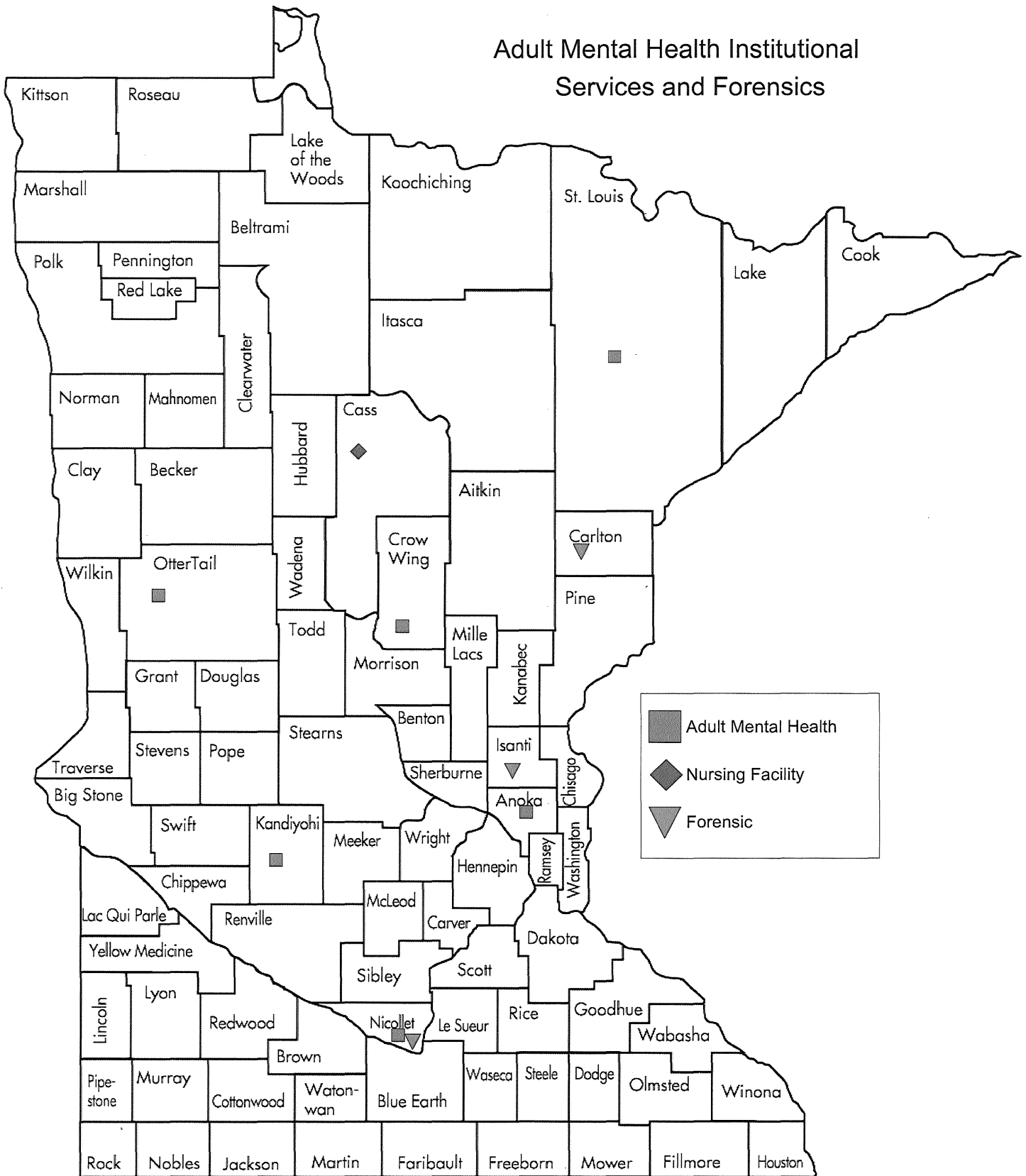


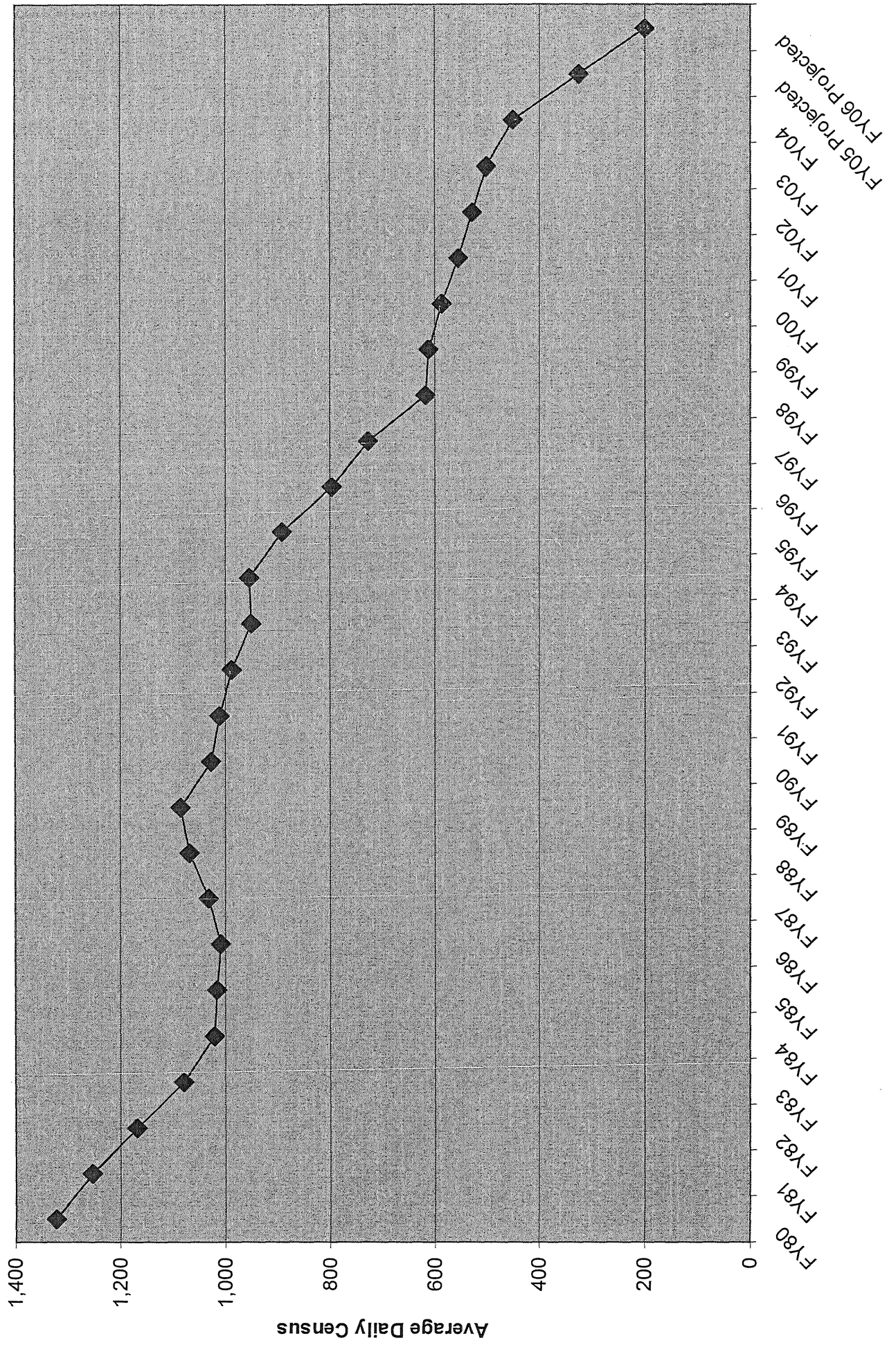
Minnesota Department of Human Services

State Operated Services

Adult Mental Health Institutional Services and Forensics



Adult Mental Health Census in State Operated Services





Key dates: Community mental health system development

- 1980 **1,381 mental health patients in regional treatment centers.**
State's population is 3.8 million.
- 1987 Legislature adopts Adults Comprehensive Mental Health Act. Vision for community-based service system:
- Community Residential Treatment Facilities (Rule 36)
 - Community Support Services
 - Targeted Case Management
- 1990 **1,027 mental health patients in regional treatment centers.**
State's population is 4 million.
- 1992 Legislature approves Bridges, \$3.3 million/biennium temporary Section 8 rental subsidy program for people with serious and persistent mental illness.
- 1993 Legislature expands community-based mental health services in northeastern Minnesota resulting in the closure of the Moose Lake Regional Treatment Center
- Crisis Services
 - Intensive Case Management Teams
 - Housing Alternatives
 - Expanded Community Support Services
- 1995 Legislature approves Adult Mental Health Initiatives
- Region Service Planning Process Approved.
 - Target individuals at risk of RTC Placement.
 - \$21 Million new investments in the community. \$17 Million from RTC.
 - Significant Reduction in Average Daily Census in greater Minnesota RTC's.
- 2000 **587 mental health patients in regional treatment centers.**
State's population is nearly 5 million.
- 2001 Legislature adopts significant community mental health legislation.
- Rehab Option (ARMHS/Crisis Services)
 - Community hospitals beds used for civil commitment statewide.
- 2002 Enrollment of people with mental illness in Home and Community Services Waivers increases
- 2003 Legislature adopts a further expansion of community-based mental health services
- Assertive Community Treatment (ACT)

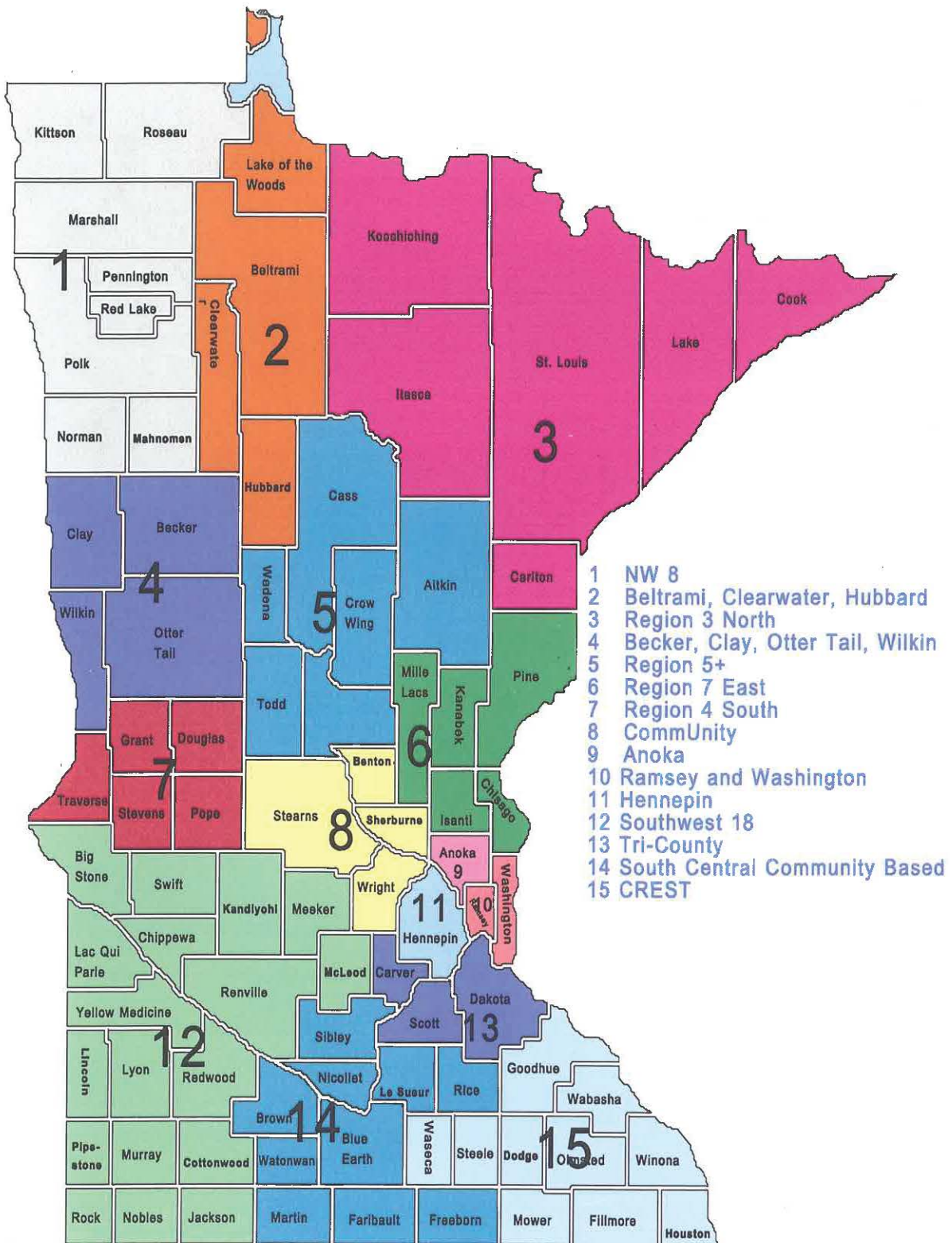
- Intensive Residential Treatment Facilities (ITRS)
- Expanded Community Inpatient Capacity

2004

**387 mental health patients are served in regional treatment centers.
State's population continues to grow in excess of 5 million.**

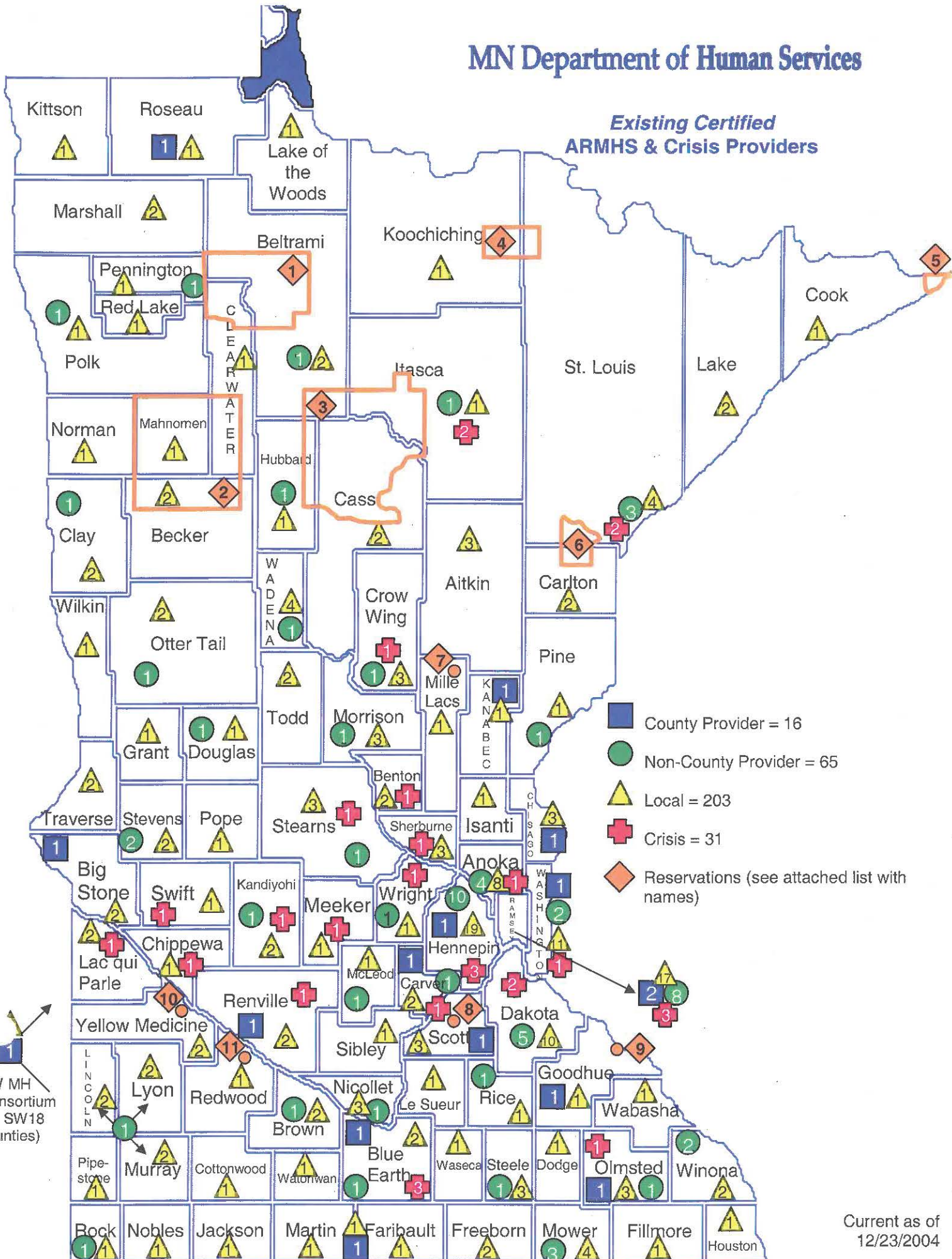
January 2005

Minnesota's Adult Mental Health Initiatives



MN Department of Human Services

Existing Certified ARMHS & Crisis Providers



MN Department of Human Services

ARMHS Services

Definition of ARMHS Services

This is Medicaid (MA) funding stream permitting rehabilitation services to be provided one to one and in groups, in home and in the community by qualified staff.

The ARMHS means mental health services enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness. Adult rehabilitative mental health services are also appropriate when provided to enable a recipient to retain stability and functioning, if the recipient would be at risk of significant functional decompensation or more restrictive service settings without these services.

Adult rehabilitative mental health services instruct, assist, and support the recipient in areas such as: interpersonal communication skills, community resource utilization and integration skills, crisis assistance, relapse prevention skills, health care directives, budgeting and shopping skills, healthy lifestyle skills and practices, cooking and nutrition skills, transportation skills, medication education and monitoring, mental illness symptom management skills, household management skills, employment-related skills, and transition to community living services.

The **primary certification** process determines if the applicant provider entity meets the standards, criteria, assurances, and requirements to be certified as a provider entity of ARMHS, as listed in the legislation. A primary certification can be give to a county (by DHS) or to a non-county provider applying through a county.

Local certification is obtained by an entity already having a primary certification. They can seek "local" certification to provide services in other counties. Receiving local certification requires that the provider be knowledgeable of th local county's health and human service resources.

Definition of Crisis Services:

These are MA services targeted to respond to needs of people experiencing a mental health crisis or mental health emergency (see Minnesota Statutes, section 256B.0624, subd. 2. (a) and (b)); and in some cases this will include short-term needs following intervention. These services are intended to assist the recipient to regain functioning to the level of functioning prior to the crisis/emergency or to refer to longer-term supports that will assist the recipient in regaining functioning; to diminish crisis/emergency-related suffering of the recipient; to avoid, where possible, more restrictive service settings; and to maintain community living by the recipient. The services include: crisis assessment, crisis intervention, crisis stabilization (in community and short-term residential), and community intervention.

History of Dates of Implementation/Operation:

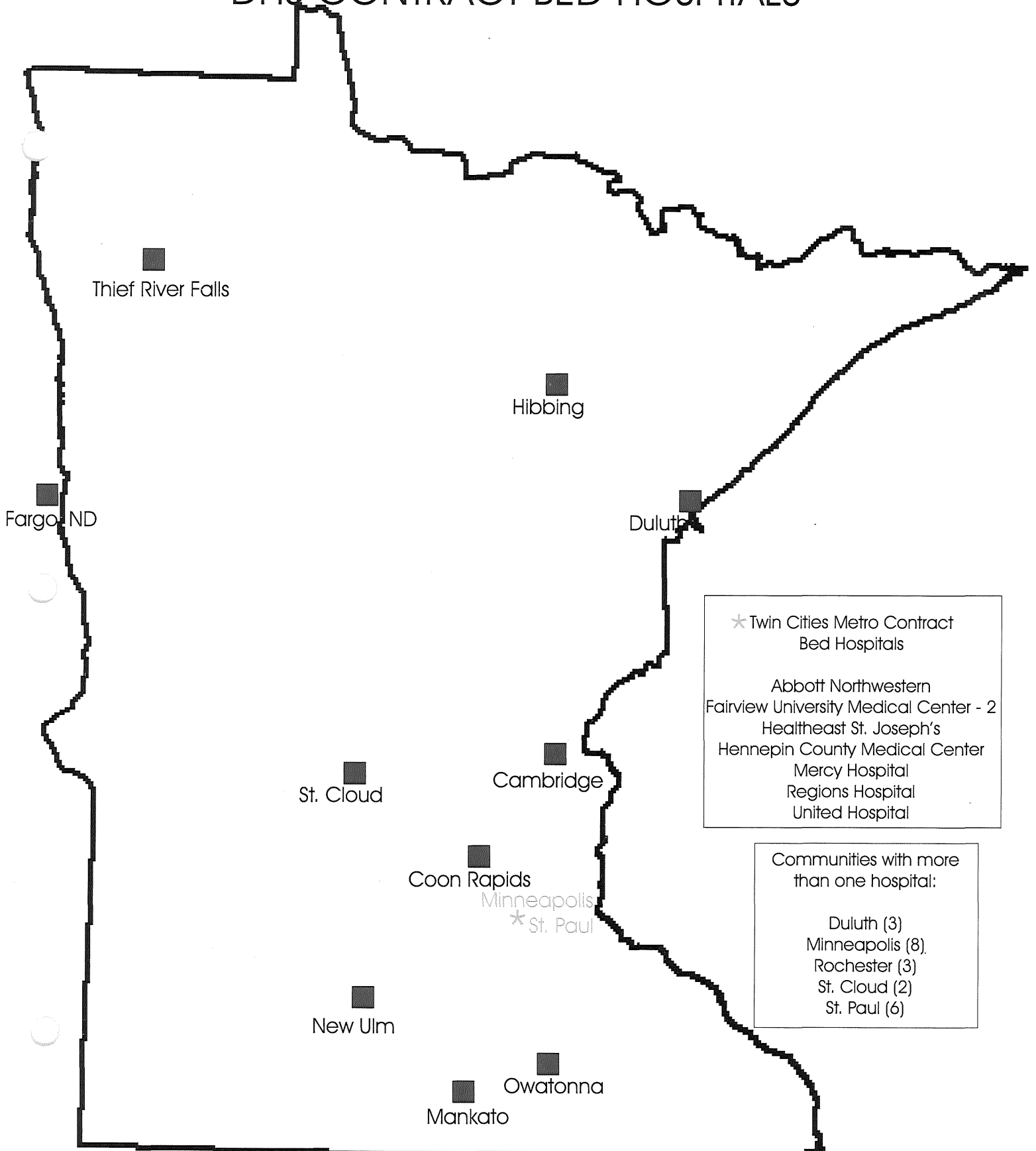
ARMHS began March 15, 2002 with five providers. As of December 23, 2004, there are currently 81 providers providing services in all 87 counties.

The Crisis Services began operating January 1, 2003. As of December 23, 2004, there are currently 22 crisis providers providing services in 23 counties.

Reservations in Minnesota:

- | | |
|-------------------------|-------------------------------|
| 1. Red Lake | 7. Mille Lacs |
| 2. White Earth | 8. Shakopee Mdewakanton Sioux |
| 3. Leech Lake | 9. Prairie Island |
| 4. Bois Forte/Nett Lake | 10. Upper Sioux |
| 5. Grand Portage | 11. Lower Sioux |
| 6. Fond du Lac | |

DHS CONTRACT BED HOSPITALS

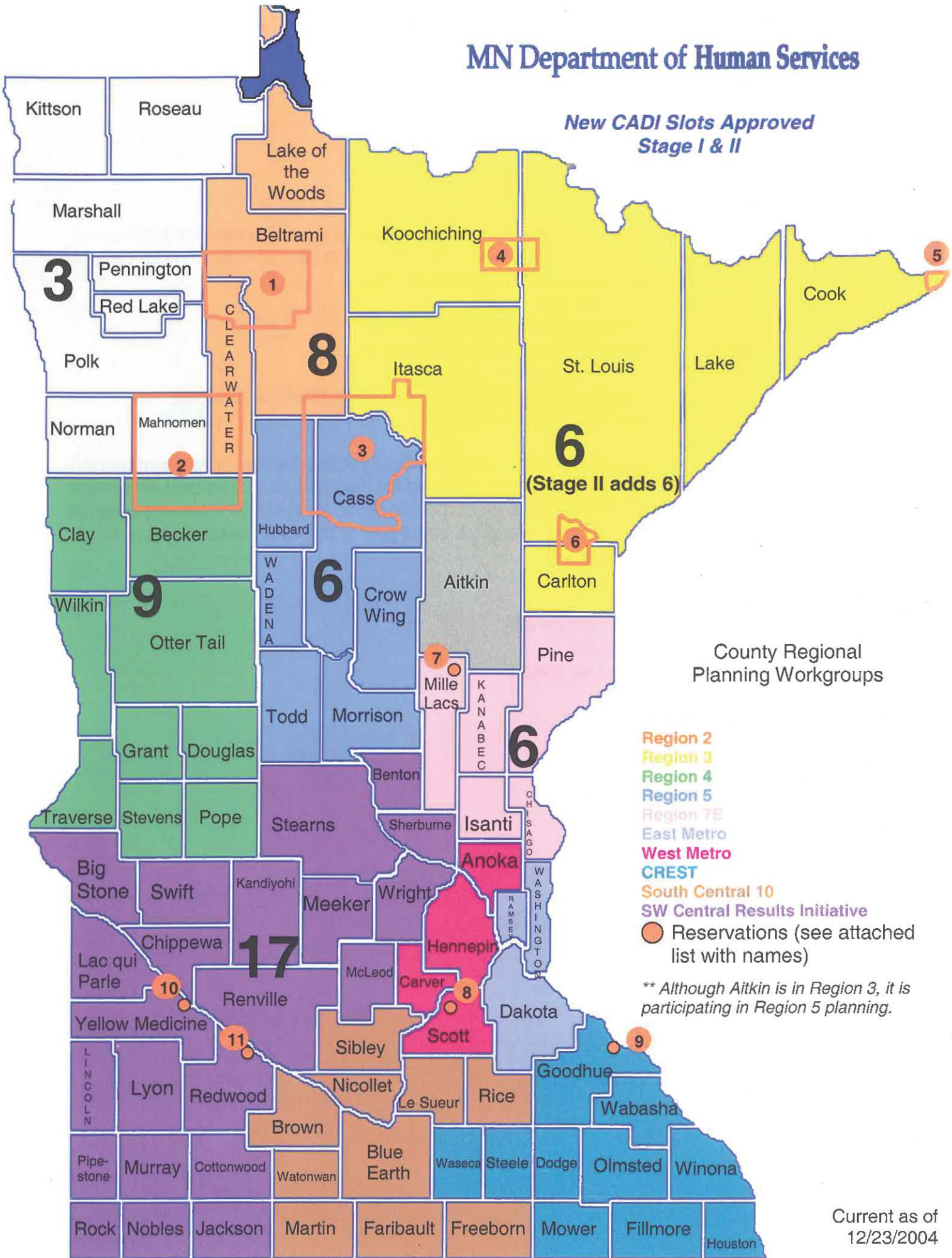


Minnesota hospitals by county

Hospital	City	County
Mercy Hospital (ALLINA)	Coon Rapids	Anoka
Immanuel St. Joseph's - Mayo Health System	Mankato	Blue Earth
New Ulm Medical Center (ALLINA)	New Ulm	Brown
Abbott Northwestern Hospital (ALLINA)	Minneapolis	Hennepin
Fairview-University Medical Center - Riverside	Minneapolis	Hennepin
Fairview-University Medical Center - Southdale	Minneapolis	Hennepin
Hennepin County Medical Center	Minneapolis	Hennepin
Cambridge Medical Center (ALLINA)	Cambridge	Isanti
Northwest Medical Center	Thief River Falls	Pennington
Regions Hospital	St. Paul	Ramsey
St. Joseph's Hospital	St. Paul	Ramsey
United Hospital, Inc. (ALLINA)	St. Paul	Ramsey
Miller-Dwan Medical Center	Duluth	St. Louis
Fairview University Medical Center - Mesabi	Hibbing	St. Louis
St. Cloud Hospital	St. Cloud	Stearns
Owatonna Hospital (ALLINA)	Owatonna	Steele
Meritcare	Fargo, ND	Clay

MN Department of Human Services

New CADI Slots Approved Stage I & II



County Regional Planning Workgroups

- Region 2
- Region 3
- Region 4
- Region 5
- Region 7E
- East Metro
- West Metro
- CREST
- South Central 10
- SW Central Results Initiative
- Reservations (see attached list with names)

*** Although Aitkin is in Region 3, it is participating in Region 5 planning.*

MN Department of Human Services

CADI Slots

Definition of CADI:

Community Alternatives for Disabled Individuals (CADI) is a comprehensive package of Medical Assistance services, which can be used to provide care and support for people to live in their own home, instead of in a nursing home.

To be eligible for CADI, the person must:

- Be eligible for MA as a person with a disability
- Require the level of care provided in a NF
- Have a community care plan that reasonably assures health and safety
- Be able to have CADI services provided within the waiver's funding limits

This map represents those CADI approvals specifically related to the enhancement of community based mental health services allowing for the closure of Regional Treatment Centers. Each county also receives a resource allocation for CADI which serves people with all disabilities. The numbers here are a small part of the CADI resources presently used for people with mental illness.

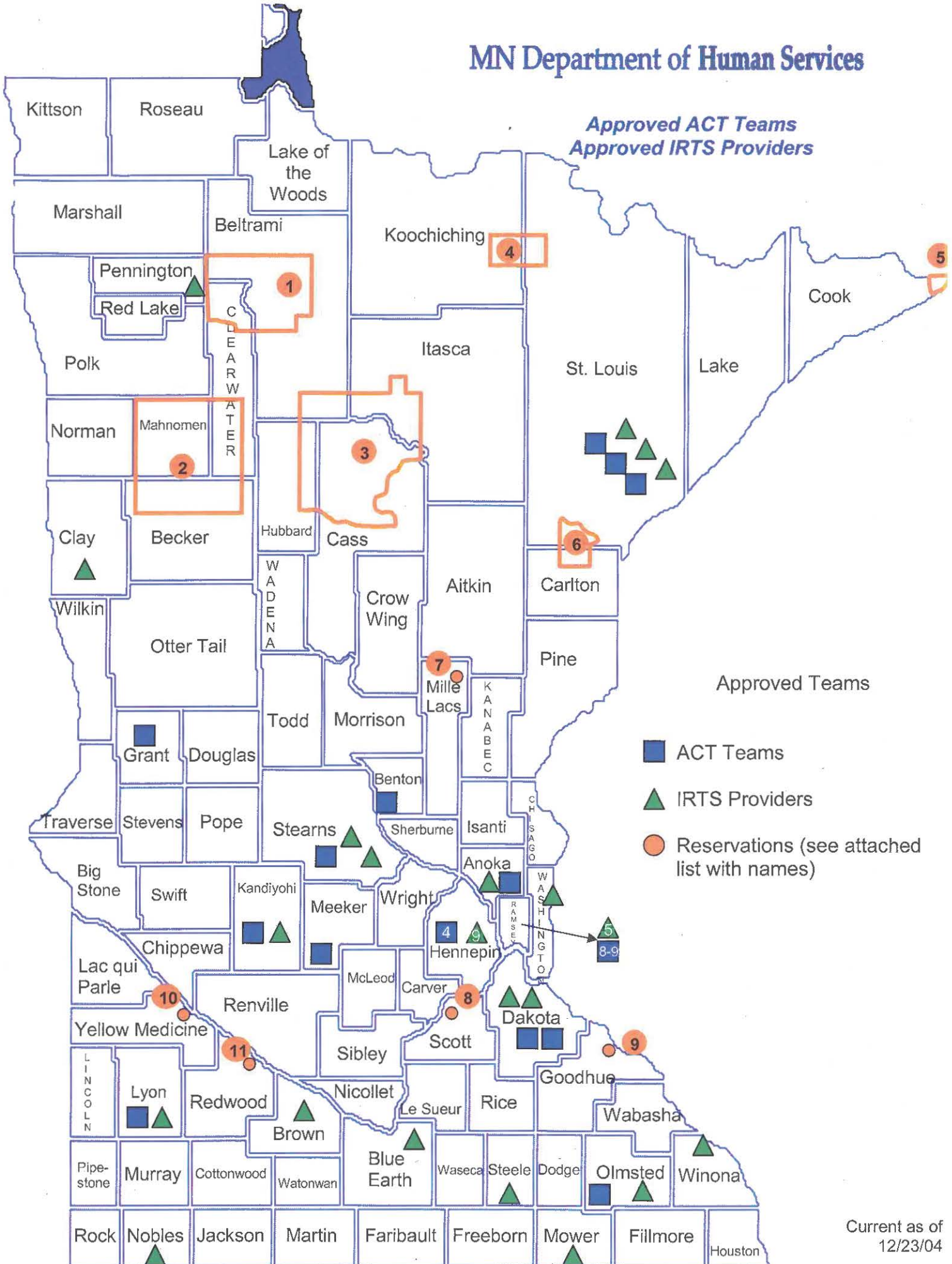
Target dates for implementation of:

- Stage I = June 2005
- Stage II = December 2005

Reservations in Minnesota:

1. Red Lake
2. White Earth
3. Leech Lake
4. Bois Forte/Nett Lake
5. Grand Portage
6. Fond du Lac
7. Mille Lacs
8. Shakopee Mdewakanton Sioux
9. Prairie Island
10. Upper Sioux
11. Lower Sioux

MN Department of Human Services



MN Department of Human Services

ACT/IRT Services

Definition of ACT:

Assertive Community Treatment is provided by multidisciplinary treatment teams with a low client to case manager ratio (10-1). Services can be provided wherever the person needs them. This service is targeted to persons who have the most serious mental illnesses and who have not benefited from conventional community care.

Characteristics of ACT are shared caseloads among clinicians (rather than individual caseloads); direct provision of services, rather than brokering services to other providers; 24-hour coverage, including emergencies; close attention to illness management; most services provided in the community, rather than at the clinic; high frequency of contact with clients; and assistance with practical problems in living..

Date of ACT Implementation: January 2005

Definition of IRTS:

Intensive Residential Treatment Services Programs are governed by M.S. 256B.0622, M.S.245.472 and Minnesota Rules 9520.0500 to 9520.0690. These are short-term, time-limited services provided in a residential setting to recipients who are in need of this level of supervision and treatment and are at risk of significant functional deterioration if they do not receive these services. People may benefit from this level of service following acute hospitalization, or as a deterrent to it. Services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services must focus upon supporting recovery through the use of established rehabilitative principles and evidence based practices. Services must be directed toward a targeted discharge date with specified client outcomes.

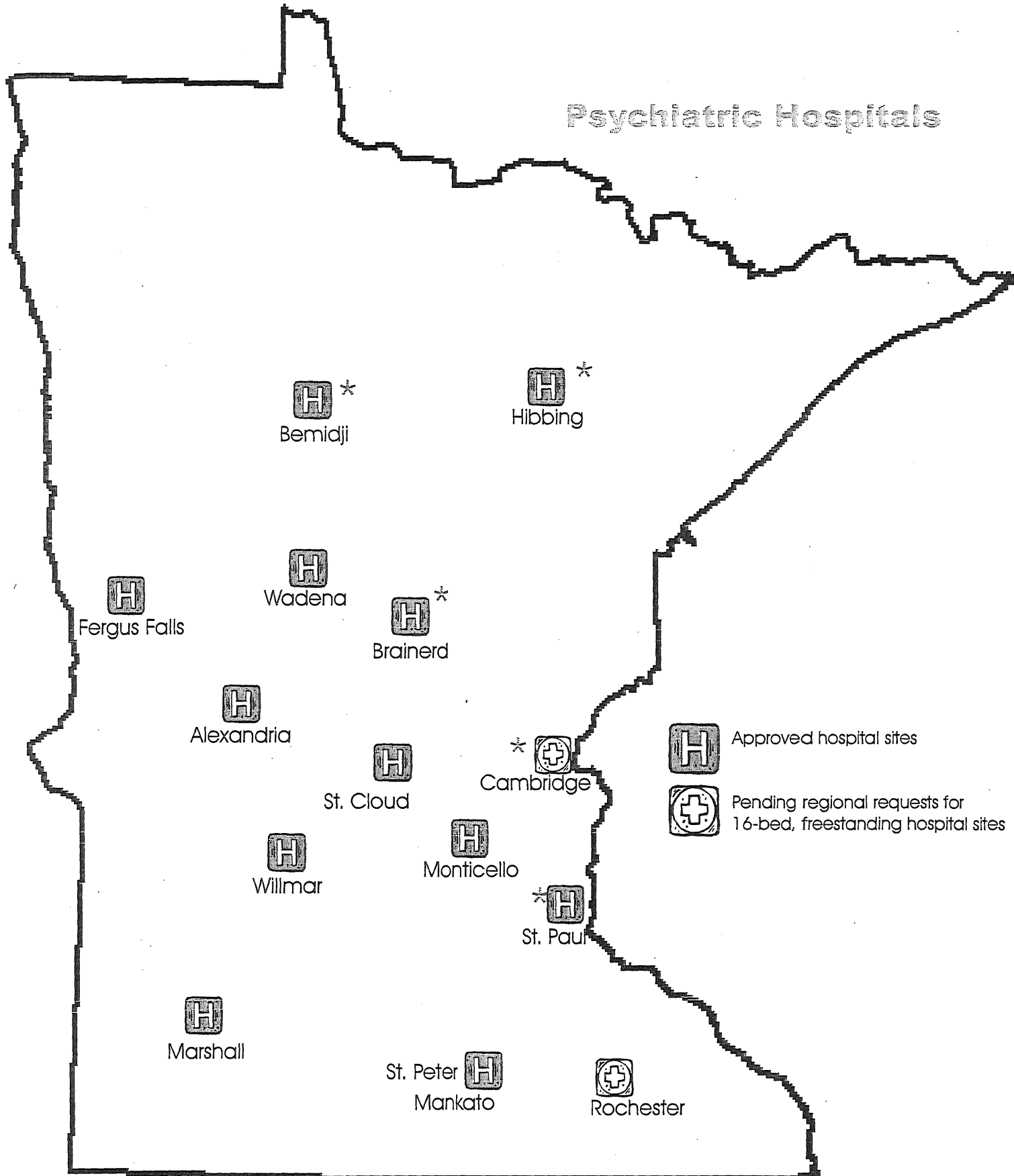
Date of IRTS Implementation: October 2004

Reservations in Minnesota:

1. Red Lake
2. White Earth
3. Leech Lake
4. Bois Forte/Nett Lake
5. Grand Portage
6. Fond du Lac
7. Mille Lacs
8. Shakopee Mdewakanton Sioux
9. Prairie Island
10. Upper Sioux
11. Lower Sioux

Minnesota Department of Human Services

Psychiatric Hospitals



Anticipated target date of operation:

Stage I: by June, 2005

* Stage II: by December, 2005

Anticipated new bed capacity: 215

Projected number of consumers annually: 3,350

MN Department of Human Services

Acute Inpatient Psychiatric Hospital

Definition of Acute Inpatient Psychiatric Hospital:

Will provide an acute psychiatric hospital level of care to adults with serious mental illness including rapid assessment and stabilization.

The hospitals will provide an array of services, which will include:

- Assessment of mental, social and physical health from multidisciplinary staff including physicians, advanced practice nurses, staff nurses, psychologists, clinical social workers and other rehabilitation therapists as appropriate.
- Medication management and 24-hour nursing care.
- Active mental health treatment and programming including an introduction to the Illness Management and Recovery model of psychiatric care. This model is person-centered and includes the family and community in the treatment planning and implementation. This model includes the provision of appropriate education for the client and family.
- Integrated Dual Diagnosis treatment.
- Discharge planning and collaboration with county service and case managers for appropriately transitioning back to appropriate services in the community.

Target Population

Target Population: Adults (18 years old and older) with serious mental illness needing an acute Psychiatric hospital level of care in a safe environment.

Master Planning Update

January 7, 2005

Ah-Gwah-Ching Center (AGC)

Meeting of the AGC Master Planning Team scheduled for January 11, 2005 to review Draft Master Plan. Comments and requests for changes will be incorporated by consultant for presentation of the Master Plan for Redevelopment and Reuse of the AGC campus to the Cass County Board on the tentative date of January 18, 2005.

Some of the ideas being considered for inclusion in the AGC Master Plan include: Government uses (offices and court rooms); Correctional/Detention Facility (Local/Regional); health care facilities (clinics, urgent care and/or hospital); large scale resort with unique destination component to attract tourism; and the development of residential housing.

Fergus Falls Regional Treatment Center (FFRTC)

Meeting proposed for sometime mid January 2005 to present Draft Master Plan to the FFRTC Master Planning Team for review and consideration. A meeting will be scheduled to present the Master Plan to the Fergus Falls City Council after the consultant for the FFRTC Master Plan for Redevelopment and Reuse has incorporated comments and requested changes into the document.

Some of the main ideas being considered for inclusion in the FFRTC Master Plan include: Potential site for new school development; local museum, single and multi-family housing development; industrial park expansion; public-park and recreation spaces; office complex; and, small commercial/retail area.

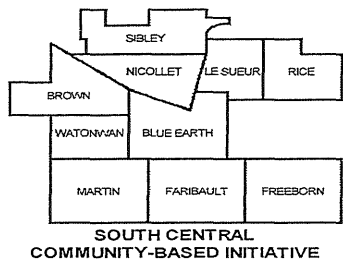
Willmar Regional Treatment Center (WRTC)

The WRTC campus Redevelopment and Reuse Master Plan was completed in December 2004. Tentative meetings have been scheduled to present the Master Plan to Kandiyohi County Board on January 18, 2005, and to the Willmar City Council on January 24, 2005.

Ideas for use and redevelopment outlined in the WRTC Master Plan for consideration include: **government offices** (Kandiyohi County, MPCA, DHS; private offices); **health care** (DHS Enterprise programs, CABHS, Medallion, Bradley Center, Rice Hospital Adult MI, Methamphetamine Treatment; Veterans Home, and Rice Hospital outpatient rehab); **corrections** (Kandiyohi County, DOC ½ Way house; Prairie Lakes Detention, and CIP; **education** (classroom space for adolescent treatment, Ridgewater Community College [health science, emergency services, and AG business training]); **housing** (Salvation Army affordable housing, Project Turnabout transitional housing, and private development of single and multi-family housing on the north parcel of property).

Brainerd Regional Human Services (BRHSC)

The Campus Master Planning process was initiated in early December 2004. A Joint Powers Agreement was sent to Crow Wing County for review, consideration and signature. It is hoped that the master planning consultant selection process will be completed by the middle of February 2005 and the Master Plan will be completed by October 2005.



**South Central Community Based Initiative
Summary of Mental Health
Safety Net Re-design
January 12, 2005**

Purpose: The South Central Community Based Initiative (SCCBI) is a ten county project with the goal of positive systemic change in the provision of services to consumers recovering from Serious and Persistent Mental Illness (SPMI). The SCCBI is working in partnership with State Operated Services, DHS, consumers and area providers to develop and implement a comprehensive array of community-based mental health services. These services will be designed to supplement, not replace existing services.

Governance: (formed in 1995) **County Human Services Directors** – SCCBI Compact (finalized in 2004) and reported to monthly by RMT Planning Staff. **Regional Management Team** (RMT) – core planning committee: one member from each county (9 county mental health supervisors); one mental health consumer from each county appointed by County Mental Health Advisory Councils; one SPRTC representative; one State DHS Liaison. Meets monthly with several subcommittees: budget, employability, safety net re-design, housing, rehabilitation option, crisis diversion center, training and education. **Regional Advisory Council** (RAC) – one consumer from each county Local Advisory Council (LAC): committee advises the RMT on consumer ideas, needs and preferences. RAC manages the Consumer Self Help Fund grant program, which promotes consumer employment and self-sufficiency.

Service Planning/Delivery Design: Regional services planned by RMT. Five “sub regional” (one to three counties working together) groups planning with overall approval of RMT. Each of the five sub-regions has a local planning process and “team model”.

Funding: Initiative State Grant; Crisis Services Grant; Revenue from Initiative and state staff.

Outcomes Achieved: Base Rate of 1776 beds utilized/month at SPRTC in 1996 to a 2004 average of 388 beds/month (75% reduction); Significant reduction in the length of stay of RTC patients; Consumer Satisfaction with services; Three Stakeholder Meetings per year with well over 175 consumers/family members/providers in attendance; trainings on evidence based practices.

Services Developed: Regional 800 toll free Crisis/Warm Line; crisis transitional apartment; supportive housing; flexible funding; employability services; increased psychiatric services; resource centers; increased social rehabilitation programming; urgent care psychiatric services; annual “Camp Patterson”, 3-day camping/lodge experience for consumers; increased community support services: nursing, medication monitoring, case management, expanded in-patient community psychiatric beds, intensive residential treatment services, crisis response and adult mental health rehabilitation services.

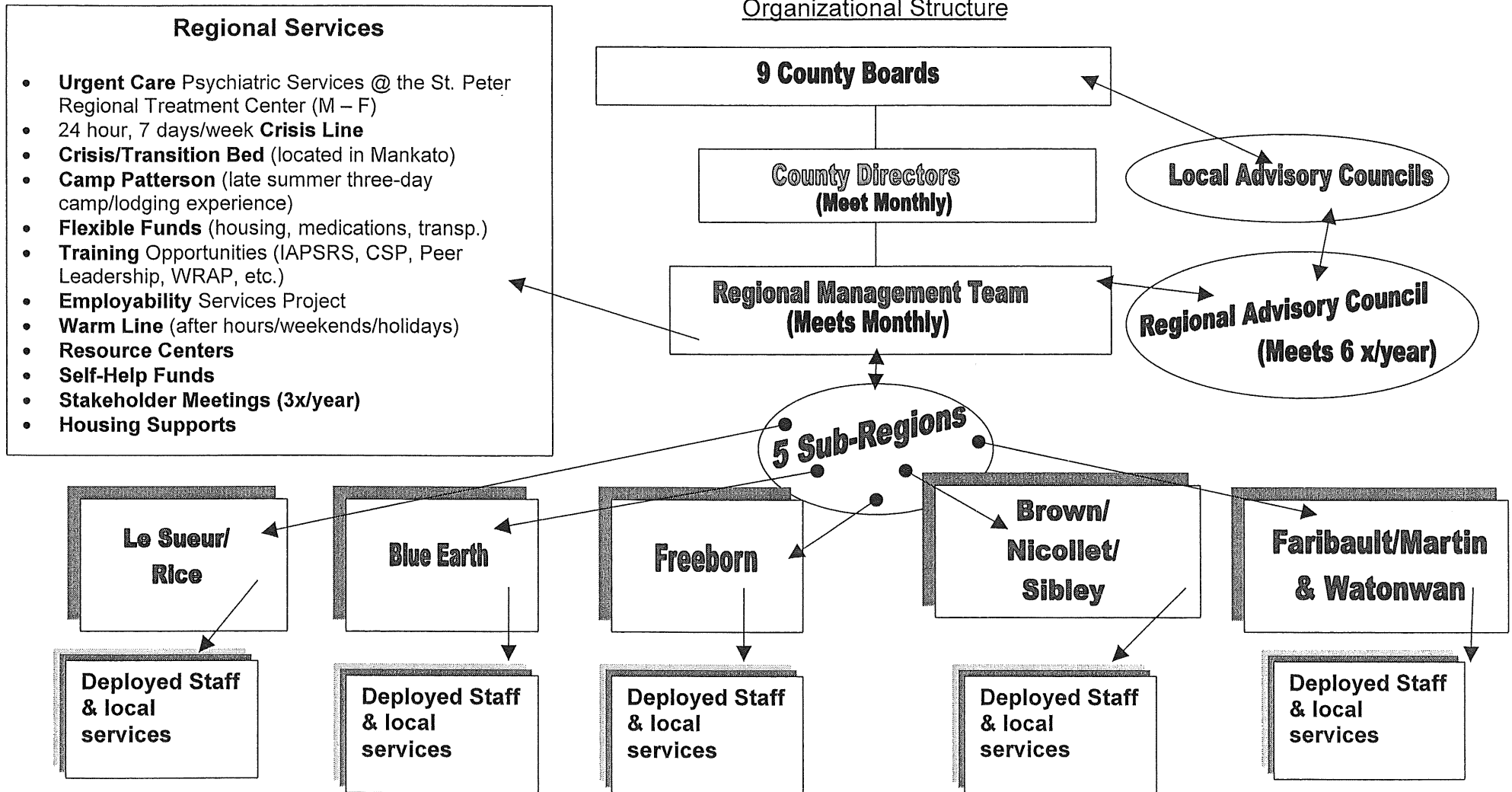
Services on the Horizon: Ten bed crisis center (Mankato), Opening Spring, 2005; 16 bed in-patient psychiatric hospital (RFP out now); increased housing support and coordination services; advanced technology for tele-mental health and telemedicine; additional state staff deployed to the community based care system; increased psychiatric out-patient/in-patient services; training of local providers and law enforcement personnel.

SOUTH CENTRAL COMMUNITY BASED INITIATIVE

Ten counties: Blue Earth, Brown, Faribault/Martin, Freeborn, Le Sueur, Nicollet, Rice, Sibley, Watonwan, State Department of Human Services and St. Peter Regional Treatment Center.

Serving adult consumers with serious & persistent mental illness

Organizational Structure

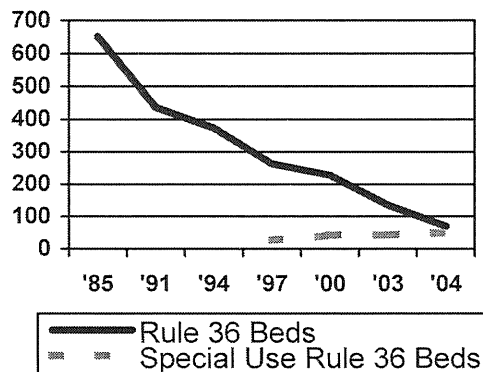


Ramsey County Adult Mental Health Services

Residential Treatment Facilities

- Since the mid 1980's Ramsey County has been working to reduce placements and length of stays in residential facilities by providing community based care
- In 2002 the average length of stay was down to 89 days
- Ramsey County no longer has any Institutes for Mental Disease (IMDs)

Reduction in Rule 36 (Residential Treatment) beds in Ramsey County



Expanded Options for Community Based Care

- Intensive Case Management Services (now Assertive Community Treatment)
- Increased programming in Rule 36 facilities
- Increased availability of crisis services
- Increased housing options
 - Housing subsidies
 - Extended Care
 - Shared Housing
 - Adult Corporate Foster Care (76 beds – CADI funded)

Regional Treatment Centers

- Ramsey County has successfully reduced admissions to Regional Treatment Centers for the past two years (FY '03 – 11% decrease, FY '04 – 7% decrease)
- For clients receiving intensive services there is, on average, a 66% drop in Regional Treatment Center admissions and length of stay from the year prior to receiving intensive services.

Future Resource Needs

- Additional funds for supportive housing (subsidies and services)
- Flexible use of Medicaid waiver funds
- Case Management Services for clients at risk of commitment
- Additional case management with various service intensity levels
- Longer term care facilities for individuals with multiple needs



Capital Investment Request for LSS Housing With Care (SF 272)

Lutheran Social Service (LSS), Minnesota's largest faith-based social service provider proposes to provide housing with care to some of our state's most vulnerable citizens in partnership with the State of Minnesota. Through this partnership LSS will address this critical need by providing affordable, stable and supportive housing for low income individuals and families in the metro area directly connected to an array of social services.

We seek \$8.5 million capital investment funding to build four floors (64 units) of affordable (low income) and service-supported housing above our Phillips neighborhood service site to be rebuilt with \$8.5 million in private funding.

LSS is partnering with the Phillips Park Initiative, Messiah Lutheran Church, and the seven members of the "Faith in the City" collaborative, and many donors and congregations to re-build our metro site where, in addition to:

- Housing First, It's All About Kids" and other housing services others supports available are:
- employment and MFIP services
- psychiatric, youth and family counseling,
- adoption and foster care services,
- refugee resettlement and financial counseling.

To these, we have recently added:

- a wellness center tailored to neighborhood needs and
- a center for financial literacy including individual savings accounts – which has received a \$1.4 Thrivent grant to match individual savings deposits.

LSS's proposal is aligned with our understanding of Department of Human Services (DHS) and State of Minnesota policies in the following ways:

DHS policy is to work with local communities to determine local needs.

LSS staff and consultants are actively working with local individual neighbors, our Phillips Neighborhood partners, local elected officials and other related decision makers.

DHS policy is to support a variety of housing options.

To our recently built housing units for moderate incomes and others for larger families, LSS's proposal provides units of affordable, supportive housing including some units designed to help individuals experiencing long-term homelessness.

State policy requires that projects must have a public purpose

LSS public purpose for our housing continues to stabilize the Phillips Neighborhood area by providing housing for a mix of income levels with unique access to social services for persons needing supportive services.

State policy requires that projects have statewide or regional significance

LSS project proposal includes addresses a critical shortage of affordable housing for low income urban residents. LSS project expects to demonstrate that ready access to social services will result in successful transitions out of homelessness and intermittent homelessness.

State policy requires that projects must be owned by a public entity

Hennepin County HRA is named as fiscal agent in our bill.

Affordable and Supportive Housing – LSS Metro Housing with Care SF272

Housing with Care wraps services around individuals and families increasing the odds that participants will become successful and stable renters, employees and family members.

Our proposal leverages no-cost-land since it will occupy the space above our service site. We are raising and investing \$8.5 million in private funds to rebuild our 50 year old metro service center to meet the needs of the Phillips neighborhood of today.

We are requesting \$8.5 million in capital investment funds to build above our site:

Four floors of 64 units of affordable, stable and supportive housing units with some units targeted at those experience long term homelessness above our human service site. This site offers unique and ready access to an array of social services designed for the needs of this neighborhood.

Mixed Income:

10-15% of units - for people at 30% or less of area median income - set aside for people requiring supportive housing including those with special needs such as mental health disabilities.

70-80% of units - for people at 50% of area median income (which, in 2005, equals \$34,000 in family income)

5-10% of units - for people with family incomes at 60% of area median income.

Mixed (but small) family size:

The units will be built to accommodate single persons or small families with a mix of one and two bedroom units. We have commissioned a marketing study to guide the proportional mix to neighborhood needs.

Larger families have been accommodated with our recent development of 24 units for families needing multiple bedrooms on our Metro Service Site Campus (on Oakland Avenue).

We are seeking capital investment funds because affordable rents to these low-income groups cannot sustain new construction costs and conventional financing and building maintenance.

All units will be available at below market rate. Rents will go for operating expenses, utilities, insurance, security and replacement and operating reserves.

About LSS:

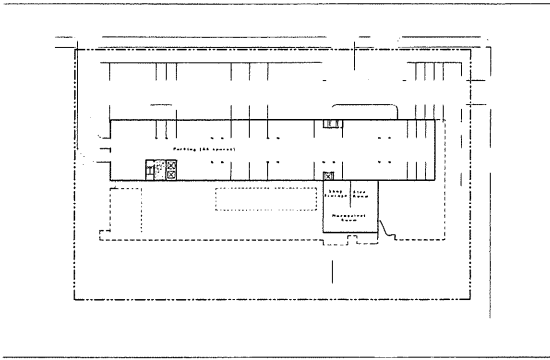
Since its founding in 1865, LSS has become the largest non-profit human service provider in the state, providing services in all 87 counties. In 2004, our 2400 employees and 6000 volunteers provided stability, growth, essential social-skills building and successful transitions to 100,000 Minnesotans. LSS has staying power and a 140 year track record of service. 89¢ of every dollar we receive goes directly to our services.

At our metro site:

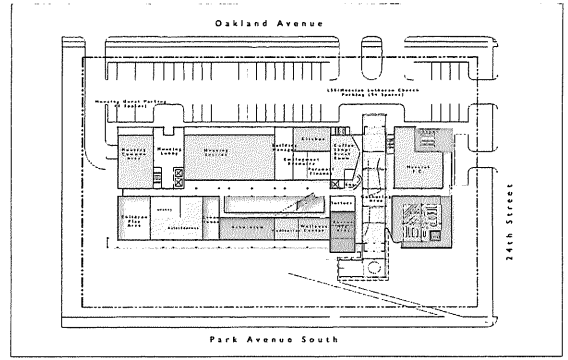
- Our 50 year history of work in our Minneapolis service site has helped thousands of Minnesotans make successful life transitions from birth mothers and adoptive families, children and families in crisis to refugee re-unifying with their families, and many other services.
- Our track record includes our nationally recognized work with the Phillips Park Initiative to stabilize and rebuild our neighborhood. We sought, and supported the active involvement and participation of individual neighbors. Their contributions were a key element in the success of our collaboration with our partners - the Phillips Eye Institute, St. Mary's University, and the West Phillips Neighborhood Association. With that partnership we have been developing housing around our Metro Service site and have achieved a good start toward our goal of developing housing options for people with a range of income levels thereby stabilizing and improving the surrounding community.
 - The 1st Phase brought 29 new homeowners into the neighborhood by providing housing options for mainly first-time home buyers at moderate and low-income levels.
 - The 2nd Phase is underway, and has created affordable rental housing opportunities for low-income families and supportive housing for very low-income homeless families with 24 new rental units.
- Our initiatives working with Minneapolis schools to help at-risk kids stay in their home-school when their families have to move (called "It's All About the Kids") has received national recognition and has recently received accolades from the Wilder Foundation.

Around the state:

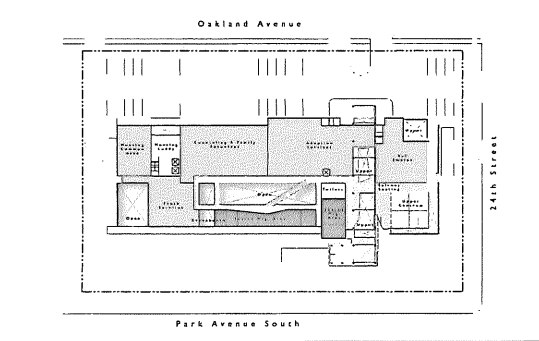
- We provide homeless youth, seniors, and people with disabilities the opportunity to live in safe, supportive, neighborhood homes rather than in large, institutional settings.
- We have major service sites in nine regional centers and serve people living in 300 communities in all 87 Minnesota counties.
- We are successfully intervening with truant kids in Dakota County area public schools helping them graduate and move toward thriving adulthood.
- In partnership with the Duluth U of M School of Medicine, we are providing a Wellness Clinic for homeless and run-away youth.
- We are helping people with disabilities live in community and develop to their fullest in 200 Minnesota towns.



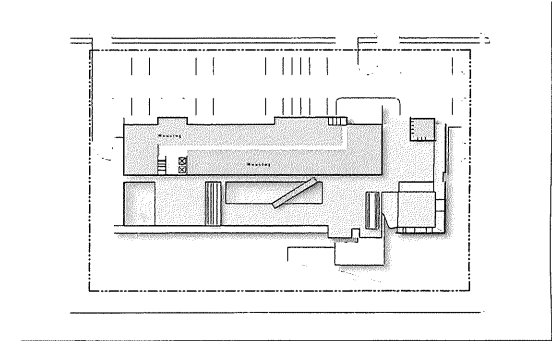
Parking Floor Plan



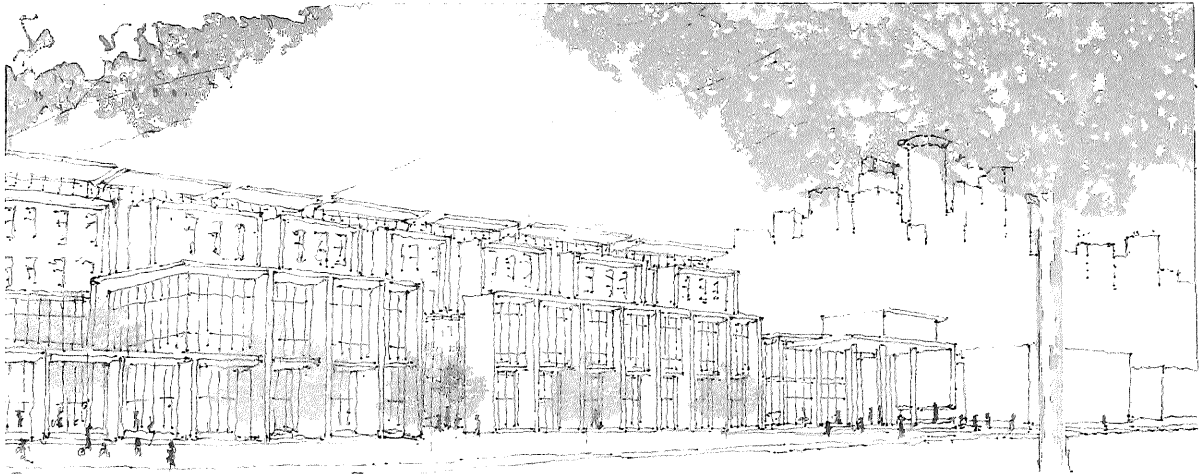
Ground Floor Plan



Second Floor Plan



Typical Floor Plan



Lutheran Social Service

1 Senator moves to amend S.F. No. as follows:

2 Page ..., delete lines .. to .. and insert:

3 "Subd. 7. Planning for Secure
4 Forensic State Nursing Facility 1,600,000

5 For the planning and possible
6 renovation of forensic treatment
7 programs operated by state-operated
8 services. The commissioner shall
9 update the members of the health and
10 human services budget division every
11 three months."

SF 272 (BERGLIN)

1 A bill for an act
2 relating to capital improvements; authorizing the
3 issuance of state bonds; appropriating money to
4 Hennepin County for affordable and supportive housing
5 units.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

7 Section 1. [APPROPRIATION.]

8 \$8,500,000 is appropriated from the bond proceeds fund to
9 the Housing Finance Agency for a grant to the Hennepin County
10 Housing and Redevelopment Authority to build 64 units of
11 affordable, stable, and supportive housing including some units
12 targeted at those experiencing long-term homelessness. The site
13 is to be owned by the grantee above a nonprofit social service
14 provider's site, and will be operated by the social service
15 provider subject to Minnesota Statutes, section 16A.695.

16 Sec. 2. [BOND SALE.]

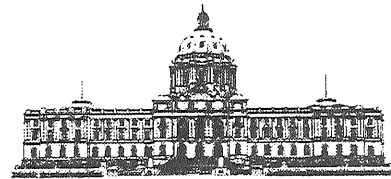
17 To provide the money appropriated in this act from the bond
18 proceeds fund, the commissioner of finance shall sell and issue
19 bonds of the state in an amount up to \$8,500,000 in the manner,
20 upon the terms, and with the effect prescribed by Minnesota
21 Statutes, sections 16A.631 to 16A.675, and by the Minnesota
22 Constitution, article XI, sections 4 to 7.

23 Sec. 3. [EFFECTIVE DATE.]

24 Sections 1 and 2 are effective the day following final
25 enactment.

LINDA BERGLIN
Senator 61st District
309 State Capitol Building
75 Rev. Dr. Martin Luther King, Jr. Blvd.
St. Paul, MN 55155-1606

Phone: (651) 296-4261
Fax: (651) 293-0653



Senate

State of Minnesota

January 12, 2005

TO: Senator Richard Cohen, Chair
Finance Committee

FROM: Senator Linda Berglin, Chair
Health and Human Services Budget Division

RE: **Deficiency Appropriation Recommendation – January 12, 2005**

The Health and Human Services Budget Division of the Senate Finance Committee met on Wednesday, January 12, 2005, and has recommending the attached proposal be included in the 2005 Deficiency Funding Appropriation Bill:

“Subd. 7. Planning for Secure Forensic State Nursing Facility - \$1,600,000 for the planning and possible renovation of forensic treatment programs operated by state-operated services. The commissioner shall update the members of the Health and Human Services Budget Division every three months.”

If you have any questions please contact me at 296-4261.

Attachments (2)

1 Senator moves to amend S.F. No. as follows:

2 Page .., delete lines .. to .. and insert:

3 "Subd. 7. Planning for Secure
4 Forensic State Nursing Facility 1,600,000

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7 programs operated by state-operated
8 services. The commissioner shall
9 update the members of the health and
10 human services budget division every
11 three months."

1 A bill for an act

2 relating to state government; providing deficiency
3 funding for certain state agencies; appropriating
4 money.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

6 DEFICIENCY APPROPRIATIONS

7 Section 1. [APPROPRIATIONS.]

8 The sums shown in the columns marked "APPROPRIATIONS" are
9 appropriated from the general fund, or another named fund, to
10 the agencies and for the purposes specified in this act, to be
11 available for the fiscal year indicated for each purpose, and
12 are added to appropriations in Laws 2003, First Special Session
13 chapters 1, 2, and 14. The figure "2005," where used in this
14 act, means that the appropriation or appropriations listed under
15 it are available for the year ending June 30, 2005.

16 SUMMARY BY FUND

	2005	TOTAL
18 General	\$ 31,405,000	\$ 31,405,000
19 TOTAL	\$ 31,405,000	\$ 31,405,000

20 APPROPRIATIONS
 21 Available for the Year
 22 Ending June 30
 23 2005

24 Sec. 2. BOARD ON JUDICIAL		
25 STANDARDS		230,000

26 This appropriation is added to
27 appropriations in Laws 2003, First
28 Special Session chapter 2, article 1,

1 section 7.

2 Sec. 3. BOARD OF PUBLIC DEFENSE 7,681,000

3 This appropriation is added to
4 appropriations in Laws 2003, First
5 Special Session chapter 2, article 1,
6 section 8.

7 Sec. 4. PUBLIC SAFETY

8 Subdivision 1. Total
9 Appropriation

10 General Fund 986,000

11 This appropriation is added to
12 appropriations in Laws 2003, First
13 Special Session chapter 2, article 1,
14 section 9. The amounts that may be
15 spent from this appropriation for each
16 program are specified in subdivisions 2
17 and 3.

18 Subd. 2. Emergency Management 710,000

19 [FEMA MATCHING FUNDS.] This
20 appropriation is to provide matching
21 funds for FEMA funds received for
22 natural disaster assistance payments.
23 This appropriation is available until
24 June 30, 2007.

25 Subd. 3. Law Enforcement and
26 Community Grants 276,000

27 [GANG STRIKE FORCE.] This appropriation
28 is for grants to the Criminal Gang
29 Strike Force under Minnesota Statutes,
30 chapter 299A.

31 Sec. 5. CORRECTIONS

32 Subdivision 1. Total
33 Appropriation

34 General Fund 4,370,000

35 This appropriation is added to
36 appropriations in Laws 2003, First
37 Special Session chapter 2, article 1,
38 section 13. The amounts that may be
39 spent from this appropriation for each
40 program are specified in subdivisions 2
41 and 3.

42 Subd. 2. Correctional Institutions 4,180,000

43 Subd. 3. Operations Support 190,000

44 Sec. 6. HUMAN SERVICES

45 Subdivision 1. Total
46 Appropriation 13,394,000

47 This appropriation is added to
48 appropriations in Laws 2003, First
49 Special Session chapter 14, article
50 13C, section 2, subdivision 8. The
51 amounts that may be spent from this
52 appropriation for each program is

1 specified in subdivision 2.

2 Subd. 2. State-Operated
3 Services 13,394,000

4 This appropriation is for the forensic
5 treatment programs operated by
6 state-operated services.

7 Sec. 7. VETERANS AFFAIRS 39,000

8 This appropriation is added to
9 appropriations in Laws 2003, First
10 Special Session chapter 1, article 1,
11 section 17.

12 Sec. 8. ADMINISTRATION 4,705,000

13 This appropriation is to the Department
14 of Administration for relocation costs
15 for the Departments of Health and
16 Agriculture and is available until June
17 30, 2006. Notwithstanding any law to
18 the contrary, proceeds from the sale or
19 disposition of the Department of Health
20 land and building at 717 Delaware
21 Street in Minneapolis, after paying all
22 expenses incurred in selling or
23 disposing of it, estimated to be
24 approximately \$4,853,000, must be
25 deposited in the general fund.

26 Sec. 9. [SUNSET OF UNCODIFIED LANGUAGE.]

27 All uncodified language in this act expires June 30, 2005,
28 unless another date is specified.

29 Sec. 10. [FORECAST ALLOCATION.]

30 The commissioner of finance shall reduce the amount
31 allocated on the basis of the November 2004 general fund
32 forecast for the purpose of Minnesota Statutes, section 16A.152,
33 subdivision 2, paragraph (a), clause (3), by \$25,100,000.

34 Sec. 11. [EFFECTIVE DATE.]

35 Sections 1 to 10 are effective the day following final
36 enactment.

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