

An Overview of the Mental Health Care System in Minnesota

Today's Mental Health Care System

The mental health care system includes traditional health care services, social services, rehabilitation programs, income supports, health care insurance, hospital alternatives and innovative community based services.

Hypothetical Situation: Abby's Services

Let's call our hypothetical person Abby. Abby has serious and persistent mental illness. She lives with schizoaffective disorder. She worked for less than a decade as an activities director at a nursing home before she could no longer work and needed to quit her job.

- She receives her mental health care services through an ACT team. Her psychiatrist, social worker, therapist and peer support specialist work together to provide her with these services.
- She receives her psychiatric and therapy services at the clinic, while she receives her social worker and peer support services at her home.
- At a different clinic she has a primary physician to address her physical health needs.
- Her health care insurance is medical assistance--a state based program. She automatically qualified for medical assistance due to her disability.
- She chooses to receive a shot to treat her schizoaffective disorder. A public health nurse comes to her home once per month to give her the shot.
- She is in remission from all psychotic symptoms and is devoted to her recovery.
- She has an ARMHS worker who comes to her home once a week to help her with activities of daily living such as laundry, grocery shopping, running errands, helping her to keep her place organized, medication management, etc.

- She was assessed by the Social Security Administration to determine if she was “substantially unable to work” due to her psychiatric disability. She was determined to be disabled.
- Because she did not work the necessary number of hours and years to qualify for SSDI, which is a work based program, she qualified for SSI which is an income based program. She receives \$733/month for income support.
- She receives food stamps in the amount of \$125/month.
- She has a Section 8 voucher that enables her to live in her own apartment of her choosing. She must pay 30% of her income, earned and unearned, to the housing authority every month.
- She would like to work part time so she has a jobs counselor at vocational rehabilitation services who is helping her to find competitive employment.
- She has a bus card, which she pays for at ½ the normal cost.
- The bus card enables her to go to Vail Place, a clubhouse, for lunch on Tuesdays and Thursdays. At Vail Place she socializes with other people living with mental illness.
- During the evening she is a regular caller at the Minnesota Warmline, and she speaks with peer support specialists about her recovery and personal problems in her life.
- On one occasion when Abby was severely depressed and wanted to take her life, she called the crisis phone support line. They were able to redirect her thoughts so that she no longer felt suicidal. They encouraged her to see her psychiatrist. The following day she made an appointment with her psychiatrist who was to see her immediately. She was placed on an antidepressant and has been stable ever since.

As you can see the services and supports Abby receives are quite extensive. They enable her to live independently in the community and for her mental illness to be in remission. All of these services allow her to be in recovery. Without all of these services and supports it is quite likely that Abby would be living in shelters. Given the instability of being homeless she would most likely not be able to follow her medication regimen leaving her psychiatrically unstable.

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Health Care Services

Today's health care services for people living with mental illness are mostly delivered in community settings whether that is a community hospital or local clinics.

- Psychiatrists provide mental health care services in a clinical setting. Because there is a shortage of psychiatrists, ANP (advanced nurse practitioners) see patients and prescribe medications.
- Health care services also involve psychologists, clinical social workers, counselors and marriage and family therapists.
- Two kinds of therapy commonly practiced that are cognitive behavioral therapy and dialectical behavioral therapy.
 - Cognitive behavioral therapy (CBT)
 - Works by changing people's attitudes and their behavior by focusing on their thoughts, images, beliefs and attitudes
 - Dialectical behavioral therapy (DBT)
 - A treatment approach provided in an intensive outpatient treatment program that involves individual therapy, group skills training, telephone coaching and consultation team meetings

Social Services

In the state of Minnesota, the Department of Human Services (DHS) oversees and funds most of the social services in the state.

- Case Management Services
 - Gateway to all other mental health care services
 - County case management
 - Short term case management
 - Establish goals with the client and help to establish the supports necessary to achieve those goals
 - Required to practice person centered planning
 - Targeted Case Management
 - Long term service that helps adults with serious and persistent mental illness get needed medical, social, educational,

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- vocational and other necessary services related to the person's mental health needs.
 - Establish goals with the client and help to establish the supports necessary to achieve those goals
 - Required to practice person centered planning
- Housing
 - Group homes
 - Group homes typically offer meals and specialized services, such as medication management and some recreational opportunities
 - Subsidized apartments
 - Enable a person to live in their own apartment in the community
 - Provide a subsidy to help pay for rent and may provide housing case manager services
 - GRH (Group Residential Housing--scattered site)
 - MSA (Minnesota Housing Assistance)
 - Bridging and Section 8
- Drop in centers and clubhouses
 - Offer social and recreation opportunities
 - Offer a setting that promotes social interaction and support. They provide an atmosphere of acceptance unlike anywhere else.
- Minnesota Warmline (651-288-0400)
 - Peer-to-peer telephone support service that offers recovery support
 - Phones are answered by Peer Support Specialists
 - Peer Support Specialists have their own diagnosis of mental illness that enables them to offer insightful support from knowing what it is like to live with a mental illness diagnosis

Slide 19: Rehabilitation/Disability Programs

- ARMHS Program (Adult Rehabilitative Mental Health Services)
 - Instruct, assist, and support a client in areas such as medication education and monitoring, symptom management, household management, employment, or transitioning to community living
 - Provide services in people's homes or at work sites
 - Provide a broad set of services that may include: taking the client grocery shopping, helping them with budgeting, providing crisis assistance, providing

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symptom management, or assisting with interpersonal communications and self-advocacy

- Supportive employment
 - Through the Department of Vocational Rehabilitation
 - Provide a client with a wide variety of counseling, training, job skills, and job placement services
 - Jobs counselor will help to set goals with the client and then develop a plan to reach them
 - Jobs counselor helps the client obtain competitive employment

Income Supports

- Social Security
 - SSDI (Social Security Disability Income)
 - If a person has a sufficient work history and is deemed unable to return to work due to a psychiatric disability, then they qualify for SSDI
 - SSDI provides monthly benefits
 - The monthly SSDI benefit varies depending on the amount of money paid into the social security program and may be as high as \$2,687
 - SSI (Social Security Income)
 - If a person has an insufficient work history and is deemed unable to return to work due to a psychiatric disability, then they qualify for SSI
 - SSI provides monthly benefits
 - The monthly SSI benefit is \$733/month
- GA (General Assistance)
 - If a person is not deemed disabled by Social Security and has a very minimal amount of income and assets, then they qualify for GA
 - The GA benefit is \$200/month.
- SNAP (Supplemental Nutrition Assistance Program)
 - Available to persons living with mental illness
 - Amount received varies depending on earned and unearned income
 - Average SNAP benefit per person is about \$126 per month

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Health Care Insurance

- Private insurance
 - Usually obtained through a work setting
- Public insurance
 - Medicaid
 - In Minnesota, the Medicaid program is called Medical Assistance (MA)
 - This program is for low income and disabled persons
 - A vast majority of people living with mental illness qualify for MA
 - The MA program has the most extensive set of mental health care benefits of all health care insurance programs
 - If a person living with mental illness returns to the workforce after qualifying for SSDI or SSI, then they can be enrolled in a program called MA-EPD.
 - They are allowed to receive MA coverage provided they pay a premium.
 - Medicare
 - A person can qualify for Medicare two years after they are deemed disabled by the Social Security Administration and they qualify for SSDI
 - The disability benefit amount is the same as if the person retired
 - A dual eligible is someone who has Medicare as their primary payer and Medicaid as their secondary payer. Many people who are living with serious mental illness are dual eligible.
 - CHIP (Children's Health Insurance Program)
 - Coverage for children from low income to lower middle income families
- MNSure health care exchange
 - The health care exchange in Minnesota, MNSure, provides health care insurance to people who do not have work or public insurance
 - Subsidies are provided to help reduce the cost of premiums

Hospital Alternatives

- Going to see your physician
- Crisis services
 - Phone crisis services
 - Provide qualified counselors who are able to respond to any problem 24 hours a day, 365 days a year by phone or text

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- Services are free, confidential and immediately accessible
 - Counselors help the caller reach a place of emotional and physical safety
 - Counselors direct the caller to available community resources that offer longer-term support
- Mobile crisis services
 - Respond to mental health crises or emergencies with face-to-face assessment, intervention and stabilization services at home, school or in the community
 - Mobile crisis response staff will also provide necessary safety planning and short-term therapeutic services to assist in recovery from a crisis
- Residential crisis services
 - A short-term facility-based program where adult patients with an urgent need can receive crisis stabilization services in a safe setting
 - Provides continuous 24-hour observation and supervision for individuals
 - Services include crisis stabilization, initial and continuing assessment, care management, medication management, and mobilization of family/significant other support
- IRTS (Intensive Residential Treatment Services)
 - IRTS facilities provide mental health services in a residential setting for up to three months
 - IRTS programs are designed to develop and enhance the following: psychiatric stability, personal and emotional adjustment, self-sufficiency and skills to live in a more independent setting
- Partial inpatient day treatment programming

Innovative Community Services

- ACT (Assertive Community Treatment) Teams
 - ACT team members include: a psychiatrist or advanced nurse practitioner, a social worker, a therapist, and a peer specialist or mental health worker.
 - All of a person's mental health care needs are provided by the team
- Behavioral Health Homes
 - Addresses all of a person's mental health care needs and physical health care needs
 - Behavioral health homes have been around for less than one year and represent the cutting edge of services

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- Integrated Substance Use Disorder and Mental Health treatment
 - An approach to treating Substance Use Disorder that also includes addressing a person's mental health care needs

These three integrated care model programs have thus far been more successful than previous approaches.

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