

Minnesota's Adult Mental Health System

This document was prepared by the Mental Health Legislative Network. It is designed to provide a basic overview of Minnesota's adult mental health care system, outline how programs and services are funded and demonstrate the positive outcomes of community mental health services. Many of the positive changes are due to the reforms enacted under the 2007 Mental Health Initiative.

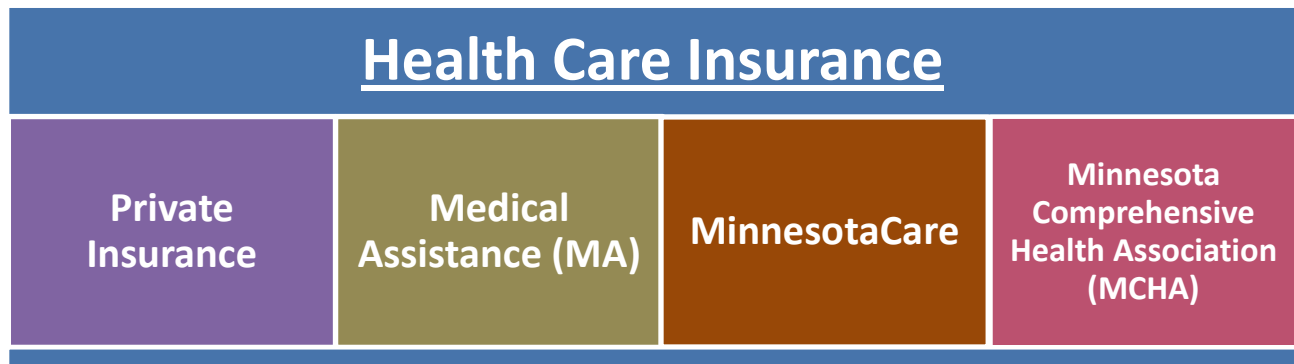
What are Serious and Persistent Mental Illnesses (SPMI)?

For the purposes of determining eligibility for case management and community support services, a person with a serious and persistent mental illness must meet at least one of the following criteria:

- Hospitalized at least twice within the past two years;
- Hospitalized or in residential treatment for more than six months of the past year;
- Civilly committed within the past three years;
- Treated by a crisis team at least twice within the past two years; or
- Diagnosis of schizophrenia, bipolar disorder, major depression or borderline personality disorder that significantly impairs the person's functioning *and* a mental health professional has determined (within the last three years) that the person is likely to continue to require multiple or lengthy hospitalizations or stays in residential treatment.

There is also a tool called LOCUS that helps mental health providers and professionals determine what level of care a person needs.

How are Mental Health Services Funded?



People with mental illnesses, if they have insurance, receive health care coverage in one of four ways:

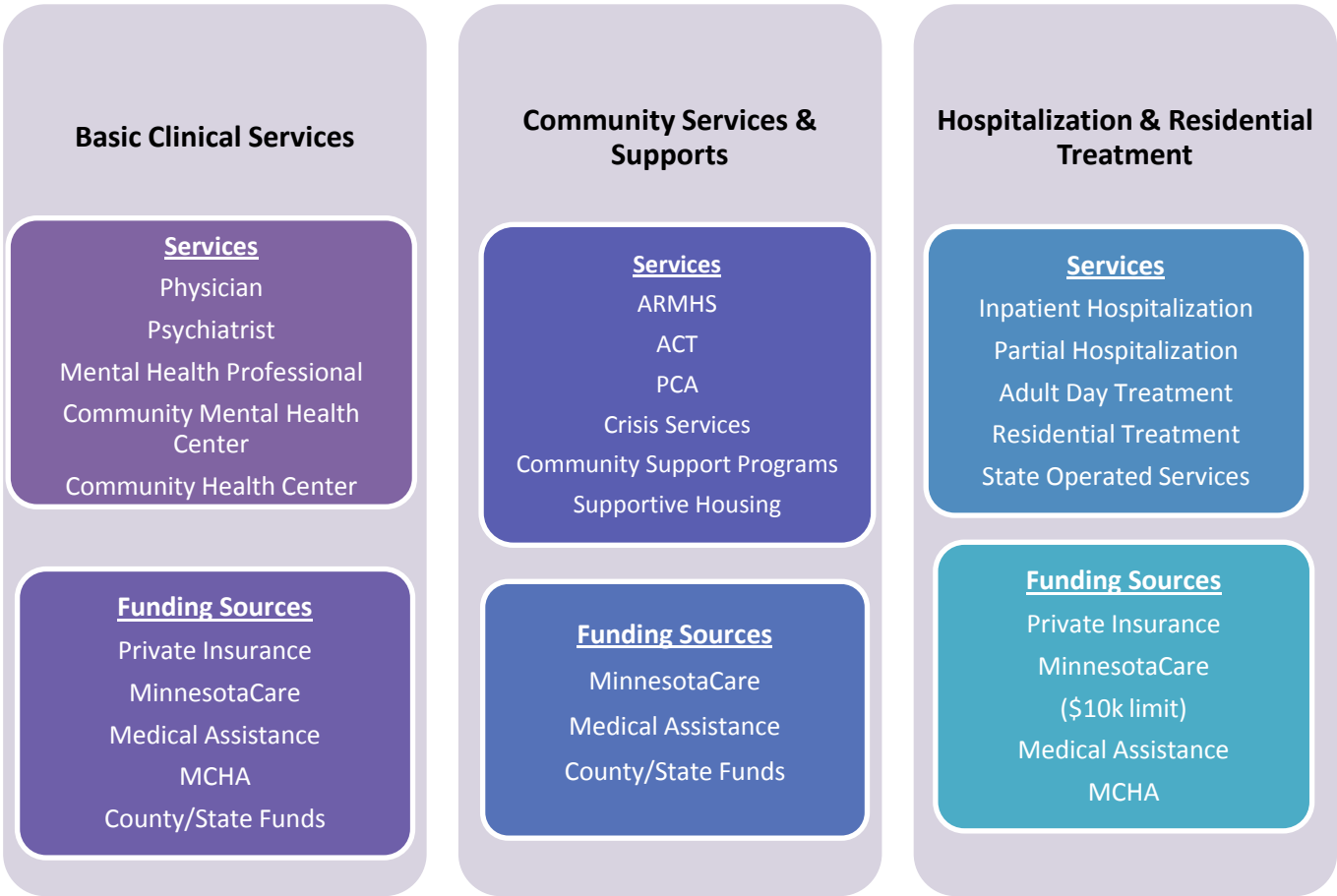
- **Private Insurance:** Provided through an employer or an individual/family plan. Most private plans do not cover the model mental health benefit set. Self-insured employers do not have to offer plans that include mental health benefits. Mental health parity does not apply to many small employers or individual/family plans.
- **Medical Assistance:** Minnesota's Medicaid program. People must either be certified as disabled, have an income at or below 75% of federal poverty guidelines (about \$8,000 a year for a single adult) or be a parent receiving MFIP (welfare). Covers the full model mental health benefit set.
- **MinnesotaCare:** Health care coverage for working people with low incomes who cannot access affordable insurance through their employer. Covers the full model mental health benefit set. There is a \$10,000 limit and a 10% copayment up to \$1,000 for single adults for hospital care.
- **MCHA:** Minnesota's high-risk pool for people with pre-existing conditions who have been denied coverage in the private market. This program has very high deductibles and does not include the full model mental health benefit set.

Additional Funding Sources

County Mental Health Funding	State Mental Health Infrastructure Grants	State Block Grants
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These funds are used to support the basic infrastructure of the community mental health system as well as to help provide treatment and services to adults who are uninsured or underinsured.

How are Mental Health Treatments and Services Delivered?



The chart above provides a basic overview of the different types of mental health services and how they are funded. ACT and ARMHS are services of varying intensity provided in the community. Mental health professionals include psychologists, specially trained nurses, clinical social workers, marriage and family therapists and licensed professional clinical counselors. Often basic clinical services and community services and supports are combined and coordinated to prevent more costly hospitalization.

How Much Money Could Community Mental Health Services Save?

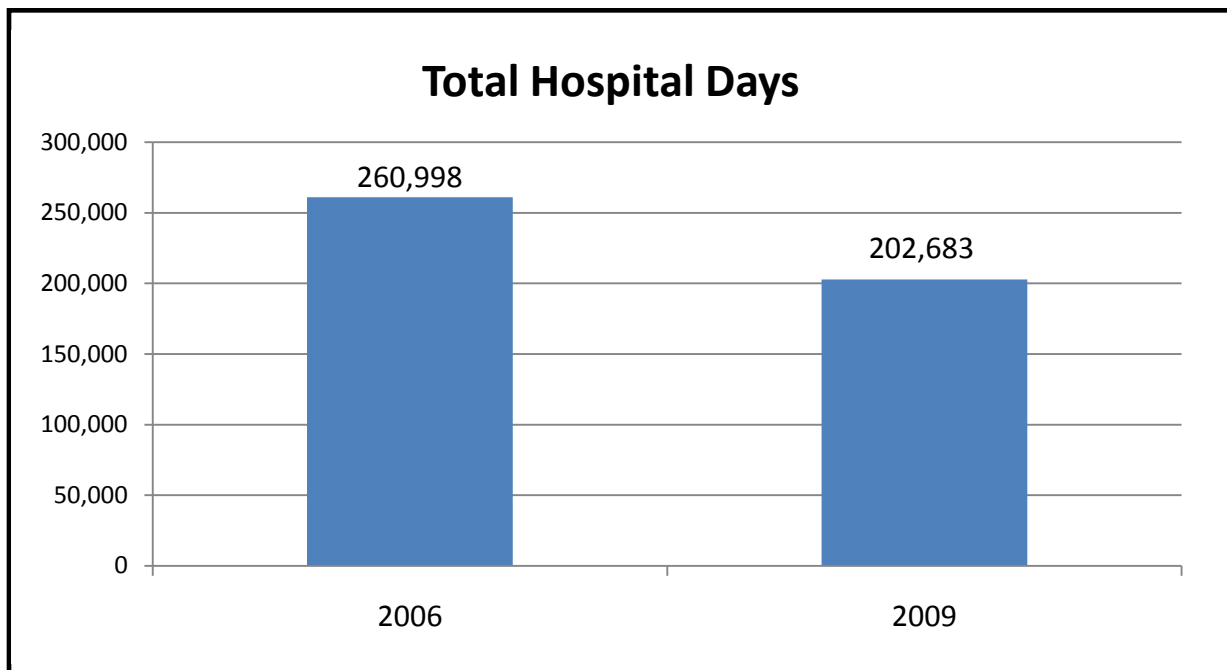
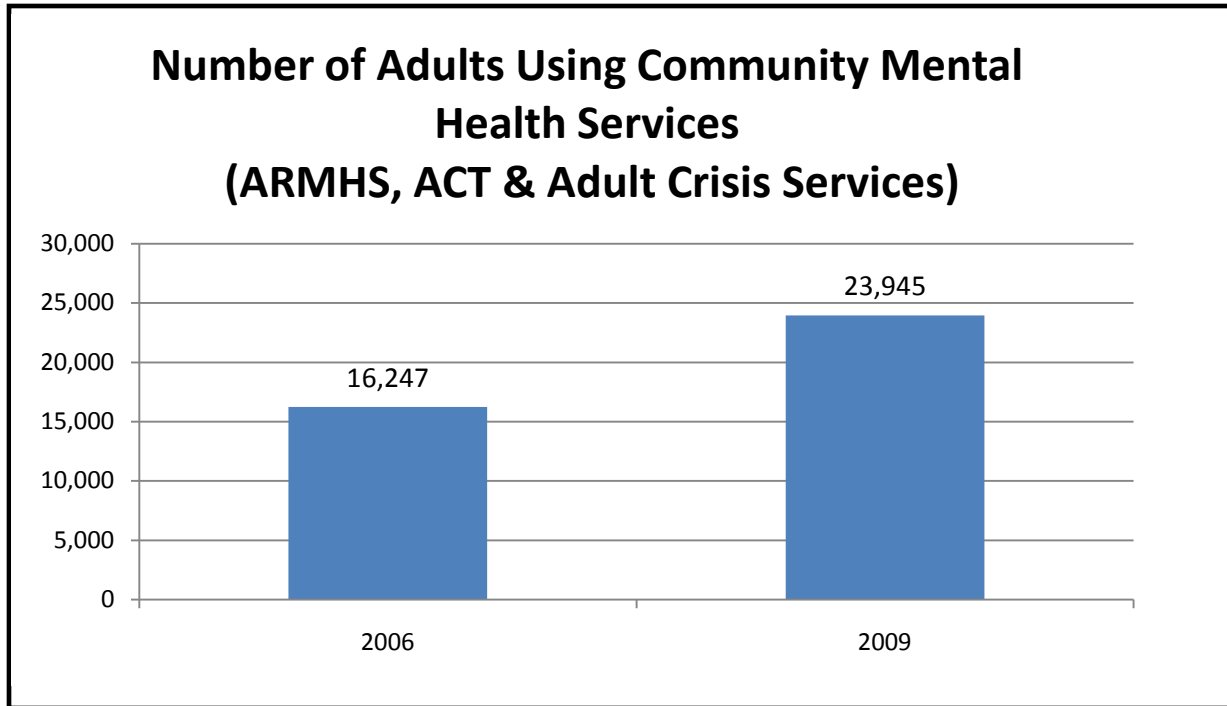
Cost Comparison Between Community Mental Health Services & Hospitalization



The chart above shows the immense cost savings that can result from investing in community mental health treatments and services.

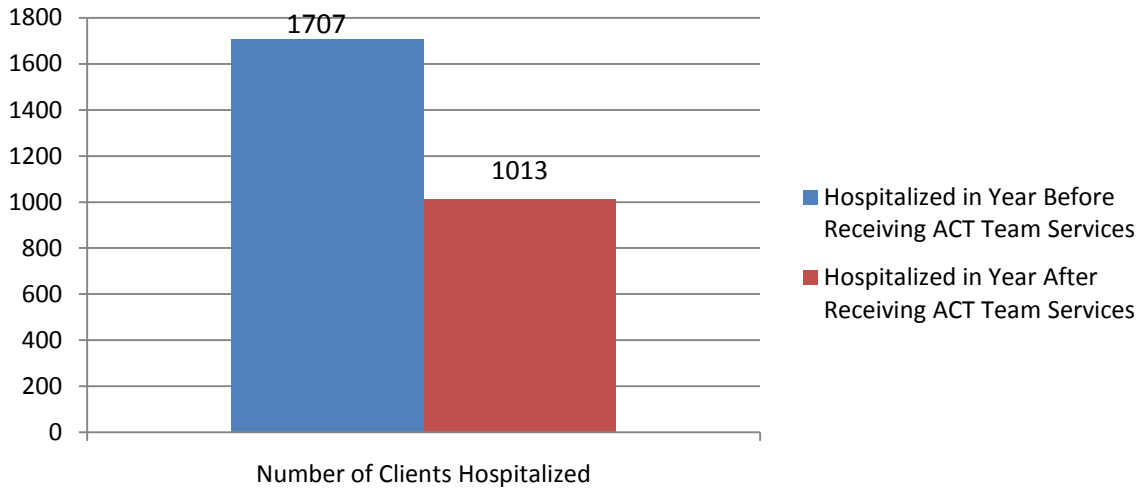
What are the Positive Outcomes of Community Mental Health Services?

All data provided by DHS and is for FY 2009 unless otherwise noted.



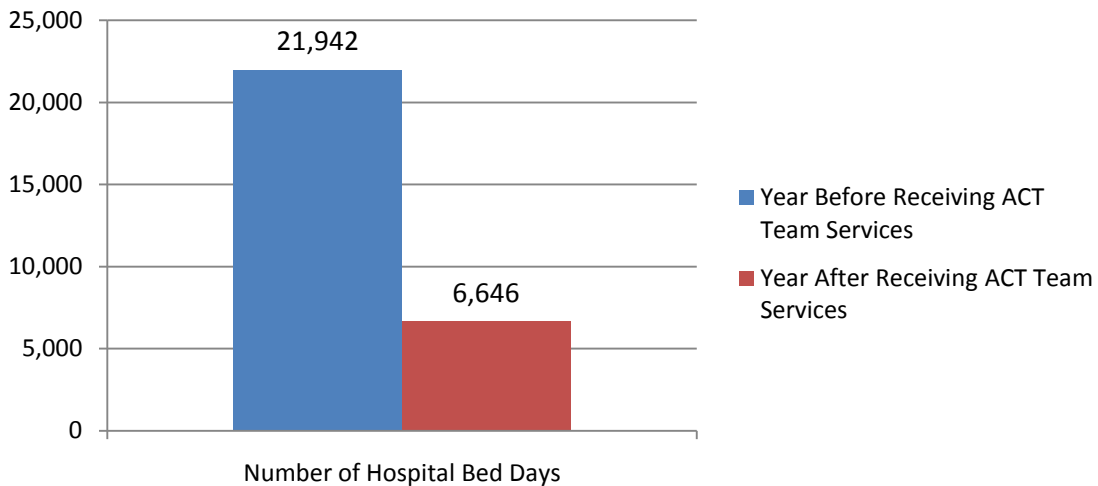
The two charts above show how the use of community mental health treatments and services has increased over time while the number of days people spend in inpatient settings have decreased. The average cost of Anoka Metro Regional Treatment Center is \$982 per day. According to an analysis by the Minnesota Hospital Association, the average cost of inpatient psychiatric care is \$2,472 per day.

Hospitalizations Before & After Receiving ACT Services



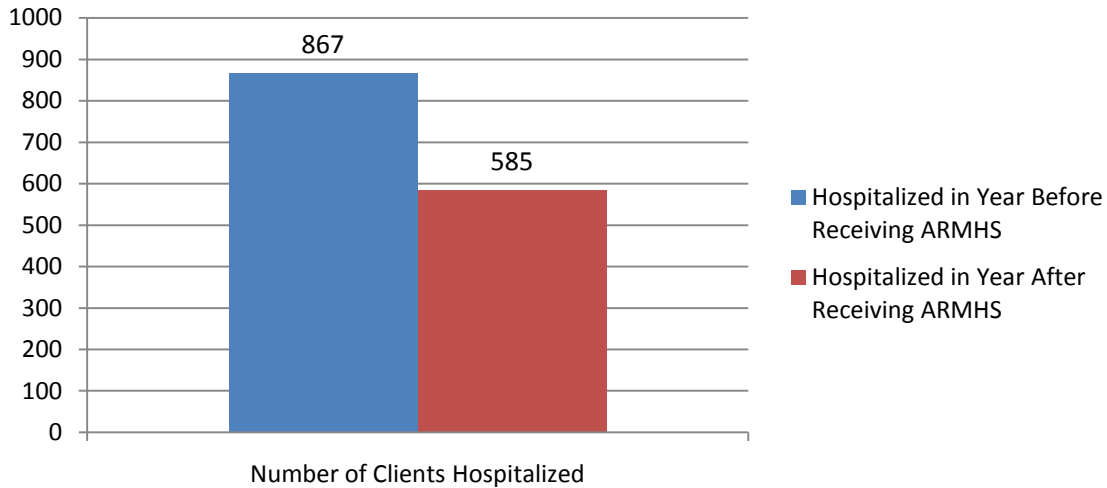
The chart above shows the number of clients who were hospitalized fell substantially after receiving Assertive Community Treatment (ACT) team services. This represents a 40% reduction in the number of people who were hospitalized from the previous year.

Hospital Bed Days Used By People Receiving ACT Team Services



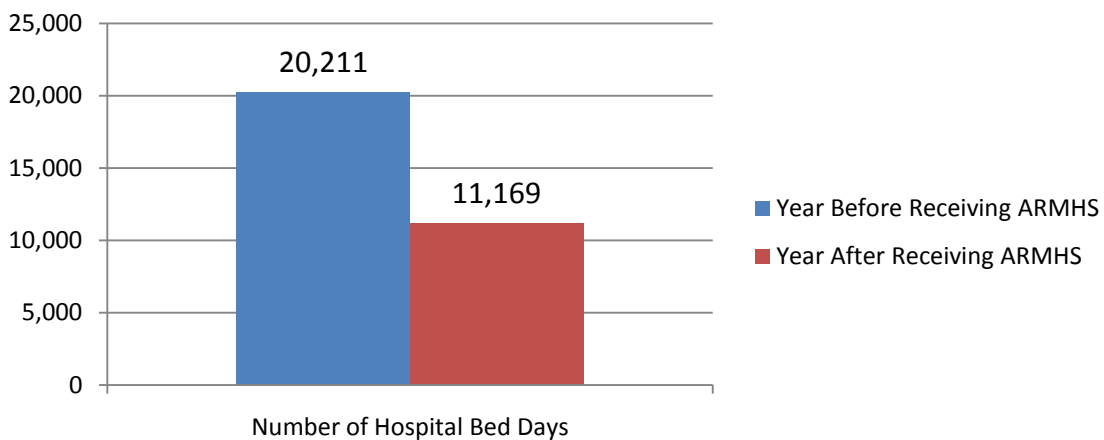
The chart above shows that the number of hospital bed days used by people receiving ACT team services dropped by 70% in 2009.

Hospitalizations Before & After Receiving ARMHS



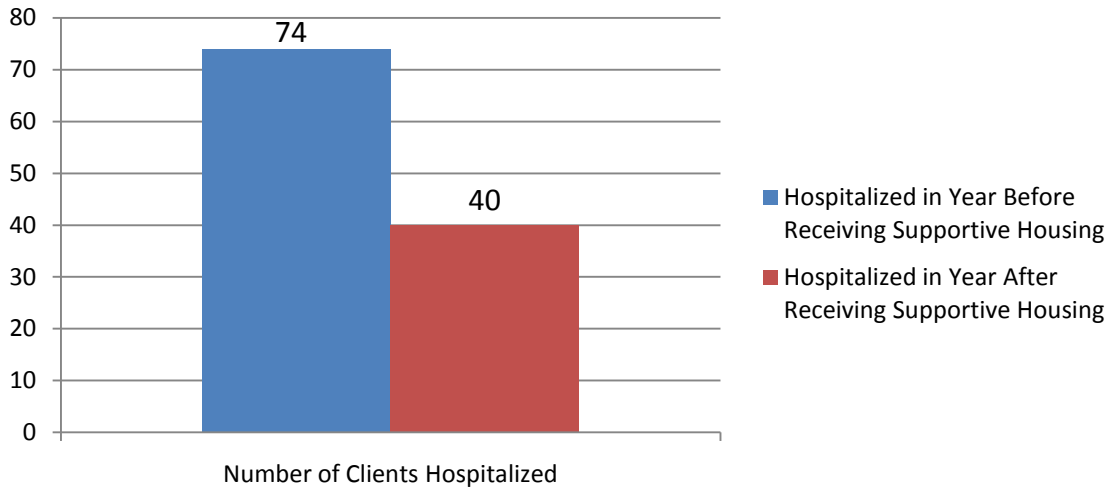
The chart above shows the number of clients who were hospitalized went down after receiving Adult Rehabilitative Mental Health Services (ARMHS). This represents a 33% reduction in the number of people who were hospitalized from the previous year.

Hospital Bed Days Used By People Receiving ARMHS



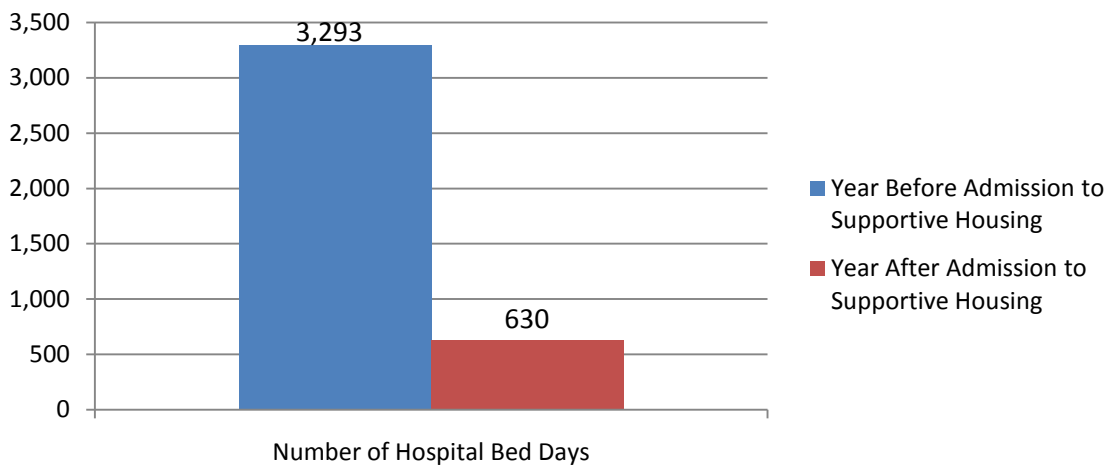
The chart above shows the number of hospital bed days used by people receiving ARMHS declined 45% in 2009.

Hospitalizations Before & After Receiving Supportive Housing



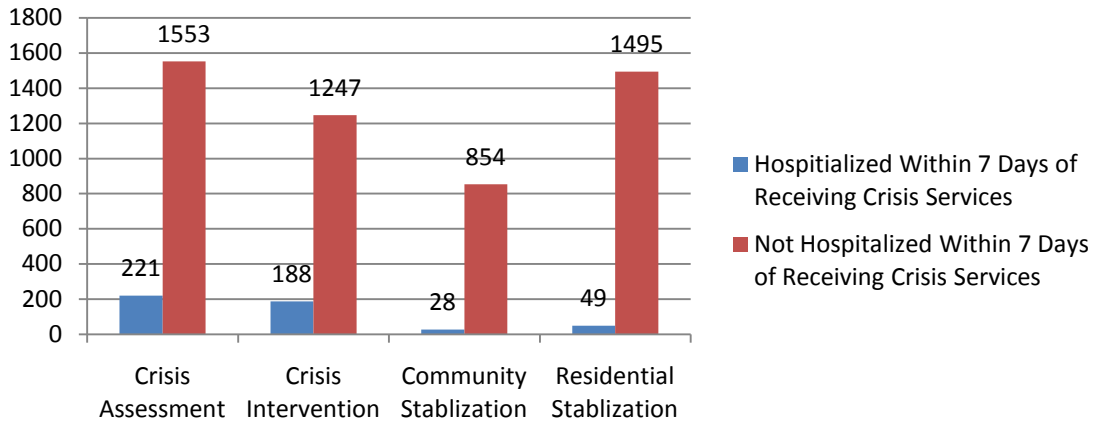
The chart above shows the number of clients who were hospitalized fell dramatically after receiving supportive housing. This represents a 46% reduction in the number of these clients who were hospitalized from the previous year.

Hospital Bed Days Used By People in Supportive Housing



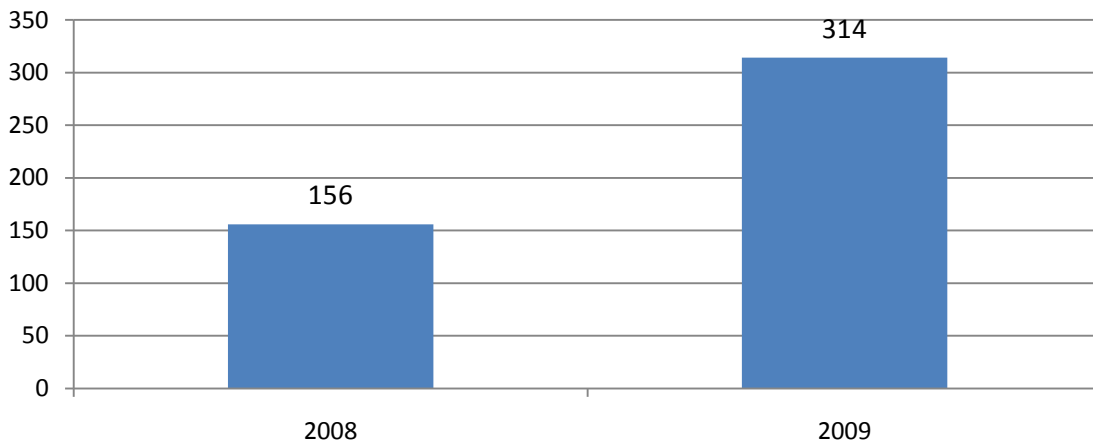
The chart above shows the number of hospital bed days used by people receiving supportive housing dropped by 81% in 2009.

Hospitalization Rates for People Using Mental Health Crisis Services



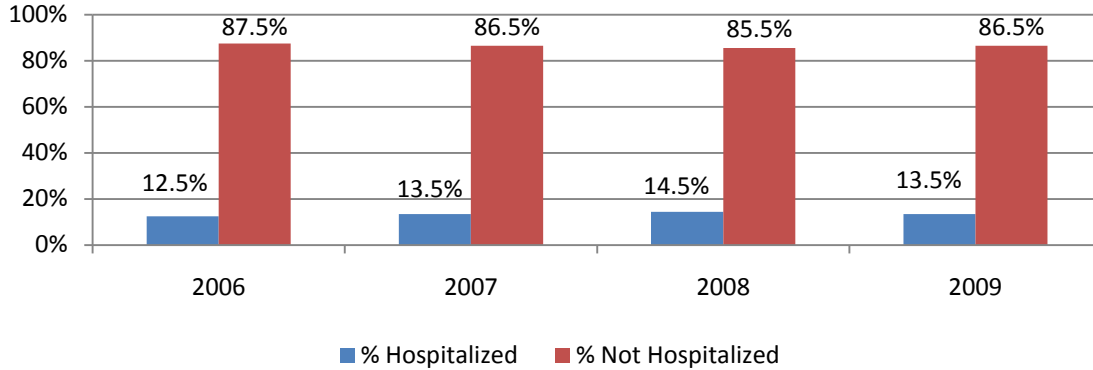
The chart above shows the vast majority of people receiving crisis services were able to avoid hospitalization. Without these services in place the only alternative family and friends have is to take the person to the hospital or call 911. Adult crisis services cost \$93 per day for community response services and \$259 for residential stabilization. This is a huge savings when compared to the cost of hospitalization, paramedic services or police response.

Number of Clients Receiving Community Mental Health Services With Fewer Arrests



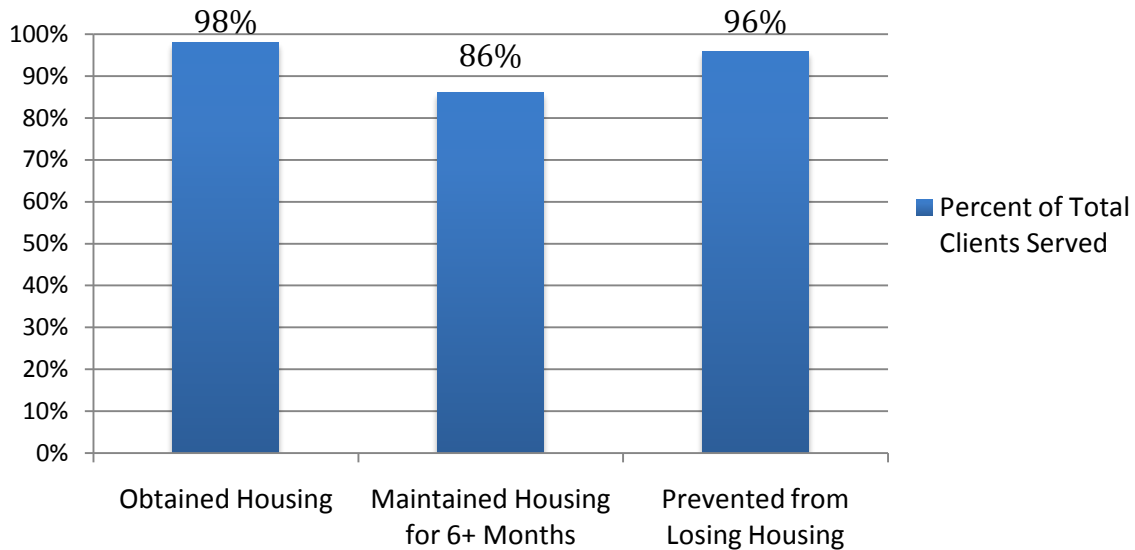
The chart above shows the number of clients receiving Community Mental Health services (Day Treatment, ACT, ARMHS, etc.) who had fewer arrests than the previous year when they were not receiving these services. As the chart shows, 76% of clients in 2008 and 79% of clients in 2009 reduced their arrests after receiving these services.

Hospitalization Rates for People Served By Guild Inc. St. Paul Area Integrated Teams

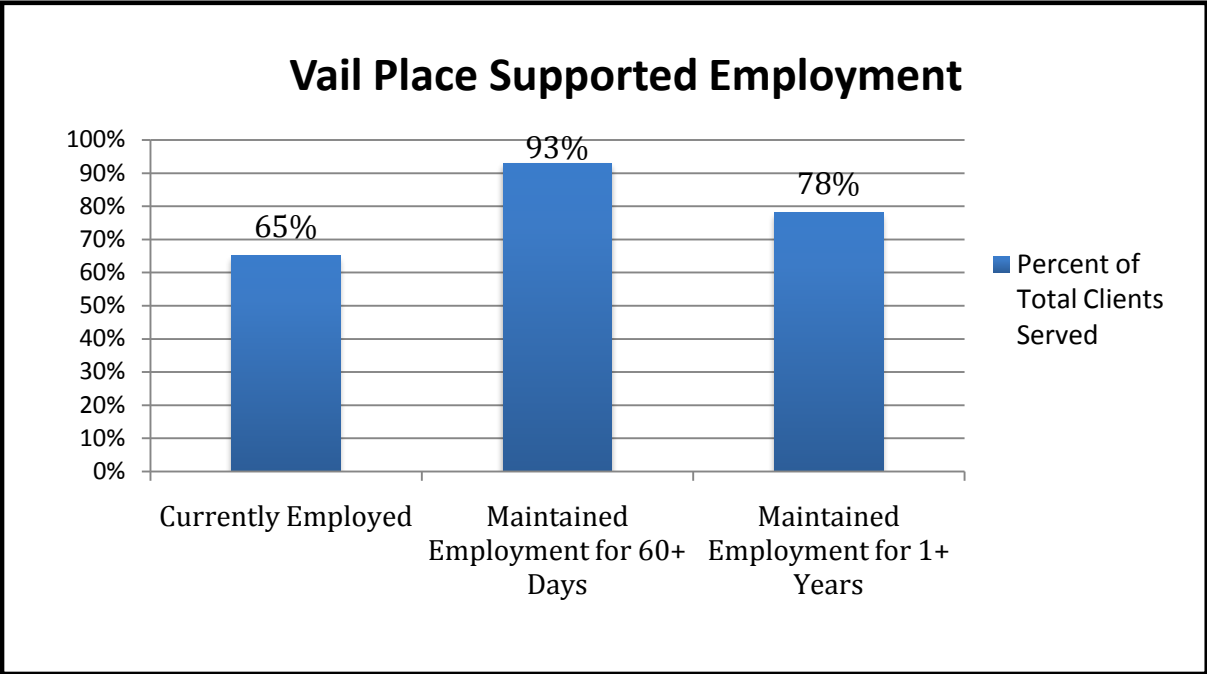


The chart above shows how the use of other community services can also reduce the need for expensive hospitalization, in this case Guild Incorporated’s St. Paul Area Integrated Health Care/Mental Health Teams (team of nurses & mental health practitioners). This table shows most individuals served were able to manage their condition without hospitalization. These services are funded through Medical Assistance. Data provided by Guild Incorporated.

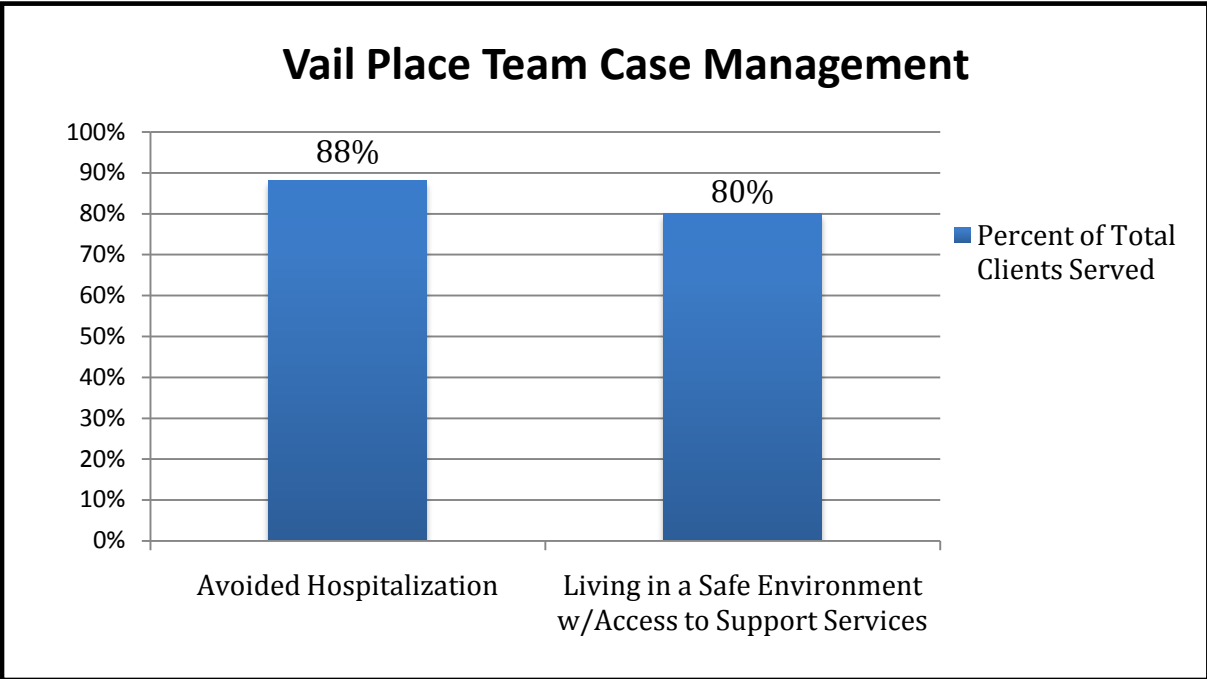
Vail Place Supportive Housing



The chart above shows the positive outcomes from another community-based service, Vail Place’s supportive housing program. All data for Vail Place programming is provided by Vail Place and is for FY2008-2009.



The chart above shows the positive outcomes for Vail Place’s supported employment program.



The chart above shows the positive outcomes for Vail Place’s Team Case Management program. This program is similar to Guild Inc’s Integrated Team Program.

If you have any questions about the cost-effectiveness of community mental health treatment and services please contact Sue Abderholden (NAMI Minnesota) at 651-645-2948 ext. 105, 612-202-3595 or sabderholden@nami.org.