licensed by the Department of Commerce, their Market Assurance Division can be contacted with questions or to file a complaint. The Minnesota Department of Commerce Consumer Response Team (CRT) is comprised of investigators who respond to consumer phone calls specifically about insurance. The CRT attempts to resolve disputes between consumers and the insurance industry informally. In the Twin Cities metro area call (651) 296-2488 or statewide toll free at 800-657-3602.

Minnesota Department of Health

The Minnesota Department of Health, Managed Care System Section, handles complaints about HMOs, County Based Purchasing (CBP) and Essential Community Providers (ECPs) that operate in the State of Minnesota. They can investigate to determine if the Health Plan and its providers have acted consistently with applicable 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 an external review of a denial by a health plan. There is a small cost for an external review.

P.O. Box 64882

St. Paul, Minnesota 55164-0882

(651) 201-5100 Managed Care Line/HMO Complaints; or 1-800-657-3916

Minnesota Department of Human Rights

651-296-5663

The MN 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.

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.

612-334-5970 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 Incentive 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.

2200 University Avenue

Suite 240

St. Paul, MN 55114

Metro Number: (651) 632-5113

Greater Minnesota: 1-800-976-6728

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.

OHFC may be contacted in writing or by phone to:

Office of Health Facility Complaints

P.O. Box 64970

St. Paul, MN 55164-0970

Phone: (651) 201-4201

National Toll Free Number: 1-800-369-7994

Fax: (651) 201-4202

Office of Mental Health Practice

The Office of Mental Health Practice (OMHP) was established for people receiving mental health services from practitioners who fall outside of the licensing authorities for Minnesota psychologists, social workers, marriage and family therapists, and psychiatrists (physicians), nurses, licensed professional counselors, and alcohol and drug counselors. The OMHP requires unlicensed mental health practitioners to follow certain rules of conduct, and to provide their clients with the Mental Health Client Bill of Rights. Consumers receiving mental health services, or any concerned individual, may file a complaint about an unlicensed mental health practitioner with the OMHP, or receive information from the OMHP about state regulations governing both licensed and unlicensed mental health practitioners.

612-617-2105 or 1-800-657-3957.

Office of the Ombudsman for Mental Health and Development Disabilities

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

651-296-3848 1-800-657-3506

U.S. Department of Justice

For information about discrimination under the Americans with Disabilities Act (ADA) call the ADA Information Line at:

1-800-514-0301.

Department of Human Services License and Maltreatment Office

Phone: (651) 296-3971

U. S. Department of Labor.

Health plans that are self-insured are regulated by the U.S. Department of Labor.

For further assistance, contact their office directly at:

Employee Benefits Society Administration

1100 Main Street, Suite 1200

Kansas City, MO 64105

(816) 426-5131 Tel.

(816) 426-5511 Fax

(866) 444-3272 (toll free)

U.S. Equal Employment Opportunity Commission

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

What is 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.

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

November 2007

IMPORTANT PHONE NUMBERS

The phone number of the closest Crisis Center or Mobile Crisis Unit is:

The phone number of the closest Hospital with a Psychiatric Unit is:

The Psychiatrist's name and phone number is:

The Pharmacy name and phone number is:

The Case Manager's name and phone number is:

The County Human Service Office phone number is:

The local Housing Authority phone number is:

January 2007



800 Transfer Road, Suite 31
Saint Paul, MN 55114

www.namimn.org

phone: 651-645-2948
toll free: 1-888-NAMI-HELPS
fax: 651-645-7379
e-mail: nami-mn@nami.org