

Understanding the Adult Mental Health Service Continuum

June 10, 2015

Presented by:



COMMUNITY
INVOLVEMENT
PROGRAMS

STANDING WITH AND SUPPORTING PEOPLE WITH DISABILITIES



Questions? Email
DHS.HCBSImprovement@state.mn.us

Questions During the Webinar

- Email DHS.HCBSImprovement@state.mn.us
- Questions will be held until the end of the webinar

Introduction

- Serving individuals who may have mental illness can be challenging
- Some HCBS staff have little experience or knowledge of mental health service continuum
- Quality Improvement opportunities for HCBS providers to learn how to better serve individuals with mental health concerns.



Presenters

Martha Lantz *MBA, LICSW*

Executive Director, Touchstone Mental Health

Lynn Cochran

HCBS Director, Northland Counseling Center

Marsha Claiborne, *RN*

Mental Health Director, Community Involvement Programs

Objectives

1. Participants will learn about each adult mental health service within the continuum of mental health care
2. Participants will gain an understanding of typical level of care needs and service components for each mental health service type
3. Examples will be shared to demonstrate person centered flow through the continuum from both a metro and rural provider.

Brief Description

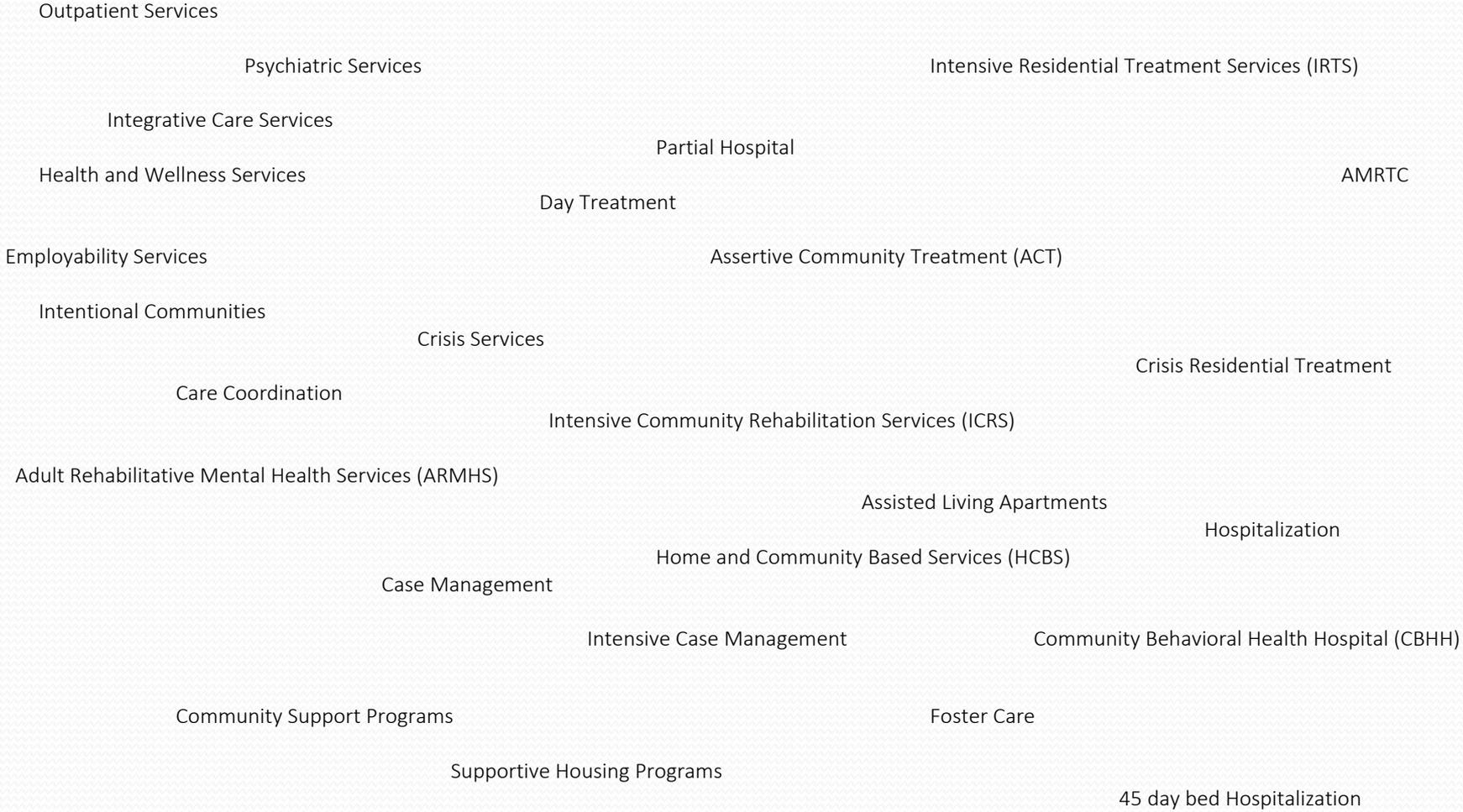
The continuum of mental health care in MN is complex and offers many levels of care to align with the needs of consumers. This presentation will walk through this continuum in a helpful way in order to increase your understanding of what is available, which services might be most appropriate given a client's needs, and what to expect for each service type. Examples of how a client progresses through the system in the metro and in a rural setting will be provided.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive



Questions? Email
DHS.HCBSImprovement@state.mn.us

Outpatient Services

Services provided on an outpatient basis can include: individual, group and family therapy; individual treatment planning; diagnostic assessments; medication management; and psychological testing. DHS licenses Rule 29 Mental Health Centers and Clinics.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Outpatient Services

Questions? Email
DHS.HCBSImprovement@state.mn.us

Psychiatric Services

Services performed typically by a psychiatrist which may include psychiatric evaluation, medication management and physician consultation. These services can be provided in a client's home, in a long term care setting, in an outpatient or inpatient setting

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Psychiatric Services

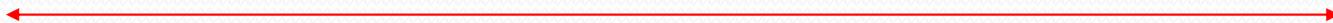
Questions? Email
DHS.HCBSImprovement@state.mn.us

Integrative Care Services

Integrative mental health care is the integration of conventional medicine, complementary and alternative medicines, mental health care and mind body approaches.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Integrative Care Services

Questions? Email
DHS.HCBSImprovement@state.mn.us

Health and Wellness Services

The focus is on what is “well” within the person, not a typical approach that identifies someone as their disease. It’s intention is to empower individuals with the knowledge, skills, tools, and resources to live healthy, productive and joyful lives. These services can include nutrition, functional medicine, fitness, etc....

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Health and Wellness Services

Questions? Email
DHS.HCBSImprovement@state.mn.us

Employability Services

Individual Placement & Support Services (IPS) Supported Employment (SE) is an evidence-based practice that promotes the recovery of people who have serious mental illness through work.

To successfully implement IPS, there is a deliberate shift away from traditional brokered services toward a dynamic collaboration partnership comprised of a DHS approved mental health services provider, with a CARF-accredited, community rehabilitation employment service, and MN DEED/ Vocational Rehabilitative Services. Adults receiving mental health treatment services through the approved provider are able to rapidly access employment services more efficiently and effectively through the Collaborative Partnership.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Employability Services

Questions? Email
DHS.HCBSImprovement@state.mn.us

Intentional Communities

Through the Intentional Communities individuals (community members) come together as a supportive group, sharing a common purpose and working cooperatively to create a lifestyle reflecting shared values.

Community members are able to maintain housing stability, reduce the risk of hospitalization, gain independent living skills, and build social supports by becoming a contributing member of a community. This is a peer driven model of supportive housing.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Intentional Communities

Questions? Email
DHS.HCBSImprovement@state.mn.us

Care Coordination

Health care navigation services.

Care Coordination provides face-to-face, telephonic and collaborative support starting with a comprehensive, client-centered assessment highlighting strengths and needs.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Care Coordination

Questions? Email
DHS.HCBSImprovement@state.mn.us

Adult Rehabilitative Mental Health Services (ARMHS)

Adult rehabilitative mental health services (ARMHS) are designed to bring recovery-oriented interventions directly to people living in their own homes or elsewhere in the community. The goal is to help individuals acquire, practice and enhance skills that have been lost or diminished due to symptoms of mental illness.

ARMHS has five components:

- Basic living and social skills
- Certified peer specialist services
- Community intervention
- Medication education
- Transition to community living

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Adult Rehabilitative Mental Health Services (ARMHS)

Questions? Email
DHS.HCBSImprovement@state.mn.us

Case Management

Targeted Case Management (TCM) for Adults is a service that helps adults with serious and persistent mental illness connect with needed medical, social, educational, vocational and other necessary services related to the person's mental health needs.

Targeted Case Management provides resources for adults to maintain and increase independence, minimize the risk of hospitalization, and improve overall functioning and well-being.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Case Management

Questions? Email
DHS.HCBSImprovement@state.mn.us

Community Support Programs

Community Support Program (also called Regional Community Support Program) provides on-site drop-in mental health and social supports for persons with SPMI

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Community Support Programs

Questions? Email
DHS.HCBSImprovement@state.mn.us

Supportive Housing Programs

Permanent Supportive Housing (PSH) is an evidence based Practice. People live in a house, apartment or similar community setting, alone or with others of their choosing and they have responsibility for tenancy. The person may choose to receive periodic visits from mental health staff, family or natural supports, or supportive services for the purpose of meeting or assisting with residential responsibilities. Criteria identified for supportive housing include: personal housing choice, functional separation of housing management from service provision, safety and affordability, integration in the community, rights of tenancy, access to housing without functioning requirements, and the choice of services that are flexible, voluntary, and person centered.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Supportive Housing Programs

Questions? Email
DHS.HCBSImprovement@state.mn.us

Partial Hospital

Partial hospitalization is a time-limited, structured program of psychotherapy and other therapeutic services as defined by Medicare. Services may be provided in an outpatient hospital facility or Community Mental Health Center that meets Medicare requirements to provide partial hospitalization services. The goal of this program is to resolve or stabilize an acute episode of mental illness.

Partial hospitalization consists of multiple and intensive therapeutic services provided by a multidisciplinary staff to treat a person's mental illness. Examples of services include: individual, group and family psychotherapy services; individualized activity therapies; and patient training and education. People are admitted to a partial hospitalization program based on a physician referral.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Partial Hospital

Questions? Email
DHS.HCBSImprovement@state.mn.us

Day Treatment

Adult day treatment is an intensive psychotherapeutic treatment. The goal of day treatment is to reduce or relieve the effects of mental illness and provide training to enable the recipient to live in the community. Day treatment may be appropriate for:

- Recipients with a brain injury (BI) diagnosis that co-exists with the primary mental illness diagnosis
- Court ordered treatment or for a recipient who is a potential danger to self, if the program provides adequate structure and sufficient support systems exist in the community
- Recipients residing in inpatient or residential facilities (nursing facilities, IMDs, hospitals, RTC), when an active discharge plan indicates a move to an independent living arrangement within 180 days. A mental health professional must deem the day treatment services medically necessary and the facility plan of care must include day treatment

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Day Treatment

Questions? Email
DHS.HCBSImprovement@state.mn.us

Assertive Community Treatment

Assertive community treatment (ACT) is an intensive, comprehensive, non-residential rehabilitative mental health service team model. Services are consistent with adult rehabilitative mental health services, except that ACT services are:

- Directed to individuals with a serious mental illness who require intensive services
- Offered on a time-unlimited basis and available 24 hours per day, 7 days per week, 365 days per year
- Provided by multidisciplinary, qualified staff who have the capacity to provide most mental health services necessary to meet the person's needs, using a total team approach

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Assertive Community Treatment (ACT)

Questions? Email
DHS.HCBSImprovement@state.mn.us

Crisis Services

Adult crisis response services are community based services provided by a county, tribe or contracted crisis team to adults age 18 or older.

Covered Services include Crisis Assessment, Crisis Intervention, Crisis Stabilization, Community Intervention. In addition, Certified Peer Specialists may provide Certified Peer Specialist services during all phases of the crisis response.

Mobile crisis interventions are face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. These services help the recipient to:

- Cope with immediate stressors and lessen his/her suffering
- Identify and use available resources and recipient's strengths
- Avoid unnecessary hospitalization and loss of independent living
- Develop action plans
- Begin to return to his/her baseline level of functioning

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Crisis Services

Questions? Email

DHS.HCBSImprovement@state.mn.us

Intensive Community Rehabilitation Services (ICRS)

State funded pilot program for intensive case-management services in Hennepin County

ICRS pilot project is an intensive team approach combining ARMHS, Rule 79 Case Management, and support services with a ratio of approximately 14 participants per staff member.

Intensive Community Rehabilitation Services (ICRS) provides resources for adults to maintain and increase independence, minimize the risk of hospitalization, and improve overall functioning and well-being.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Intensive Community Rehabilitation Services (ICRS)

Questions? Email
DHS.HCBSImprovement@state.mn.us

Assisted Living Apartments

Assisted Living Facility Residential living arrangement that provides individualized personal care, assistance with Activities of Daily Living, help with medications, health and medical needs, community integration and engagement opportunities, assistance with shopping, laundry, housekeeping, and meal prep or congregate dining. The types and sizes of programs vary, as do the level of care and services provided. Assisted Living programs provide a way for people to retain an independent lifestyle. They are not as intensive as Nursing Homes.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Questions? Email
DHS.HCBSImprovement@state.mn.us

Assisted Living Apartments

Home and Community Based Services (HCBS)

Waivered services:

Home and Community Based Services offers long-term stable housing with supportive services to adults living with mental illness. Person focused service combinations focus on promoting independence, community integration and successfully transitioning individuals into independent living.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Home and Community Based Services (HCBS)

Questions? Email
DHS.HCBSImprovement@state.mn.us

Intensive Case Management

Intensive Case Management is bolstering traditional case management typically with nursing services as well as potentially housing and employment services and staff as part of a wrap-around service provided to those who meet SPMI criteria.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Intensive Case Management

Questions? Email
DHS.HCBSImprovement@state.mn.us

Foster Care

Adult Foster Care 24-hour living arrangement with supervision for people who are unable to continue living independently in their own homes because of physical, mental, or emotional limitations. Those who provide adult foster care services live in the same household with residents and share a common living area.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Foster Care

Questions? Email
DHS.HCBSImprovement@state.mn.us

Intensive Residential Treatment Services (IRTS)

Time-limited mental health services provided in a residential setting to recipients in need of more restrictive settings and at risk of significant functional deterioration if they do not receive these services. IRTS are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting.

Residential Treatment offers intensive residential treatment services to individuals with a serious and persistent mental health diagnosis, who may also be struggling with substance use disorders. Treatment services are provided up to 90 days, 24 hours a day, 7 days a week.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Intensive Residential Treatment Services (IRTS)

Questions? Email
DHS.HCBSImprovement@state.mn.us

AMRTC

Anoka-Metro Regional Treatment Center (AMRTC) serves people who have a mental illness in a campus-based setting. Many patients have complex medical histories. It is a 110-bed psychiatric hospital, divided into 25-bed units. Specialized services include treatment for patients who have:

- Multiple and complex conditions
- Mental illness and who face a criminal trial
- High levels of behavioral issues.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

AMRTC

Questions? Email
DHS.HCBSImprovement@state.mn.us

Crisis Residential Treatment

Crisis stabilization is a service that follows crisis assessment and intervention services. It is provided in a short-term, supervised and licensed residential program. A program of this type is usually licensed as a Rule 36 facility.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Crisis Residential Treatment

Questions? Email
DHS.HCBSImprovement@state.mn.us

Hospitalization

Short-term medical, nursing and psychosocial services are provided in an acute care hospital (inpatient setting).

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Hospitalization

Questions? Email
DHS.HCBSImprovement@state.mn.us

Community Behavioral Health Hospital (CBHH)

Community Behavioral Health Hospitals (CBHHs) provide short-term inpatient psychiatric care at seven 16-bed sites in communities across the state.

Multidisciplinary teams use various person-centered approaches to best meet the needs of the client. Supports can be incorporated into treatment by serving patients as close as possible to their home communities. The hospitals provide a range of services that include:

- Assessment of mental, social, functional and physical health
- An individual treatment plan, including medication management and 24-hour nursing care
- Individualized aftercare planning for transitioning back to an appropriate setting in the community.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

Community Behavioral Health Hospital (CBHH)

Questions? Email
DHS.HCBSImprovement@state.mn.us

45 day bed Hospitalization

The Department of Human Services contracts with several psychiatric hospitals to extend their lengths of stay in order to prevent clients from having to go to Anoka Metro Regional Treatment Center.

Adult Mental Health Continuum of Care

Less Intensive



More Intensive

45 day bed Hospitalization

Questions? Email
DHS.HCBSImprovement@state.mn.us

Continuum of Care for Adult Mental Health

Rural Areas of MN

Crisis Resources



- First Call for Help- 211
 - Free, confidential, 24 hours per day/7 days a week/365 days a year
 - Calling from any landline you will be connected with the service in your area. The staff and volunteer team can connect you with 30000 community services statewide.
 - *This is a great starting point for any person or family member that is concerned about mental health*

Community Connections

- Areas of support in our community- Help referrals available
 - Basic needs (food, clothing)
 - Crisis and transitional housing
 - Protective services
 - Support Groups
 - Counseling/Mental Health
 - Education
 - Transportation
 - Senior, Disabled, subsidized Housing
 - Legal Services
 - Employment
 - Medical Care



Case Example – Getting Started

- “Tom” is 18 year old male with psychotic symptoms, isolation, depression, and suicidal ideation.
- Tom's family is more and more concerned about his withdrawn and bizarre behavior and calls First Call for Help- 211
- First Call for Help connects his parent with a Crisis Response Team (CRT) member
- CRT member does a phone contact with the family and determines that Tom is likely experiencing a psychotic break

Arranging an Emergency Assessment

- A face to face visit is needed. Tom is resistant to seeing anyone and becomes angry with his parents for asking him to do so.
- Local Law enforcement is contacted to assist with bringing Tom into the Emergency Room for an assessment
- CRT is able to do an assessment with the family and Tom at the ER.



Mental Health Assessment

- He is guarded and not very willing to talk opening with the CRT member.
- Tom has been resistant to see anyone for therapy or medications in the past.
- Tom does admit that he has been seeing people following him and has had some voices telling him that he is going to hell. (paranoia/delusions)
- Family gives collateral info that he has been making posts on Facebook that "nobody will see me again" and "This world is better off without me". (suicide risk)
- He has been verbally aggressive and threatening towards his two younger brothers but has not become physically aggressive with them. (risk to others)



Assessment

- After sitting with Tom for about an hour, he does admit that he feels scared every day, hasn't been sleeping much, and has been feeling guilty about being so irritable with his family. He is tearful. (identification that there is a problem)
- Tom is able to identify that he has a girlfriend that loves him very much, a yellow lab, and a close male friend. (identified reasons for living)
- He is willing to do a safety contract and a community safety plan to avoid going to the hospital. (willingness to accept help)

Community Safety Plan

The safety plan will include :

- Family Physician or primary care provider. A medical review.
- Psychiatry-seeing a professional for a review of his symptoms, recommendations for treatment or medication
- Counseling- If the individual is willing, we will set up follow up appointments within the same week for counseling support.
- Itasca County has 2 agencies that offer "open access" for crisis appointments. These providers will see people in mental health crisis for medication management and/or therapy generally within 3 days, sometimes even the same day.

Sample Safety Plan

SAFETY PLAN

Step 1: Warning signs:

1. Suicidal thoughts and feeling worthless and hopeless
2. Urges to drink
3. Intense arguing with girlfriend

Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:

1. Play the guitar
2. Watch sports on television
3. Work out

Step 3: Social situations and people that can help to distract me:

1. AA Meeting
2. Joe Smith (cousin)
3. Local Coffee Shop

Step 4: People who I can ask for help:

1. Name Mother Phone 333-8666
2. Name AA Sponsor(Frank)Phone 333-7215

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name Dr. John Jones Phone 333-7000
Clinician Pager or Emergency Contact #555 822-9999
2. Clinician Name Phone
Clinician Pager or Emergency Contact #
3. Local Hospital ED City Hospital Center
Local Hospital ED Address 222 Main St
Local Hospital ED Phone 333-9000
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK

Making the environment safe:

1. Keep only a small amount of pills in home
2. Don't keep alcohol in home
- 3.

Safety Plans Continued

- Skills to reduce the symptoms (such as exercise, distraction activities, calling a support person)
- Follow up calls with a mental health practitioner from the crisis team
- Contract for personal safety: ways to avoid self harm and who to contact 24/7 in the case that it becomes too overwhelming.

Chemical Dependency Assessment

- Crisis response team staff will also do a mini evaluation of Chemical Health
- Refer to a rule 25 assessment as needed.
- This occurs within 2 sites in Grand Rapids. These appointments are often scheduled out for 2-4 weeks ahead.



Tom's Follow Up

- Family reports that he has gotten worse, he is stating bizarre things like, "the revolution of the sun is almost done and that's when everyone will really see the truth", "That man is going to pay for this, I have my gun ready". (paranoia symptoms becoming more intense)
- Tom does have a handgun that he keeps in his bedroom and several rifles for deer hunting. (accessibility)
- Tom makes a threatening post on Facebook stating that "He has to pay for this, he deserves to die and I have to do something". Tom has been more agitated and got into a fist fight with his father and threatened his brother with a pocket knife. When this happens, they call 911. (imminent risk to others)

Questions? Email
DHS.HCBSImprovement@state.mn.us



Tom's Story

- Law enforcement comes to the home and finds Tom to be agitated and threatening. They bring him to the ER for assessment again. Tom is less cooperative this time, angry he is there and refuses any help offered.
- Due to the increased aggressive behavior being a threat to others safety, it is determined that Tom needs to be hospitalized.
- After several hours at the ER Tom is transferred on a 72 hour hold to Fairview Hospital in a neighboring county.

Tom's Story

- At the hospital, Tom refuses treatment and continues to be agitated, angry, and threatening towards others.
- He is referred for pre-petition screening for commitment and is evaluated by the county of responsibility to determine if a civil commitment is needed to assure Tom will get the help he needs to recover.

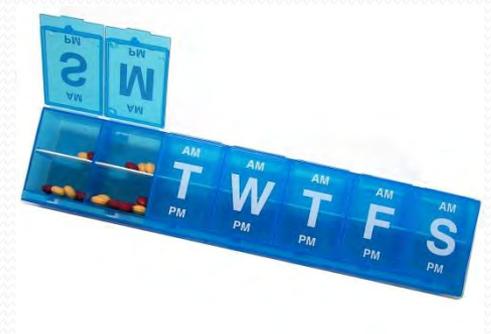


Tom's Story

- Tom is committed through the court system to follow through with expectations outlined in the commitment hearing. These typically will include compliance with medication, mental health services such as case management, community support services, counseling.
- Tom is released back home to his parents after a 3 week stay in the psych unit.

After Care

- Tom is prescribed 2 medications that have controlled his symptoms.
- Tom is able to maintain stability for 3 months.
- After 3 months, Tom feels that he doesn't need his medications because he is doing so well. He stops taking them.
- Within a week, Tom's symptoms have returned and he is seen in the ER.



Community Options

- Tom has had some suicidal ideation but is willing to contract for safety. He does not have a plan.
- Tom has followed through with his counseling sessions 2 times per month.
- Tom is angry with his family and won't return there to live. He denies any thoughts or intent to harm them.
- Tom is willing to return to his medications.

Community Crisis Beds

- Crisis beds offer a small setting and a supervised environment with professional support to help the individual recover.
- Less restrictive than a hospital stay and the individual is able to stay in or near their home community.
- Crisis staff assist the individual to get reconnected with services, supports, and medications to stabilize.
- Services are short term, up to 10 days

Spears Crisis Bed



Questions? Email
DHS.HCBSImprovement@state.mn.us

Tom's Stay

- Tom agrees to try a community crisis bed to help him stabilize and get back on his medications.
- He is able to stabilize well with support from staff and is ready to return to community living.
- Tom's family feels it is time for him to move out and doesn't want him to return home.

Community Housing Options

- Homeless Shelter
- Bridges/HUD
- Salvation Army
- Kootasca Community Action
- Peer House
- Housing Specialist
- Local hotel (monthly rates)
- Adult Foster Care (family/corporate)
- Board and Lodge
- Transitional Housing
- SRO (single resident occupancy) efficiency apt
- Shelter Plus Care



Next Steps for Tom

- Tom is willing to explore supported housing options.
- A referral is made for a supported efficiency apartment and there is an available opening.
- Tom is able to be screened and accepted for the apt within 3 days by a emergency housing coordinator.
- He is referred for community support including ARMHS and Mental Health Case Management.
- Tom transitions into this new setting.

Success with Support

- Tom has been able to live with support in his own apartment for 6 months.
- He has been able to keep his mental health stable and is looking for part time work.
- He is seeing a therapist weekly and a psychiatrist monthly.
- He meets with a peer support and ARMHS support worker weekly.
- Tom's family has joined the local NAMI support group and is signed up to attend their free family training class.





COMMUNITY INVOLVEMENT PROGRAMS

STANDING WITH AND SUPPORTING PEOPLE WITH DISABILITIES

**Marsha Claiborne Mental Health Director
talks to Jill, a CIP AFC Resident about her experience
navigating the mental health system in the metro.**



Current photo of Jill

Questions? Email
DHS.HCBSImprovement@state.mn.us

Profile of Jill:

Her story navigating the system:

Jill is a 47 old female who currently resides in an Adult Foster Care home. Jill is diagnosed with Schizoaffective Disorder and drug dependency, now in full remission. Jill has received multiple mental health services for 30+ years.

Jill was born in Texas into a “military family” who moved “a lot” when she was a young child. When she was in the 3rd grade her family returned to Minnesota. She attended high school in Minnetonka and college at Winona State University. Her mental health symptoms emerged after starting college. At the same time her consumption of alcohol increased. She remembers feeling “paranoid and delusional”. She left Winona State that 1st year. For the next several years Jill lived on the east coast, joined the Navy, and held various short-term jobs. She attempted to live independently in her own apartment. Her alcohol abuse continued, as did her mental health symptoms. Her auditory hallucinations began in the Navy and she had a suicide attempt.

During this time, she did see a psychiatrist, but did not receive treatment or get connected to supportive services. She left the Navy, returned home to Minnesota for 5 years moved to California and stayed there for 3 years. Most of that time she was homeless, often living on Venice Beach. By this time she had stopped using alcohol and had started street drugs. She had an inpatient psychiatric hospitalization once in California and lived in a homeless shelter, but still did not receive treatment for either her mental health symptoms or her chemical dependency.

At some point she returned to Minnesota, still struggling with her illness and addiction issues. She again attempted to live on her own, but often would reconnect with her “using friends” and fail. Her mother sought and found assistance for her. Over the next 4 years she would frequently have inpatient hospitalizations, be discharged to her apartment, relapse and again be admitted. She had a second suicide attempt and was hospitalized at Wilmar State Hospital, during that time she was legally committed. She was assigned a Behavioral Health Case Manager. She received evaluation and treatment for both her mental health and chemical dependency concerns. She “self-admitted” to HCMC and received ECT therapy and aftercare treatment at Bill Kelly IRTS. After one of her multiple hospitalizations she was discharged to CIP’s Passageway which at the time was a Rule 36 facility. She was also evaluated for waived services and was given a CADI waiver. In 2007, a female AFC also operated by CIP had an opening and Jill was accepted. Jill currently resides at this same AFC.

Navigating the Adult Mental Health System in the Metro Area

Jill, an AFC Resident, tells her story through a question and answer period...

You spent years in New Jersey, California and Minnesota and did not have access to services and treatment. After joining the Navy you started hearing voices. Do you think if you had, had the support of a case manager it could have changed your outcome during those years?

After you returned from California you experienced multiple inpatient treatments. Your mom was your primary support person initially, but at some point you were committed. Do you remember how or when you were assigned a case manager?

What stopped the cycle of hospital admissions, discharge, relapse and then hospitalization?

What changed your ability to be committed to and complete treatment?

Can you talk about living in the AFC and how it has been different than living on your own— what has been positive about your current living situation?

What would you want case managers to know if they were helping someone get what they needed for their mental health and/or chemical dependency issues?

What were the factors that helped you at the time you needed services?

For additional information please contact:

Martha Lantz 612-767-2160 mlantz@touchstonemh.org

Lynn Cochran 218-999-5714 lcochran@northlandcounseling.org

Marsha Claiborne 612-362-4434 marshac@cipmn.org