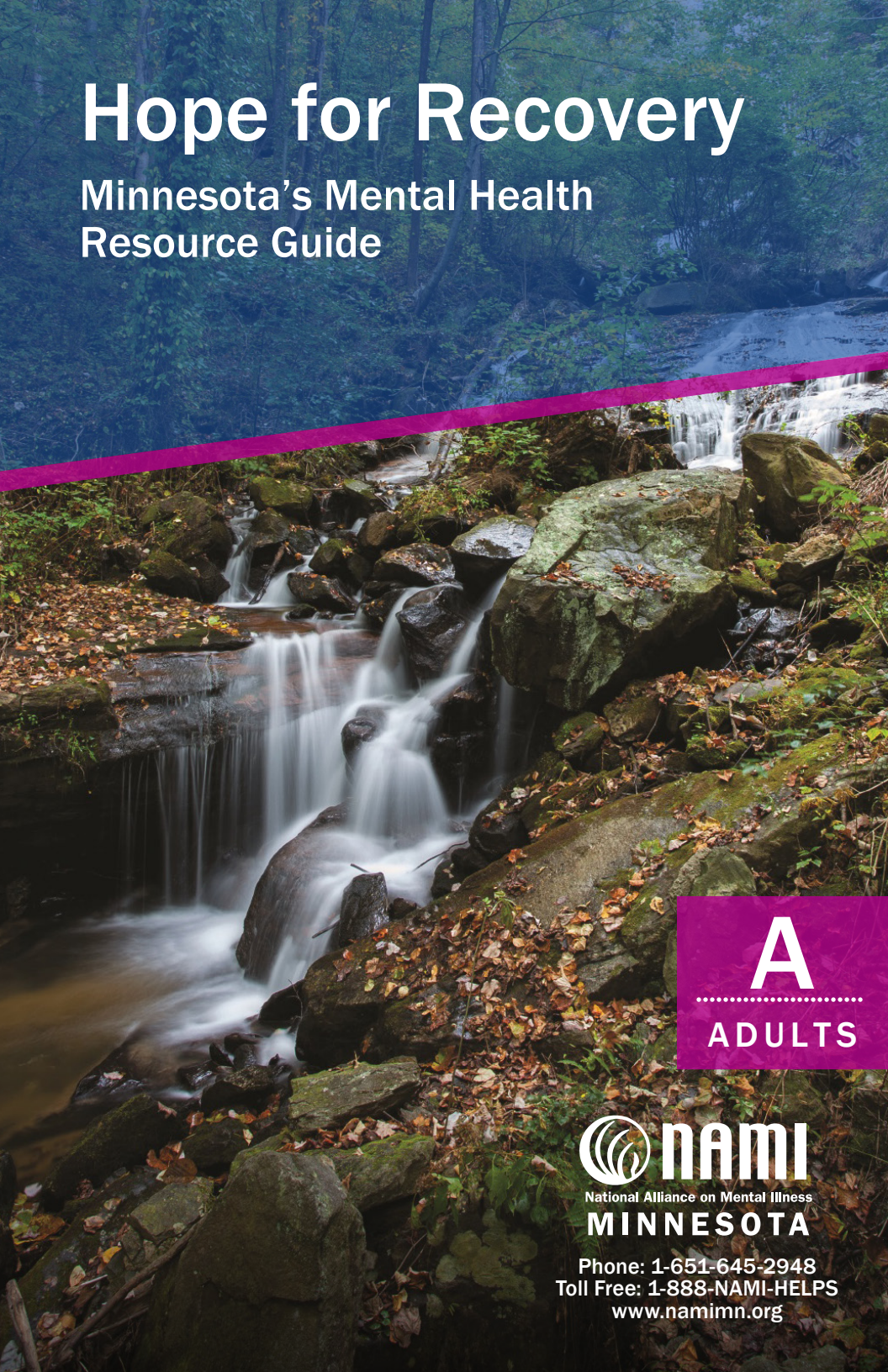


Hope for Recovery

Minnesota's Mental Health Resource Guide



A

ADULTS



nami

National Alliance on Mental Illness

MINNESOTA

Phone: 1-651-645-2948

Toll Free: 1-888-NAMI-HELPS

www.namimn.org



NAMI Minnesota champions justice, dignity, and respect for all people affected by mental illnesses. Through education, support, and advocacy we strive 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.

HOPE FOR RECOVERY

Minnesota's Adult Mental Health Resource Guide

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INTRODUCTION

Mental illnesses are very common. One in five adults lives with a mental illness. Mental illnesses do not discriminate. They could affect you, your sibling, 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 depression, schizophrenia, anxiety disorders, panic disorders, post-traumatic stress disorder (PTSD) bipolar disorder, borderline personality disorders and eating disorders.

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. It does not reflect your skills as an advocate for yourself or your loved one. There are very real shortages—of 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 rural areas and for anyone seeking culturally specific services. Our mental health system is being built and while we have the foundation, there are waiting lists.

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, use public insurance such as Medicaid, Medicare and MNCare.

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

SUPPORT & EDUCATION

Few people know much about mental illnesses until a mental illness impacts them or a loved one. It helps 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 free peer-led support groups and classes.

NAMI Helpline

NAMI answers thousands of calls each year from people seeking help for themselves or a loved one. While NAMI does not provide individual advocacy, it helps callers be the best advocates they can be. NAMI provides guidance to people who are trying to navigate the mental health system, identifies resources and treatment that can help 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, ext. 117 or 1-888-NAMI-HELPS or email namihelps@namimn.org. **NOTE:** This is not a crisis line.

Fact Sheets and Booklets

NAMI Minnesota offers a wide array of fact sheets about mental illnesses in children and adults, commonly prescribed psychotropic medications, different treatment options and more.

NAMI has also published a number of booklets on a range of topics:

YOUTH

- ▶ **CHILDREN'S PSYCHIATRIC HOSPITALIZATION:** Learn about psychiatric units and what should happen during and after a hospitalization. Information about the different types of professionals, treatment offered and discharge planning is included.
- ▶ **TRANSITIONS:** Learn ways to support your young adult with a mental illness as they transition into adulthood. Information about employment and higher education is included.
- ▶ **UNDERSTANDING PSYCHOSIS—Resources and Recovery:** Learn about the warning signs and causes of psychosis, advocacy, evidence based treatment practices and supports available to help get young people back to their lives, work and school.
- ▶ **MENTAL HEALTH CRISIS PLANNING FOR CHILDREN:** Learn to recognize, manage, prevent and plan for your child's mental health crisis. Also in Hmong and Somali.
- ▶ **JUVENILE JUSTICE—Advocating for a Child with a Mental Illness:** Learn about the juvenile justice system, how to work with your child's attorney, the court process, juvenile detention centers, and returning to the community.
- ▶ **KEEPING FAMILIES TOGETHER:** Learn about the children's mental health system, including the services available and voluntary placement agreements when a child needs residential treatment.

ADULTS

- ▶ **ADULT PSYCHIATRIC HOSPITALIZATION:** Learn about psychiatric units and what should happen during and after a hospitalization. Information about the different types of professionals, treatment offered and discharge planning is included.
- ▶ **MENTAL HEALTH CRISIS PLANNING FOR ADULTS:** Learn to recognize, manage, prevent and plan for your loved one's mental health crisis.
- ▶ **CRIMINAL JUSTICE—Advocating for an Adult with a Mental Illness:** Learn about the criminal justice system, how to work with the public defender, how to advocate for treatment in the jail or prison and how to help a loved one return to the community.
- ▶ **UNDERSTANDING THE MINNESOTA CIVIL COMMITMENT PROCESS:** Learn the steps in the process, pre-commitment screening, emergency treatment, commitment standards, common questions, and alternatives to commitment
- ▶ **UNDERSTANDING DATA PRACTICES LAWS:** Learn about the state and federal health care privacy laws and what they do and do not require.

PROFESSIONALS

- ▶ **DEALING WITH A MENTAL HEALTH CRISIS:** Information & Resources for First Responders: Pamphlet primarily designed to help educate law enforcement personnel.

All NAMI Minnesota booklets and fact sheets are available free of charge online at www.namimn.org or by calling 1-888-NAMI-HELPS (or 651-645-2948).

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

NAMI Support Groups

NAMI Minnesota offers peer-led support groups for families and people living with mental illnesses:

- ▶ **NAMI CONNECTION GROUPS.** For people living with any mental illness.
- ▶ **YOUNG ADULT NAMI CONNECTION GROUPS.** For youth and young adults ages 16–20, and 18–30 who live with any mental illness.
- ▶ **OPEN DOOR GROUPS.** For people living with anxiety disorders.
- ▶ **DUAL DIAGNOSIS SUPPORT GROUPS.** For adults living with both a mental illness and a substance use disorder.
- ▶ **TELECONNECTION SUPPORT GROUPS.** Web-based support groups for people living with a mental illness regardless of diagnosis as well as family members and parents.

- ▶ **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.
- ▶ **PARENT CONNECTION GROUPS.** For parents who live with a mental illness and are raising a child with a mental illness.

Visit www.namimn.org (click on “Support”) or call (651) 645-2948 or 1-888-NAMI-HELPS for times and locations. All groups are free to attend.

NAMI Education Programs

NAMI Minnesota offers many free classes for family members, professionals and community members. Most of our classes focus on understanding mental illnesses and the mental health system in Minnesota. Our signature classes include:

FOR FAMILIES OF ADULTS

- ▶ **FAMILY TO FAMILY:** Learn about mental illnesses, the brain, treatment, and resources to help a loved one living with a mental illness. Attendees will also build communication skills, reduce stress, find support and discover the common Stages of Emotional Responses when supporting someone with a mental illness. This workshop meets weekly for two and a half hours for 12-weeks and is for family and friends of an adult living with a mental illness.
- ▶ **HOPE FOR RECOVERY:** Obtain information about mental illnesses, treatments, crisis management, suicide prevention, the mental health system and local resources along with practical strategies for helping a loved one or friend. This includes learning the LEAP strategy for improving communication; Listen, Empathize, Agree-on what you can, and Partner. It is a six-hour workshop for family and friends of a teen or adult living with a mental illness and people living with a mental illness who are doing well in their recovery.
- ▶ **FAMILY CONNECTIONS™:** Family Connections is a 12-week course that meets weekly to provide education, skills training, and support for people who are in a relationship with someone who has BPD. Focusing on issues that are specific to BPD, it is hosted in a community setting and led by trained group leaders who are usually family members of relatives with BPD. Dr. Alan Fruzzetti and Dr. Perry Hoffman developed the course based on their research as well as their significant professional expertise in counseling people with BPD and their loved ones. Family Connections provides: current

information and research on BPD and on family functioning; individual coping skills based on Dialectical Behavior Therapy (DBT); family skills; and group support that builds an ongoing network for family members.

FOR PARENTS & CAREGIVERS OF MINOR CHILDREN

- ▶ **CHILDREN'S CHALLENGING BEHAVIORS:** Understand the difference between typical age appropriate behaviors and the challenging behaviors that may be a symptom of something more serious. Learn when and how to seek help, parenting strategies, how to access special education or other educational programs, and learn about resources through insurance and the county to help your child and family. This is a six-hour workshop and is for parents or caregivers of children.
- ▶ **MENTAL HEALTH CRISIS PLANNING FOR CHILDREN:** Learn the symptoms that can lead to a crisis, steps to take, de-escalation techniques and the role of county crisis teams. Develop a crisis plan for your child and family. This is a two-hour class and is for parents or caregivers of children.
- ▶ **TRANSITIONS:** Learn how to help your teen or young adult access resources to succeed in school, employment and independent living. Understand the rights young adults gain when they reach 18 and how to help guide them if they are not ready to total independence. This is a 90 minute class and is for parents or caregivers of youth or young adults.
- ▶ **UNDERSTANDING THE CHILDREN'S MENTAL HEALTH SYSTEM:** Learn about Minnesota's children's mental health system. Gain information about the different types of services and supports available to families who have a child with a mental illness, and how to access them. Understand best practices and the rights of children and their families in the clinical treatment setting as well as the school. This is a two-hour class designed for parents, school staff, and other providers who support children and their families.
- ▶ **UNDERSTANDING EARLY EPISODE PSYCHOSIS:** Learn about the signs and symptoms of psychosis, causes, treatment options and why early intervention is so important. Participants will learn how to advocate for and help a young person get back to work or school and achieve recovery. This is a two-hour class and is for parents or caregivers of youth or young adults.

FOR CHILDREN AND TEENS

- ▶ **ENDING THE SILENCE:** Learn about mental illnesses and the signs and symptoms. Also hear the personal story of a young adult who

is doing well in recovery. Students receive resources to get help for themselves or for a friend and information on how to fight the stigma of mental illnesses in their school. Ending the Silence is a 50-minute class intended for high school students.

- ▶ **PROGRESSION:** Learn from other teens and young adults how to maintain good mental health by recognizing early signs of returning symptoms, understanding how to deal with stress and anxiety, and teaching siblings, parents and friends how to help you. This workshop is taught by a trained young adult and empowers individuals to take charge of their lives by providing education and information on mental illnesses, treatment options and the hope for recovery. It's a safe space to talk to others who are going through similar experiences and to not feel alone. This workshop meets for 6 two-hour sessions and is for teens.

FOR THE GENERAL PUBLIC

- ▶ **CREATING CARING COMMUNITIES IN MINNESOTA: FIVE THINGS YOU CAN DO:** Learn about mental illnesses, the impact of negative attitudes and five things each of us can do to make Minnesota a better place for people who experience a mental illness. This one-hour class is for any community or organization interested in learning about mental illnesses and helping to change attitudes towards mental illnesses.
- ▶ **CREATING CARING FAITH COMMUNITIES:** Learn about mental illnesses, the impact of negative attitudes and five things each of us can do to make Minnesota a better place for people who experience a mental illness. This one-hour class is for faith communities interested in learning about mental illnesses and helping to change attitudes towards mental illnesses.
- ▶ **GET TO KNOW NAMI:** Learn about the various programs, classes and offerings by NAMI Minnesota and hear the impact NAMI has on people's lives. This one-hour class is offered monthly at the NAMI Minnesota office and is for anyone interested in learning more about NAMI.
- ▶ **IN OUR OWN VOICE (IOOV):** Understand the journey of people with mental illness in recovery. IOOV is a unique public education program in which two trained speakers share compelling personal stories about living with a mental illness and achieving recovery, demonstrating that there is hope for recovery for people with mental illnesses. The presentation includes personal stories and video clips, as well offering an opportunity to ask questions. Topics dis-

cussed are: Dark Days, Acceptance, Treatment, Coping Skills, and Successes, Hope and Dreams. The IOOV program has touched many lives and is effective in reducing the stigma surrounding mental illnesses. This 90-minute class is for any groups interested in learning more about mental illnesses and recovery.

- ▶ **MENTAL HEALTH FIRST AID:** Learn basic first aid skills needed to help a person who is experiencing a mental health problem or crisis. Learn about common mental illnesses and co-occurring disorders. Understanding and recognizing the signs that someone needs help, is the first step in getting that person appropriate care and treatment. Participants will receive a course manual and certificate. This nine-hour workshop is for individuals seeking basic information on mental illnesses and how to help someone in crisis. It is not intended for professionals who have a background in mental health. Participants must be present for entire curricula to receive certificate. **There are two other versions of this workshop—one focused on the needs of veterans and one on the needs of older adults.**
- ▶ **YOUTH MENTAL HEALTH FIRST AID:** Learn basic first aid skills needed to help youth or a young adult who is experiencing a mental health problem or crisis including suicide. Focus is given to recognizing the early warning signs of a mental health problem to full blown suicidal ideation. This nine-hour workshop is designed for members of the public who have frequent contact with youth and young adults such as parents, school staff, coaches, youth workers and volunteers. It is not intended for professionals who have a background in mental health.
- ▶ **MENTAL HEALTH 101 FOR CULTURAL COMMUNITIES:** Learn about mental wellness, mental illnesses, diagnostic assessments and treatment plans. This one-hour workshop is presented in English and is designed for cultural community interested in learning more about mental health.
- ▶ **GOOD MENTAL HEALTH IN THE WORKPLACE: FIVE THINGS YOU CAN DO:** Learn the five things you can do to create a workplace that values good mental health. Participants will learn how to promote good mental health (including dealing with stress), the common symptoms of a mental illness, how attitudes and language impact people with mental illnesses, and accommodations for a mental illness. This one-hour class is for small or large companies or organizations and can be offered over the lunch hour.

SUICIDE PREVENTION

- ▶ **APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST):** Learn to provide suicide first aid. ASIST is a best practice in suicide prevention where participants learn to intervene and help prevent the immediate risk of suicide. Studies have proven that the ASIST method helps reduce suicidal feelings for those at risk. This is a two-day interactive workshop.
- ▶ **QUESTION, PERSUADE, REFER (QPR):** Learn the three steps anyone can take to help prevent suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save lives. QPR is the most widely taught gatekeeper training program in the United States, and more than one million adults have been trained in classroom settings in more than 48 states. This one-hour class is for members of the community over the age of 16 who want to learn best practices in suicide prevention.
- ▶ **SAFETALK:** Learn how to support someone's desire for safety by recognizing the warning signs of suicide, identifying people who are at risk, and applying the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person to suicide first aid resources. Listed on the national best practice registry, safeTALK allows time for both practice and discussion. safeTALK is based on research that shows people experiencing thoughts of suicide often send out subtle invitations to help them stay safe. This three-hour class is for members of the community over the age of 16 who want to learn and practice the basic best practices in suicide prevention.
- ▶ **SURVIVORVOICES:** This two-day training teaches those bereaved by suicide nationally recognized best practices for speaking safely and effectively about their loss. Survivors of suicide loss are key partners in NAMI's suicide prevention and postvention efforts. No one is more passionate about preventing further suicides and letting other survivors know they are not alone. NAMI SurvivorVoices speakers are asked to present at our Postvention trainings. Suicide loss survivors should have at least two years between the loss of their loved one and attending the SurvivorVoices workshop.

NAMI also offers other classes and workshops, including courses specifically for mental health and other health care professionals as well as teachers.

Check www.namimn.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 is one other mental health advocacy organization that focuses on adults in Minnesota:

Mental Health Minnesota

Mental Health Minnesota (MHM) works to enhance mental health, promote individual empowerment, and increase access to treatment and services for people with mental illnesses. In addition to public education and advocacy, MHAH offers:

- ▶ **INDIVIDUAL ADVOCACY PROGRAM:** Support for individuals with mental illnesses to develop self-advocacy skills to overcome barriers. The program helps individuals and families navigate the mental health system and access community resources for mental health care, housing, employment, and other services.
- ▶ **WARMLINE:** Staffed by peer specialists, they listen and provide support to people with a mental illness. Call 651-288-0400 or text “support” to 85511. ■

HEALTH INSURANCE COVERAGE

Understanding your health insurance or obtaining health insurance is the first place to start when you are seeking mental health care for yourself or a loved one. Health insurance—public or private—may pay for many mental health treatments and services.

It is important to learn as much as possible about your health insurance plan or a plan you are considering.

It is especially important to understand:

- ▶ What doctors, therapists, and other health care providers are in the plan’s “network,” called “in-network”
- ▶ What medications are covered and any limitations, called the “drug formulary”
- ▶ What services, especially mental health services, are covered (often called “Behavioral Health”)
- ▶ If you need approval before seeing a specialist or other health care providers, called prior authorization
- ▶ Know the premiums, co-pays and deductibles

People cannot be denied health insurance coverage because they have a pre-existing health condition and children under age 26 can be covered under their parent’s health insurance plan (if “dependent coverage” is available), even if they are not in school.

MNsure

MNsure is Minnesota's health insurance exchange where people can shop for both public and private health insurance. MNsure is available to Minnesota residents (and non-citizens lawfully residing in the U.S.) who do not have access to affordable health insurance through their employer. MNsure is not an insurance provider itself, but a way to buy health insurance.

Using MNsure, you can compare insurance plans side-by-side, much like going online to buy a car or plane ticket. Enrollment can be done online, by phone, or through the mail.

HELPFUL HINTS

Plans offered through MNsure must cover mental health and substance use disorder treatment.

All plans offered through MNsure are required to cover mental health and substance use disorder treatment and must follow mental health parity laws (see Mental Health Parity section for more information).

MNsure is used to purchase private insurance and is also the way that people enroll in Minnesota's public health care programs—Medical Assistance (MA) and MinnesotaCare. There are many organizations that have “navigators” to help enroll you or a family member through MNsure. Visit www.mnsure.org for more information.

Public Health Insurance Programs

If you have limited income, have a disability, and/or are over age 65, you may be eligible for a public health insurance program. Medical Assistance (MA) and MinnesotaCare, are the two public health insurance programs in Minnesota. These programs often cover a greater variety of mental health services than private health insurance plans.

To apply for Medical Assistance or MinnesotaCare create an account at www.mnsure.org and fill out the “Application for Health Insurance and Help Paying Costs.”

Medical Assistance (MA)

MA is Minnesota's Medicaid program for people with limited income and people with disabilities. People must be a U.S. citizen (or a qualifying non-citizen) and a MN resident.

MA covers a wide range of mental health services, including:

- ▶ Targeted case management
- ▶ Intensive Rehabilitative Treatment Services (IRTS)
- ▶ Adult Rehabilitative Mental Health Services (ARMHS)
- ▶ Behavioral Health Homes

- ▶ Crisis services—mobile and stabilization
- ▶ Telemedicine
- ▶ Assertive Community Treatment (ACT)
- ▶ Psychiatric consultations
- ▶ Medication therapy management
- ▶ Nonemergency medical transportation (NEMT)
- ▶ Home care services
- ▶ Day treatment
- ▶ Partial hospitalization
- ▶ Inpatient psychiatric care
- ▶ Intensive outpatient

MA also covers basic health care needs, dental, vision, and prescription medication. MA does not have a premium (monthly fee) but does have small co-pays for some services and medications, usually \$1–\$3.50. However, there is a cap on the total amount of co-pays paid for medications (\$12), and there is no copay for antipsychotic medications.

Many mental health providers accept MA. You can contact your county for a list of providers who accept MA, or you can access this information from the Department of Human Services website (www.mn.gov/dhs). You should note that Minnesota uses health plans to “manage” its MA so many people end up in MA managed care through a MN health plan. They each have their own network of providers and drug formulary preauthorization rules so you will need to check their websites.

MA can cover some medical expenses retroactively—up to three months—from the date of application. It can take 45 days to process an application.

QUALIFYING FOR MA BASED ON INCOME

People who have limited incomes are eligible for Medical Assistance.

How much income you can have and still be eligible for the program depends on the size of your family:

- ▶ Adults without children: Household income of up to 138% of the federal poverty guidelines (FPG) or about \$17,236 per year.
- ▶ Families with children/Pregnant Women: Income limits depend on family size and on the ages of the children. They are based on the federal poverty guidelines but are either equal to or higher than the income limits for adults without children.

There are no asset limits for people who qualify for MA based on income. Please note that the income limits are tied to the federal poverty guidelines, which are updated each year. Once you are enrolled in MA, you must re-apply every 12 months to keep your benefits.

As with many federal and state programs, you must be a U.S. citizen or a non-citizen lawfully residing in the U.S. to be eligible but there are some exceptions. People under this category will be assigned or can choose a health plan called “pre-paid MA” which is a managed care plan.

QUALIFYING FOR MA BASED ON AGE OR DISABILITY

People can also qualify for MA because they have a disability or are over the age of 65. To be considered disabled, you must either be receiving Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or have been certified disabled by the State Medical Review Team (SMRT).

People who are on MA because they have a disability or are elderly (over age 65) are only allowed to have incomes at or below 100% of federal poverty guidelines (FPG)—about \$12,490 per year. If a person who qualifies based on age or disability has an income above 100% of FPG they will have to “spend down” their income on medical bills to 80% of FPG or about \$9,992 per year. In addition, there is a \$3,000 asset limit for people who qualify for MA because they are disabled or elderly.

The advantage of accessing MA under this category is one may qualify for “waivered” services, which are more intensive and help people with disabilities live in the community.

Special Needs Basic Care (SNBC): MA Managed Care

People who receive MA due to a disability are automatically placed 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 may 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 (doctors who are covered).

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 a specialist or other health care providers?
- ▶ Are there extra benefits available to you by enrolling in a SNBC plan?

You can find this information by calling your health care providers, checking the plan's website, calling the plan, or calling the Disability Hub 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).

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

Many people assume they are ineligible for MA based on a disability because they work or because their household income is too high. This is not always the case. MA-EPD is a program designed to allow people with disabilities to work and enjoy the benefits of being employed and keep their MA.

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 with a minimum of \$35 a month and then a sliding scale for income up to 300% of the federal poverty level. 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.

To qualify for MA-EPD, you must be/ have:

- ▶ Certified disabled by SSA or SMRT
- ▶ Employed and have required taxes withheld or paid from earned income
- ▶ Monthly earnings of more than \$65
- ▶ Asset limit of \$20,000 per enrollee (note that retirement plans are excluded)

MinnesotaCare

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

To be eligible for MinnesotaCare, you must have a family household income at or below 200% of the Federal Poverty Guidelines (FPG)—

approximately \$24,980 per year for a single adult—and not be eligible for Medical Assistance (MA) or private health insurance through your employer. As with MA, the income limit is higher for families with children. There is no asset limit for MinnesotaCare.

All mental health services that are covered under MA are also covered under MinnesotaCare. However, other covered services 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 set of coverage for various medical services.

Private Insurance through MNsure

MNsure can be used to research and purchase a private health insurance plan. Each health insurance plan sold through MNsure must offer several different levels of plans (called “metal levels”—Bronze, Silver, Gold, and Platinum) that have different out-of-pocket costs. Depending on where you live, you may also have a choice of plans from more than health insurance companies as well.

People who enroll in a health insurance plan using MNsure who have a household income between 200% to 400% of federal poverty guidelines (FPG) (up to \$48,560) will have access to tax credits, which will come in the form of lower monthly payments.

People can enroll in private health insurance plans through MNsure only during open enrollment periods. Open enrollment usually begins in the late fall and ends in January.

After open enrollment has passed, people can still enroll in private health insurance through MNsure if they have a qualifying life event.

Examples of qualifying life events include:

- ▶ Birth or adoption
- ▶ Loss of health insurance
- ▶ Change in income
- ▶ Marriage or divorce

For more information on qualifying life events, go to www.mnsure.org.

Private Insurance Outside of MNsure

If you have affordable health insurance coverage available through your employer, you are not eligible to enroll in private health insurance through MNsure. Health insurance provided through your employer will come in one of two ways:

- 1. EMPLOYER-SPONSORED/FULLY-INSURED HEALTH INSURANCE:** A company purchases a health insurance plan and makes that plan available to its employees who usually share the cost in the form of a monthly premium and co-payments. These plans must follow state health insurance laws.
- 2. SELF-INSURED PLANS:** A company sets aside money to pay employee health costs directly. These plans are usually exempt from state health insurance laws, and do not have to cover mental health and substance abuse treatment but do have to follow federal insurance laws including mental health parity (See the “Mental Health Parity” section later on for more information).

Even if you do not have health insurance available through your employer you can still purchase health insurance outside of MNsure. However, you will not be able to access tax credits for which you may be eligible to make the insurance more affordable.

As with all health insurance options, it is important to learn as much as possible about your coverage (see questions to consider at the beginning of this chapter).

Medicare

Medicare is a federal health insurance program administered by the Centers for Medicare and Medicaid Services for people age 65 years and older as well as people with disabilities. 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-MEDICARE, 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), and
- ▶ 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 Hub 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.

It is important to note that Medicare has several limitations when it comes to mental health. Medicare is not subject to mental health parity (see next section) and Medicare beneficiaries are currently limited to just 190 days of inpatient psychiatric hospital care in a person's lifetime. Medicare does not cover the full array of mental health services that are covered under MA. In addition, Medicare only covers mental health treatment provided by the following professionals and only when they are also a Medicare "assigned" provider.

Examples include:

- ▶ Psychiatrist or other doctor
- ▶ Clinical psychologist
- ▶ Clinical social worker
- ▶ Clinical nurse specialist
- ▶ Nurse practitioner
- ▶ Physician assistant
- ▶ Licensed alcohol and drug counselor

Many people with a mental illness are on both Medicare and MA. Please note that MA can't cover medications; people must use Part D. Medicare doesn't cover marriage and family therapists or Licensed Professional Clinical Counselors.

Mental Health Parity

If you have private health insurance, you should be aware of mental health parity. Parity requires health insurance plans to cover treatment for mental health and substance use disorders in the same way as treatment for other health conditions.

There is a federal mental health parity law, the regulations are in effect, as well as a Minnesota law that has been in place for a number of years. Unfortunately, these laws typically do not apply to health insurance offered to individuals and through small employers (under 50 employees individual policies except through MNsure), or Medicare or Medicaid.

Parity laws do not require a health insurance plan to cover mental health and substance use treatment but do require plans that cover these treatments to cover them in the same way as other health conditions.

If a plan has to follow the parity law, it must treat mental health and substance use disorders in the same way as other conditions in three main areas:

- 1. ARBITRARY TREATMENT LIMITS**—cannot limit mental health visits if the same limits do not apply to treatment for other conditions.

- 2. OUT-OF-POCKET COSTS**—cannot have higher co-pays, deductibles, or maximum out-of-pocket costs for mental health or substance use treatments compared to treatment for other conditions.
- 3. NONQUALITATIVE TREATMENT LIMITS**—Must offer same or similar services. For example if a health insurance plan covers rehabilitative services for physical health conditions, they must also cover rehabilitative mental health or substance use disorder services.

Federal parity also applies to the criteria used by health insurers to approve or deny mental health or substance use treatment. The standard for “medical necessity determinations”—whether the treatment or supplies are considered by the health plan to be reasonable, necessary, and/or appropriate—must be made available to any current or potential health plan member upon request. The reason for denials of coverage must also be made available upon request.

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.

Here are some signs your health insurance plan may be violating parity laws:

- ▶ You have to pay more or get fewer visits for mental health services than for other kinds of health care.
- ▶ You have to call and get permission to get mental health care covered, but not for other types of health care.
- ▶ You have been denied mental health services because they were not considered “medically necessary,” but your plan does not answer your request for the medical necessity criteria they use.
- ▶ You cannot find any mental health providers in your insurance plan’s network that are taking new patients, but you can for other types of health care.
- ▶ Your plan will not cover residential mental health or substance use treatment or intensive outpatient care, but they do for other health conditions.
- ▶ Your plan covers new FDA treatments of other healthcare conditions but not mental illnesses.

If you believe your health insurance plan is not following mental health parity laws, contact the Minnesota Department of Commerce, MN Department of Health or the US Department of Labor. To learn more about parity laws, visit www.nami.org/parity, paritytrack.org or parityispersonal.org. Those websites will also have resources for filing a complaint

if you have a self-insured plan through your employer that may not be following parity laws. Please call us as well at 651-645-2948.

Paying Directly for Treatment

If you can afford to pay directly, also called out-of-pocket, you can go to any provider who will accept you 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 people with limited incomes. Some hospitals also give discounts for people without insurance and/or have programs to help pay bills. Check with your provider's billing office to ask what programs are available.

Also, there are several programs that may help pay for medications. Talk to your pharmacist or call the pharmaceutical company.

Rx Outreach

Rx Outreach is a program which can provide lower cost generic prescriptions for those with low incomes, including information about how to apply for discount cards from drug companies. For more information, or to apply, go to www.rxassist.org.

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. Go to www.pparx.org. ■

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 mental health crisis.

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

- ▶ All counties have a mental health crisis phone line available 24 hours, seven days a week. Other crisis services vary by county. Some counties have mobile crisis teams and some have a crisis home as well. Calling **CRISIS in the Metro Area will connect many people to crisis services of MN.
- ▶ If you need emergency services and cannot transport the person in crisis to a mental health center, mental health urgent care or emergency room, it may be necessary to call 911 for help. Call 911 if the person may harm themselves, someone else, or damage 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 symptoms and 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." Some hospitals also have a psychiatric emergency department, which are better equipped to handle a mental health crisis.
- ▶ 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 hospital 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 treatment. When the hospital is deciding whether to hold someone for 72 hours, they are required to obtain information from the person that brought the individual.
- ▶ **When in doubt, go out.** Don't put yourself in a situation where you have concerns for your safety.

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.namimn.org (click on "Publications") or by calling NAMI Minnesota at 1-888-NAMI-HELPS or 651-645-2948. ■

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 may be needed. These services 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 www.mn.gov/dhs.

Inpatient Programs

Acute Care Hospital Inpatient Treatment

Acute care hospital inpatient treatment is short-term treatment providing medical, nursing and psychosocial services in an acute care hospital. Just because someone is experiencing serious symptoms of a mental illness doesn't mean that he or she will be admitted to a hospital.

To meet hospital admission criteria, people must be experiencing a combination of the following:

- ▶ Suicidal or homicidal behavior, with a plan and a means to carry it out
- ▶ Chaotic communication, threatening behaviors, minimal impulse control, withdrawal from social interactions, neglect of personal hygiene, and inability to care for themselves
- ▶ Medical condition that is not being controlled, abusing substances
- ▶ Living in a highly stressful environment, such as experiencing trauma, loss of housing, etc.
- ▶ No supports—financial or emotional
- ▶ Limited or no success with previous treatments
- ▶ Little or no insight into their mental illness

For in-depth guidance about what you need to know when a loved one is hospitalized, please refer to another NAMI Minnesota booklet, *Adult Psychiatric Hospitalization*. The booklet is available at www.namimn.org (click on "Publications") or by calling NAMI Minnesota at 1-888-NAMI-HELPS or 651-645-2948.

Contract Beds

The Department of Human Services (DHS) contracts with community hospitals to allow for a person to stay in the hospital for up to 45 days over and above routine acute care admissions.

Contract beds are used to prevent people from having to travel long distances to access the Anoka Metro Regional Treatment Center (see below). DHS's goal is to provide more appropriate services in a timely manner, closer to the person's community.

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 cannot be eligible for both MA and Medicare unless all benefits through Medicare for inpatient stay have been used
- ▶ County of financial responsibility (where the person lives) must be in Minnesota
- ▶ Psychiatric services are beyond what MA normally covers
- ▶ 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).

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 but additional time can be negotiated if the person needs it. IRTS seeks 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 an alternative to hospitalization.

Residential Crisis Stabilization

Residential crisis stabilization also known as “crisis beds” may be available to individuals who are experiencing a mental health crisis and/or have been referred by a crisis team. These beds may be located in an adult foster care facility, Intensive Residential Treatment Services (IRTS), respite care, or crisis home and state law has specific requirements for staffing in these facilities. Residential crisis stabilization is available for up to 14 days.

State Operated Long-Term Mental Health Programs

The Department of Human Services (DHS) Direct Care and Treatment administration operates several mental health facilities throughout the state that provide care to people who have been civilly committed (see next section) or who require longer-term or more intensive treatment than is available in the community.

There are several state-operated facilities throughout the state:

ANOKA METRO REGIONAL TREATMENT CENTER (AMRTC)

AMRTC serves people who have a mental illness in a campus-based setting. Many patients have complex medical histories. It is a 115-bed

psychiatric hospital, divided into 25-bed units. Specialized services include treatment for patients who have multiple and complex conditions, a mental illness and who face a criminal trial and/or especially challenging symptoms. The average length of stay at AMRTC is now about 120 days. Access is severely limited now due to a change in law that now requires people who are committed and are in jail to be moved to AMRTC within 48 hours.

COMMUNITY BEHAVIORAL HEALTH HOSPITALS (CBHHS)

CBHHS 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 and Rochester. There are also four specialized State Operated Services facilities in Brainerd, St. Paul, Wadena and Willmar.

Centralized admission means beds are usually full and not for the area.

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. CBHH staff collaborate with the person's family members, significant others, regular mental health providers and county social services.

MINNESOTA SECURITY HOSPITAL (MSH) IN ST. PETER

MSH is a secure residential setting that provides treatment for people who have been civilly committed as “mentally ill and dangerous” also known as “MI and D.” The program emphasizes relapse prevention, psychosocial rehabilitation and risk management strategies. The average length of state at MSH is 8 years and some people are there much longer than that. MSH is not licensed as a hospital and treatments and activities are limited.

Outpatient Programs

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.

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.

Civil Commitment

Civil commitment refers to involuntary 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. People are often civilly committed to a state operated treatment facility but people can also be committed to community-based treatment.

For more information and guidance on civil commitment, refer to the NAMI Minnesota booklet, *Understanding the Minnesota Civil Commitment Process*, available at www.namimn.org (click on "Publications") or by calling NAMI Minnesota at 1-888-NAMI-HELPS or 651-645-2948.



COMMUNITY SERVICES & SUPPORTS

In order to live in the community, some people with mental illnesses need services and supports. Many of these services 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 those listed here.

Community Mental Health Programs

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 chapter.

Services differ from one mental health center to another, so contact your local mental health center for details about what they offer. Community mental health centers have sliding fees for people who are uninsured or underinsured. A list of centers is available at www.namimn.org (click on "Support" and then "Mental Health Resources").

Certified Community Behavioral Health Clinics (CCBHC)

CCBHCs offer “one-stop-shop” care for people with mental illnesses and substance use disorders. Minnesota is one of eight states selected to pilot this new model of mental and chemical health care.

Certified Community Behavioral Health Clinics are an innovative model designed to bring together behavioral, chemical and physical health care for people with mental and substance use disorders, and serve as a “one-stop-shop” for both adults and children who have trouble accessing the services they need.

Typically, a person with a mental illness will need to contact several different agencies to obtain various services, and rarely can someone obtain both mental health and substance use disorder treatment through the same agency.

The new model intends to change that by offering services to adults with serious mental illness, children with serious emotional disturbance, and people with substance use disorders. The clinics will offer services such as primary care screening, cognitive behavioral therapy, motivational interviewing, and trauma-focused therapy for children.

The following clinics are pilot sites:

- ▶ **NORTHERN PINES MENTAL HEALTH CENTER** in the north-central part of the state
- ▶ **NORTHWESTERN MENTAL HEALTH CENTER** serving seven northwest counties
- ▶ **WILDER MENTAL HEALTH AND WELLNESS** in the Twin Cities metro area
- ▶ **PEOPLE INCORPORATED** in the Twin Cities metro area
- ▶ **RAMSEY COUNTY MENTAL HEALTH CENTER** in the Twin Cities metro area
- ▶ **ZUMBRO VALLEY MENTAL HEALTH CENTER** in Olmsted and Fillmore counties in the southeast.
- ▶ **WESTERN MENTAL HEALTH CENTER** in Marshall, MN
- ▶ **HUMAN DEVELOPMENT CENTER** in Duluth, MN

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, employment help and organized activities. You can learn more about your county’s programs by contacting your county human services department. One model is called a “clubhouse” where people are members and have a voice in how the program runs.

First Episode Programs

Reducing the time it takes for a person experiencing psychosis to get treatment is important because early treatment often means a successful recovery. Yet, studies have shown that it is common for a person to have psychotic symptoms for more than a year before receiving treatment.

Coordinated Specialty Care is a recovery-oriented treatment program for people with first episode psychosis. Coordinated Specialty Care promotes shared decision-making and uses a team of specialists who work with the person to create a personal treatment plan. The specialists offer psychotherapy, medication management, family education and support, case management, and work or education support depending on the individual's needs and preferences.

In Minnesota, there are currently four sites: HCMC, U of MN Psychiatry (two sites) and HDC in Duluth.

Mental Health Treatment/Services

Adult Rehabilitative Mental Health Services (ARMHS)

ARMHS workers provide one-to-one support in a person's home and in the community. ARMHS 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 services
- ▶ 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 on the Minnesota DHS website or through your county human services office to find a local ARMHS provider.

Assertive Community Treatment (ACT)

ACT is an evidenced-based practice that utilizes a team of professionals to provide a range of mental health treatment and services to an individual. ACT teams provide a full range of services to people who live in the community, have a serious mental illness, and face difficulty caring for themselves and/or 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 or long term residential treatment without it. ACT teams have small case loads and are available 24 hours a day, 7 days a week, and 365 days a year based on people's clinical needs. ACT is covered under MA and MinnesotaCare.

ACT teams can provide the following services:

- ▶ Case management that supports the recipient's access to services, such as:
 - Medical and dental services
 - Social services
 - Transportation
 - Legal advocacy
- ▶ Support and skills training in:
 - Activities of daily living (self-care, home-making, financial management, use of transportation and health and social services)
 - Social and interpersonal relationships
 - Leisure time activities (including social, recreational and educational activities)
 - Illness education and medication management
 - Assistance in locating and maintaining safe, affordable housing, with an emphasis on recipient choice and independent community housing
 - Psycho-education to family members
- ▶ Discharge:
 - Supports are reduced as the recipient demonstrates increasing independence
 - Recipients have easy access to the ACT team after graduating
 - Recipients can return to the ACT team, if needed

Like ARMHS, you can contact the provider directly instead of going through the county to enroll. A list of licensed ACT teams is available on the MN DHS website or county website.

Behavioral Health Homes

Behavioral health homes were created to meet the needs of people who have complex needs. They are “virtual homes” and provide an opportunity to build a person-centered system of care that achieves improved outcomes for the individual and reduced costs to the health care system. In Minnesota, they will include access to and coordinated delivery of primary care and mental health and substance use disorder services.

Core services that must be provided include:

- ▶ Comprehensive care management
- ▶ Care coordination
- ▶ Health and wellness promotion and education
- ▶ Comprehensive transitional care from hospital to community
- ▶ Individual and family support
- ▶ Referral and linkage to community and social services

A list of certified providers in Minnesota can be found on the Department of Human Services website: <https://mn.gov/dhs/>

Forensic Assertive Community Treatment (FACT) Teams

Forensic Assertive Community Treatment (FACT) is an adaptation of the Assertive Community (ACT) model and is designed to assist in transitioning adults with severe mental illnesses who are exiting the correctional system and returning to their home communities. FACT teams are responsible for crisis response and are the first contact for after-hours crisis calls, available 24 hours a day, 7 days a week, and 365 days a year based on clinical needs.

This FACT team will follow the same standards as the ones outlined in current Minnesota ACT standards by providing a comprehensive range of treatment, rehabilitation, and support services to adults with severe mental illnesses. Team members consist of mental health professionals, nurses, vocational, family, wellness, and substance abuse treatment specialists and often a peer specialist. The individuals served by FACT teams have a higher risk of repeated involvement with the criminal justice system, so teams also collaborate with probation and parole departments to help individuals fulfill conditions of their release in an effort to reduce recidivism.

FACT is for adults 18 years and older. Eligibility for service is based on a diagnosis of severe and persistent mental illness (SPMI). Priority is

given to people diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder and/or major or chronic depression. Priority is also given to people who have been identified by the Department of Corrections as being ready for transition and discharge.

FACT services are delivered primarily in community settings of the individual's choice, including individual's homes, workplaces, parks, recreational sites and other locations. Service delivery in the community makes getting treatment easier and more convenient for FACT individuals. It also allows team members to provide treatment in a more relaxed and informal atmosphere, and assists people to build skills in the context of the communities where they live.

FACT teams can provide the following services:

- ▶ Psychiatric symptom management
- ▶ Employment
- ▶ Assistance in locating and maintaining safe, affordable housing
- ▶ Substance use reduction or abstinence
- ▶ Criminal justice system matters
- ▶ Social and interpersonal relationships
- ▶ Daily living skills building (food shopping, cooking, cleaning, budgeting/banking, accessing community resources)

Youth ACT

Youth ACT is for youth ages 16–20. Eligibility for the service is based on:

- ▶ 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
- ▶ 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
- ▶ Educating family and others in the person's support network
- ▶ Consultation and coordination with the person's support network
- ▶ Clinical consultation to the person's employer or school
- ▶ Coordination with, or performance of, crisis intervention and stabilization services
- ▶ Assessment of treatment progress and effectiveness of services
- ▶ Transition services
- ▶ Integrated dual disorders treatment
- ▶ Support accessing housing

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 in this booklet because it is designed for transition-age youth who may be over age 18. For information about children's mental health services, refer to the NAMI Minnesota booklet, *Keeping Families Together*, available at www.namimn.org (click on "Publications") or by calling NAMI Minnesota at 1-888-NAMI-HELPS or 651-645-2948.

Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP)

Dialectical behavior therapy intensive outpatient program (DBT IOP) is a treatment program that uses a combination of individualized rehabilitative and psychotherapeutic interventions. A DBT IOP involves weekly individual therapy, weekly group skills training, telephone coaching as needed and weekly consultation team meetings.

To be eligible for payment through MA or MNCare, providers must be certified by the state. Each team has at least one mental health professional with a specialty in DBT IOP.

To receive DBT a person must:

- ▶ Be 18 years of age or within three months of becoming 18 years of age
- ▶ Meet one of the following two criteria:
 - Have a diagnosis of borderline personality disorder
 - Have multiple mental health diagnoses; exhibit behaviors characterized by impulsivity, intentional self-harm behavior or both; and be at significant risk of death, morbidity, disability or severe dysfunction across multiple life areas

- ▶ Have a mental health needs that cannot be met with other available community-based services or that need services provided concurrently with other community-based services
- ▶ Be at risk of one of the following, as recorded in the recipient's record:
 - A need for a higher level of care, such as hospitalization or partial hospitalization
 - Intentional self-harm thoughts or urges (suicidal or non-suicidal) although the recipient has managed to not act on them. Recipients with chronic self-harm thoughts and urges are at a great risk of decompensation
 - A mental health crisis
 - Decompensation of mental health symptoms; a change in recipient's composite LOCUS score, through not required, demonstrates risk of decompensation
- ▶ Understand and be cognitively capable of participating in DBT as an intensive therapy program
- ▶ Be able and willing to follow program policies and rules assuring the safety of self and others

In-reach Service Coordination (IRSC)

Hospital in-reach coordination (IRSC) helps to reduce the use of emergency department (ED) and other non-medically necessary health care use. Hospital IRSC brings together health care and community-based services for people with mental illnesses on MA and MNCare for up to 60 days after hospital discharge. It includes helping people find services to address dental, mental and chemical health, housing, transportation, employment, peer support services, and other health, social and economic needs. IRSC can connect the recipient with existing covered services available to them, such as targeted or waiver case management, or care coordination in a health care home.

Anyone who has had three or more ED visits within the previous four months can receive this service. People cannot be receiving the following services: Health care homes, Mental health targeted case management, a health care delivery system (HCDS) demonstration project.

Note that not every hospital offers this service.

Intensive Community Rehabilitation Services (ICRS)

ICRS offers individuals diagnosed with a serious and persistent mental illness a range of clinical and rehabilitation services to prevent hospitalizations, civil commitments, incarcerations, and other poor outcomes. Services are designed to help participants develop their own support

networks and enhance their ability to live independently. Services are available to adults diagnosed with a serious and persistent mental illness.

ICRS Teams provide:

- ▶ Psychiatric services
- ▶ Education about medications and physical health
- ▶ Case management services
- ▶ Support with building skills to manage mental health symptoms, medications and achieve overall wellness
- ▶ Advocacy with landlords, service providers, roommates and family members
- ▶ Independent living skills training/support meeting vocational and educational goals

Mental Health/Chemical Dependency Treatment

It is not uncommon for someone with a mental illness to also have substance use disorders. Research shows that people with co-occurring disorders need treatment for both problems to recover fully. Focusing on one does not ensure the other will go away. There are several types of treatment available for people with co-occurring mental health and substance use disorders.

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
- ▶ 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. Providers can apply for a voluntary certification to show that they meet all of the standards required under the IDDT model. Minnesota does not have many IDDT providers yet, but the number grows each year.

MENTAL ILLNESS/CHEMICAL DEPENDENCY TREATMENT PROGRAMS

There are also providers who offer services to people with co-occurring mental illnesses and substance use disorders that do not meet the IDDT

standards but which may be better than a program that does not address both issues.

While these programs do not meet all of the requirements of the IDDT certification, they must still have the following components:

- ▶ Demonstrate that staffing levels are appropriate for treating clients with substance use disorders and mental health problems, and that there is adequate staff with mental health training
- ▶ Have continuing access to a medical provider with appropriate expertise in prescribing psychotropic medications
- ▶ Have a mental health professional available for staff supervision and consultation
- ▶ Determine group size, structure and content with consideration for the special needs of those with substance use disorders and mental health disorders
- ▶ Have documentation of active interventions to stabilize mental health symptoms present in treatment plans and progress notes
- ▶ Have continuing documentation of collaboration with continuing care mental health providers, and involvement of those providers in treatment planning meetings
- ▶ Have available program materials adapted to individuals with mental health problems
- ▶ Have policies that provide flexibility for clients who may lapse in treatment or may have difficulty adhering to established treatment rules as a result of a mental illness, with the goal of helping clients successfully complete treatment
- ▶ Have individual psychotherapy and case management available during the treatment process

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, information and support services to help with medication adherence and potential interactions between medications. This service, also called medication management, is an evidence-based practice recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Psychiatric Consultation

Psychiatric consultation occurs between primary care practitioners and any of the following mental health professionals: psychiatrists, psychologists or advanced practice registered nurse certified in psychiatric mental health, licensed clinical social workers and licensed marriage

and family therapists. This is designed to help primary care practitioners provide better care for their patients who have a mental illness.

Telemedicine

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

Community Support Services

MnCHOICES

MnCHOICES is a single, comprehensive assessment tool that is being implemented throughout the state to determine eligibility for publicly funded programs and services for all ages and disabilities, including people with mental illnesses. This tool will be used to assess eligibility for a number of services, including CADI Waiver, CFSS/PCA, and Case Management (see below for more information about these services).

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.

To be eligible for case management, a person must have a serious and persistent mental illness, defined by at least one of the following:

- ▶ Two psychiatric hospitalizations or two contacts with a mobile crisis team in the last two years
- ▶ Six months of psychiatric hospitalization
- ▶ Twelve months in residential treatment
- ▶ Two crisis services treatments within the past 24 months
- ▶ Has a diagnosis of schizophrenia, bipolar disorder, major depressive disorder, borderline personality disorder or schizoaffective disorder, and a mental health professional believes the individual could require hospitalization without case management services
- ▶ Has been committed or has had a stay of commitment in the last two years
- ▶ 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 social 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)
- ▶ 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 or other interested person.

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 (see the "Housing" chapter for more information about these settings). 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 (ILS)
- ▶ 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.

Community First Services and Supports (CFSS)— Personal Care Assistance (PCA)

CFSS will soon replace Minnesota's PCA program. CFSS can provide assistance in a number of ways, including;

- ▶ Help with activities of daily living, such as:
 - meal planning, preparation and cooking
 - shopping for food, clothing or other essential items
 - laundry; housecleaning
 - assistance with medications
 - managing finances
 - assistance with traveling around and participating in the community
- ▶ Help a person to acquire, maintain or enhance the skills they need to accomplish activities of daily living
- ▶ Observation and redirection for behavior symptoms when there is a need for assistance
- ▶ Transition costs for participants moving out of an institution and into the community

The current eligibility criteria may make it difficult for people with mental illnesses to access these services.

Home Care Services

In addition to services funded through the CADI Waiver or CFSS/PCA, there are also home care services offered by providers licensed through the Minnesota Department of Health (MDH). These 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. When considering these services, be sure to ask

what experience and training staff have working with people who have mental illnesses. To learn more about options, call the Coordinated Entry Program at 651-215-2262. ■

HOUSING

Though some people with mental illnesses may spend time in treatment facilities, people typically spend the majority of their lives in the community. The type of housing needed depends on the person's financial situation and the types of supports the person needs or go to <https://mn.hb101.org>.

Paying for Housing

There are a few different types of housing subsidies to help people pay for the cost of housing:

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 (see below for more information about Section 8).

Bridges provides rental assistance for people who live with a serious mental illness 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 mental illness
- ▶ 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

Bridges can have a long waiting list, especially in the Twin Cities metropolitan area where the wait can be several years.

For more information about Bridges, to print forms for the program or to find contact information for your local housing authority to see whether your county is enrolled in the Bridges program and/or who

to contact—visit www.mnhousing.gov (search “bridges,” then select “rental assistance for administrators”).

Section 8

Section 8 is a federally funded housing assistance program designed to help people with low incomes access stable and affordable housing.

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. The person pays a percentage of their income towards their rent and the housing authority pays the rest directly to the landlord. It is important to know that the waiting lists for project-based Section 8 housing are typically very long.

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 and is often closed.

To apply or to get more information on Section 8, visit www.housing-link.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.

Housing Supports

The 2017 Legislature changed the name of the GRH program to “Housing Support” to reflect the fact that the program is no longer limited to “group” or congregate settings, but may also be used to support people in their own homes in the community.

Minnesota Supplemental Aid (MSA) – Housing Assistance

MSA—Housing Assistance provides around \$200 in additional benefits to people on MSA to help pay for housing costs. To be eligible a person

must be receiving MSA, be paying more than 40% of their income towards the cost of their housing (rent, utilities, etc.) *and* meet one of the following criteria:

- ▶ Be moving to the community from an institution or an intensive residential mental health treatment (IRTS) program
- ▶ Be eligible for Medical Assistance (MA) personal care assistance (PCA) services and be able to hire, fire, supervise and manage the PCA (or have a parent or legal guardian with authority to do so)
- ▶ Be living in your own home or apartment and getting services through a home and community-based waiver

Minnesota Supplemental Aid (MSA) housing assistance was expanded to include people moving out of housing support settings and increases benefits so that more people may live in the community. The change will be effective on July 1, 2020.

Two new Medical Assistance benefits were passed by the 2017 Legislature: 1) housing transition services to help people find and obtain housing; and 2) tenancy support services to help people maintain stable housing. This change is subject to federal approval.

Crisis Housing Fund

The Crisis Housing Fund is a flexible pool of money accessed through county services that provides short-term housing assistance to people who live with a serious mental illness, 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.

Housing Models

Adult Foster Care

Adult foster care refers to a licensed home that provides sleeping accommodations and services for up 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 (see the “Community Services & Supports” chapter).

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.

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
- ▶ 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 earlier in this chapter for tips on what to look for).

Board & Lodge

Board and lodges provide sleeping accommodations and meals to five or more adults for one week or more. Board and lodge residences vary greatly in size. Some resemble small homes, while others are more like apartment buildings. 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. As with other congregate living arrangements, it is important to look at whether a particular setting is a good fit for people with mental illnesses.

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. As with other congregate living arrangements, it is important to look at whether a particular setting is a good fit for people with mental illnesses.

Fairweather Lodge Model

The Fairweather lodge model is like living in a small extended family. Lodges are peer-run and managed, meaning that residents are responsible for maintaining the residence and setting house rules, with some support from staff. 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 Fairweather Lodge model. They can be reached at:

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

Nursing Home

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

arrangements, it is important to look at whether a particular setting is a good fit for people with mental illnesses.

Public Housing

Public housing means publicly owned and managed rental units for low-income households. Units may be single-family homes, 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. For general information and apartment and waiting list information for the Twin Cities, go to www.housinglink.org.

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 about supportive housing options, contact:

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

Hearth Connection
2446 University Avenue West, Suite 150, Saint Paul, MN 55114
Phone: (651) 645-0676
www.hearthconnection.org/ ■

EMPLOYMENT

Research shows that people recover from a mental illness more quickly 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 of their 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 “Health Insurance Coverage” chapter for a more in-depth description of MA-EPD). The Social Security Administration also has programs that allow people to work part-time (see the “Social Security Benefits” chapter).

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.namimn.org (click on “Support” and then “Mental Health Resources”). You can also try any of the other services and supports listed in this section.

IPS 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 is an evidence-based practice that is based on the following 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
- ▶ Benefits counseling

To find an IPS provider, visit the MN Department of Employment and Economic Development website at <https://mn.gov/deed>.

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 <https://mn.gov/deed>. ■

Employment Assistance

Many clubhouses and community support programs assist people with mental illnesses in finding and keeping employment. Workforce Centers can also provide some assistance. There are sheets on the NAMI Minnesota website that provide information about accommodations in the workplace and you can also visit these websites:

ADA Home Page
www.usdoj.gov/crt/ada/adahom1.htm

ADA and IT Technical Assistance Center
www.adata.org/

National Disability Rights Network
www.ndrn.org

ADA Minnesota
www.adaminnesota.org

Job Accommodation Network
www.askjan.org/

Mental Health Works
www.mentalhealthworks.ca/

An Employees Guide to Behavioral Health Services
www.businessgrouphealth.org/pub/f3139c4c-2354-d714-512d-355c09ddcbc4

American Psychiatric Society, Partnership for Workplace Mental Health
www.workplacementalhealth.org

SOCIAL SECURITY BENEFITS

Social Security can pay disability benefits for people who have a medical condition that prevents them from working for at least 12 months. An important thing to know about Social Security benefits for people with mental illnesses is that denials are common for people applying for the first, or even second or third, time.

HELPFUL HINTS

If you are denied social security, don't give up! Apply again.

If your application is denied, don't give up. Apply again. Make sure all of your doctor's letters have very detailed information documenting your disability and

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 person from working.

Social Security Programs

There are two main Social Security programs for people with disabilities:

- 1. SOCIAL SECURITY SUPPLEMENTAL INCOME (SSI):** SSI is a federal program that pays monthly cash benefits to persons who are 65 years or older, blind, or have a disability and also have limited resources and income.
- 2. 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).

Applying for Social Security

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 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 people with the appeal process. Attorneys helping with appeals should not charge up front, and they should not charge for unsuccessful appeals. Avoid attorneys who ask for money up front or who charge if the appeal is not successful.

You can apply for General Assistance (GA) benefits while you are waiting to qualify for Social Security Benefits (see the “Financial Assistance” chapter for more about GA).

Social Security and 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 eligible. 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 (\$1,180 a month as of 2018).
- ▶ **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. Examples 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/). ■

FINANCIAL ASSISTANCE PROGRAMS

Sometimes a mental illness makes it difficult to work, causing financial hardship. There are a number of financial assistance programs that may be helpful. 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 (see the “Health Insurance Coverage” chapter) and supported employment (see the “Employment” chapter).

Cash Assistance Programs

General Assistance

General Assistance (GA) serves as Minnesota’s primary safety net for low-income adults without children. GA provides monthly cash grants for people with very low income and assets are less than \$10,000. 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. Emergency funds (sometimes called Emergency Assistance or Emergency General Assistance) may also be available if you cannot pay for basic needs, such as shelter or food, and your health or safety is at risk because of this.

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. If the parent is deemed “disabled,” the child(ren) may qualify for MFIP benefits. To apply for the MFIP program you must contact your county human services agency.

Minnesota Supplemental Aid (MSA)

MSA is an extra monthly cash payment for people who receive Supplemental Security Income (SSI) benefits. Some people who do not receive SSI may still be eligible for MSA if they meet eligibility criteria. There is also a separate program for housing assistance if your housing costs are more than 40% of your income and you are moving to the community from an IRTS facility or want to live in your own home and are receiving services through a waiver.

Food Assistance

Supplemental Nutrition Assistance Program (SNAP)

SNAP (formerly called Food Stamps and the Food Support program) is a county-administered federal program that assists individuals and families with low incomes to purchase food. People who receive SNAP must either be employed or participate in a training program. There are some specific situations that may be exceptions.

Work Incentive Programs

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. ■

OTHER ASSISTANCE PROGRAMS

There are also other programs that can assist people with important needs:

Car Repair (The Lift Garage)

The Lift Garage in Minneapolis offers car repairs that are necessary for the safe and full functioning of a vehicle for people with incomes less than 30% of Area Median Income (AMI). Individuals looking for assistance from the Lift need a referral from a case manager. Visit www.thelif Garage.org for more information.

Energy Assistance

Energy Assistance provides help paying heat or utility bills between October 1 and May 31 for renters and homeowners with limited incomes. For more information visit <https://mn.gov/commerce/consumers/consumer-assistance/energy-assistance> or call 1-800-657-3710.

Telephone Discounts

Telephone discounts provide affordable telephone service to people with limited incomes. There are three such programs in Minnesota:

Lifeline: Lifeline provides monthly discounts on your local telephone service. The Lifeline discount is typically between \$8 and \$10. Lifeline is federally funded and offered by many, but not all telephone companies. Some cellular providers offer discounts also. Contact your telephone company for specific information.

Telephone Assistance Program (TAP): TAP is a state-funded program that provides a monthly discount of \$2.50 on your local telephone service.

LINK-UP provides eligible subscribers with reduced connection charges for their basic home telephone service. This reduction is 50 percent of applicable charges or \$30, whichever is less. Link-Up also provides for deferred payment of connection charges without interest. It does not cover the cost of wiring inside the home and is available to eligible subscribers only once per home address.

To be eligible for Lifeline, TAP, or Link-Up, telephone service must be in the client's name and the client must participate in at least 1 of the following public assistance programs or have income at or below 135% of the federal poverty guidelines:

- ▶ Medicaid/Medical Assistance.
- ▶ SNAP.
- ▶ Minnesota Family Investment Program (MFIP).
- ▶ Supplemental Security Income (SSI).
- ▶ Federal Housing Assistance or Section 8 Assistance.
- ▶ Low Income Home Energy Assistance (LIHEAP).
- ▶ National School Lunch Program's free lunch program

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.

There is a new mode of transportation called "protected transport" which provides transportation to people experiencing a mental health crisis who would otherwise be transported in an ambulance or police vehicle. The crisis team or ED physician determines if the person is safe to travel in this way. Note that there are very few providers.

Other Types of Programs

Illness Management & Recovery (IMR)

IMR programs put individuals in the “driver’s seat” of their recovery 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

Some organizations that offer ARMHS and ACT also offer IMR services.

WRAP

The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that people with mental illnesses use to get well, stay well and create life goals.

WarmLines

The Minnesota Warmline is a safe and secure phone line for people working on their recovery.

The Warmline is answered by knowledgeable, compassionate, caring, and professionally trained staff of Peer Support Specialists who have first-hand, personal experience dealing with a psychiatric diagnosis. The Minnesota Warmline is completely confidential and non-judgmental. 651-288-0400 or 877-404-3190, or text “support” to 85511.

Community Paramedics

Community paramedics assist in the care of recipients who:

- ▶ Receive hospital emergency department services three or more times in four consecutive months within a twelve month period
- ▶ Are identified by their primary care provider at risk of nursing home placement
- ▶ May require set up of services for discharge from a nursing home or hospital
- ▶ May require services to prevent readmission to a nursing home or hospital

Services must be part of the care plan ordered by the recipient's primary care provider (physician, advanced practice registered nurse (APRN) or physician's assistant). The primary care provider consults with the ambulance service's medical director to ensure there is no duplication of services.

Services the community paramedic may perform are:

- ▶ Health assessments
- ▶ Chronic disease monitoring and education
- ▶ Medication compliance
- ▶ Immunization and vaccinations
- ▶ Laboratory specimen collection
- ▶ Hospital discharge follow-up care
- ▶ Minor medical procedures approved by the ambulance medical director ■

INFORMATION FOR CAREGIVERS

Here are some specific information/resources that caregivers should be aware of:

Data Privacy

Many laws govern what information can be shared with caregivers about 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 always 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. Depending on your situation, there may also be other ways for a provider to work with family members while still respecting the privacy of the person receiving care. For more information and guidance on this subject, refer to the NAMI Minnesota booklet, *Understanding Data Privacy Laws*, available at www.namimn.org (click on "Publications").

Taking Time off Work to Care for a Loved One

Carrying for a loved one with a mental illness can be time-consuming and may require taking time away from work. If you work for a company with 21 or more full-time equivalent employees, you are allowed

to use your “sick leave” hours to care for a child (minor or adult), grandchild, spouse, sibling, parent, grandparent, stepparent, mother-in-law or father-in-law who is sick.

In addition, the Family and Medical Leave Act (FMLA) requires private employers with 50 or more employees as well as all state, local and federal government employers to give employees up to 12 work weeks of unpaid leave per year to care for a family member with a serious health condition. After the leave, you must be allowed to return to your original job or be given another job that is similar. Employers must also allow you to keep your health care benefits during your leave.

Claiming an Adult Child Receiving Social Security Benefits on Your Taxes

If you are providing care for an adult child with a mental illness who is receiving social security disability benefits you may still be able to claim them as a dependent on your taxes if you paid more than half your child's total support. Consult with a tax professional to see if this would be appropriate in your situation. For more information, visit the IRS website (www.irs.gov) or the Social Security Administration (www.benefits.gov/ssa). ■

RESOURCES

The 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.

Mental Health Advocacy Organizations

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

- **NAMI MINNESOTA (NATIONAL ALLIANCE ON MENTAL ILLNESS)**
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 champions justice, dignity, and respect for all people affected by mental illnesses. Through education, support, and advocacy we strive 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.

1919 University Ave. W., Ste. 400, St. Paul, MN 55104
Phone: (651) 645-2948 or 1-888-NAMI-HELPS
www.namimn.org

► **MENTAL HEALTH MINNESOTA**

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

2233 University Ave. W., Suite 200, St. Paul, MN 55114
Phone: (651) 493-6634 or (800) 862-1799
www.mentalhealthmn.org

Disability Hub

The Disability Hub 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.disabilityhubmn.org

Mental Health Licensing Boards

If you have an issue with a licensed mental health professional that needs to be addressed, contact the appropriate licensing board:

► **BOARD OF PSYCHOLOGY**

2829 University Avenue SE, Suite #320, Minneapolis, MN 55414
Phone: (612) 617-2230
<http://mn.gov/boards/psychology>

► **BOARD OF MARRIAGE AND FAMILY THERAPY**

2829 University Avenue SE, Suite 400, Minneapolis, MN 55414
Phone: (612) 617-2220
www.bmft.state.mn.us

► **BOARD OF BEHAVIORAL HEALTH AND THERAPY**

2829 University Avenue SE, Suite 210, Minneapolis, MN 55414
Phone: (612) 548-2177
<https://mn.gov/boards/behavioralhealth>

► **BOARD OF SOCIAL WORK**

2829 University Avenue SE, Suite 340, Minneapolis, MN 55414
Phone: (612) 617-2100
<https://mn.gov/boards/social-work>

► **BOARD OF NURSING**

2829 University Ave SE, Suite 200, Minneapolis, MN 55414
Phone: (612) 317-3000
<https://mn.gov/boards/nursing>

► **BOARD OF MEDICAL PRACTICE**

2829 University Avenue SE, Suite 500, Minneapolis, MN 55414
Phone: (612) 617-2130
<https://mn.gov/boards/medical-practice>

***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. 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
445 Minnesota Street, Suite 1400, 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
445 Minnesota Street, Suite 1400, St. Paul, MN 55101
Phone: (651) 296-3353 (Twin Cities) or 1-800-657-3787 (Greater Minnesota)

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) 539-1600 (Twin Cities) or (800) 657-3602 (Greater Minnesota)

Email: consumer.protection@state.mn.us

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 are following the law and/or the terms of a person'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 coverage by a health plan. There is a small cost for an external review.

Minnesota Department of Health

P.O. Box 64975, St. Paul, MN 55164

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

online form: <https://www.health.state.mn.us/facilities/insurance/managed-care/contactus.html>

email: health.mcs@state.mn.us

Minnesota Department of Human Services—Office of the Inspector General (OIG)

The DHS Office of Inspector General manages financial fraud and abuse investigations; licenses programs such as family child care, adult foster care and mental health centers; and conducts background studies on people who apply to work in these settings.

Phone: (651) 431-2650 (Twin Cities Metro)

(800) 657-3750 (Greater Minnesota)

Reporting form (preferred) <https://fraudhotline.dhs.mn.gov>

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) 539-1100 (Twin Cities Metro)
(800) 657-3704 (Greater Minnesota)

Central Minnesota Legal Services

CMLS helps low-income individuals and families get the legal help they need within a 21-county service area throughout central Minnesota. CMLS serves its clients from offices in Minneapolis, St. Cloud, and Willmar.

Phone: (612) 332-8151
<https://www.centralsmnlegal.org/>

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)
<https://www.goodwilleasterseals.org/services/work-incentives-connection>

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, 1 (800) 657-3506
Fax: (651) 797-1950
<https://www.mn.gov/omhdd/>
email: ombudsman.mhdd@state.mn.us

Office of the Ombudsman for State Managed Health Care Programs

The Ombudsman for State Managed Health Care Programs helps people in Minnesota Health Care Programs (MHCP) who are enrolled in a health plan for their Medical Assistance (MA) or MinnesotaCare benefits. The Ombudsman can help you identify issues and possible solutions, help you understand your rights, investigate complaints, negotiate with your health plan to help you get the care you need, resolve billing issues, explain how to file a grievance, appeal or state fair hearing and help you navigate the health care system. Contact this Ombudsman if you are not getting the care that you need, you are getting bills that you think your health plan should pay, you cannot solve a problem by talking to your health care provider or health plan, or you're not sure how to make a complaint.

Phone: (651) 431-2660 or 1-800-657-3729
<https://www.mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/health-care-programs/programs-and-services/ombudsman-for-managed-care.jsp>

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.

Phone: 1-800-514-0301

online form: <https://www.justice.gov/doj/webform/your-message-department-justice>

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 Security Administration

200 Constitution Ave. N.W., Washington, DC 20210

Phone: 1-866-444-3272

<https://www.dol.gov/general/topics/health-plans>

For assistance on parity, <https://www.hhs.gov/mental-health-and-addiction-insurance-help/index.html>

U.S. Equal Employment Opportunity Commission

For employment discrimination complaints contact them at 1-800-669-4000. <https://www.eeoc.gov> ■

CONCLUSION

Navigating the mental health system can be confusing, frustrating and overwhelming. Try to find people who can support you. **Be patient, but be persistent!**

This booklet is designed to help you understand the basics of Minnesota's mental health system and the different services and supports that may be available, so that you can more effectively advocate for yourself or your loved one.

Remember, this booklet is 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 our webpage at www.namimn.org. If you have comments or suggestions for future printings, please contact us.

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IMPORTANT PHONE NUMBERS

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

Name and 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:

[illegible]



National Alliance on Mental Illness

MINNESOTA

1919 University Ave. W., Ste. 400

St. Paul, MN 55104

Phone: 651-645-2948

Toll Free: 1-888-626-4435

Fax 651-645-7379

E-mail: namihelps@namimn.org

Web: www.namimn.org

