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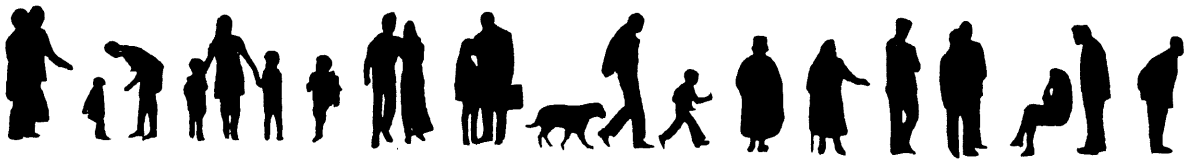
REPORT TO THE LEGISLATURE

STUDY OF THE AVAILABILITY OF SERVICES TO PEOPLE WITH MENTAL ILLNESS PROBLEMS



PREPARED BY THE MENTAL HEALTH DIVISION

MN DEPARTMENT OF HUMAN SERVICES

FEBRUARY, 1985

Pursuant to 1984 Laws, Ch 654,
Article 5, section 1(q)

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55155

March 15, 1985

The Honorable Jerome Hughes
President of the Senate
328 State Capitol
St. Paul, MN 55155

The Honorable David Jennings
Speaker of the House
463 State Office Building
St. Paul, MN 55155

Dear Senator Hughes and Representative Jennings:

I am pleased to submit to you the Department's report on the availability of mental health services in the counties and across our state, as required by the Laws of Minnesota, 1984, Chapter 654, Article 5, Section 1(q).

As you know, a number of people have expressed concern that, with the decentralized decision making and allocation system of the Community Social Services Act (CSSA), considerable variation exists from county to county in the services available to mentally ill people.

This report indicates that there is variation, but that many of the essential services are available. At the same time, these services are sometimes not as readily available as county officials and others believe necessary.

I call your attention to the recommendations contained in this report. The authorizing legislation calls for recommendations specifying a minimum capability which should be made available by counties for mentally ill persons and specific recommendations designed to improve the quality of and access to services provided by the counties for mentally ill persons, including the administrative and program costs of each recommendation. I believe that our recommendations meet these requirements and, if implemented, will assure that essential mental health services are available to the people that need them without regard to their county of residence.

Thank you for your attention to this report and for your continuing interest in improving conditions for people with mental illness problems.

Sincerely,

LEONARD W. LEVINE
Commissioner

EE-50

cc: The Honorable Linda Berglin, Chairperson
Senate Health and Human Services Committee
The Honorable Tony Onnen, Chairperson
House Health and Welfare Committee
The Honorable Gerald Willet, Chairperson
Senate Finance Committee
The Honorable Don Samuelson, Chairperson
Senate Health and Human Services Subcommittee of Finance
The Honorable Mary Forsythe, Chairperson
House Appropriation Committee
The Honorable Bob Anderson, Chairperson
Human Services Division, Appropriations Committee

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REPORT TO THE MINNESOTA STATE LEGISLATURE

STUDY OF SERVICES TO PEOPLE WITH MENTAL ILLNESS PROBLEMS

EXECUTIVE SUMMARY

BACKGROUND

FOR A NUMBER OF YEARS THERE HAS BEEN CONCERN OVER THE DISTRIBUTION OF FUNDS AND PERSONNEL FOR SERVICES FOR PEOPLE WITH MENTAL ILLNESS PROBLEMS. THE PASSAGE OF THE COMMUNITY SOCIAL SERVICES ACT IN 1979 ACCENTUATED THESE CONCERNS, ALTHOUGH IT DID NOT PROVIDE ANY SIZEABLE INCREASE IN FUNDS TO REDUCE THE UNEVEN DISTRIBUTION OF SERVICES.

IN 1983 THE DEPARTMENT OF HUMAN SERVICES CONVENED A WORK GROUP TO ADDRESS THE QUESTION OF MINIMUM STANDARDS FOR COUNTY SUPPORTED SERVICES. LEGISLATION TO ESTABLISH MINIMUM SERVICE STANDARDS, SUPPORTED BY A COALITION OF ADVOCATES AND PROVIDERS DID NOT PASS. INSTEAD THE LEGISLATURE DIRECTED THAT THIS REPORT BE COMPLETED AND SUBMITTED IN 1985.

LAWS OF MINNESOTA, 1984, CHAPTER 654, ARTICLE 5, SECTION 1(Q) REQUIRE:

1. A REPORT ON THE SERVICES AVAILABLE IN EACH COUNTY FOR MENTALLY ILL PEOPLE, INCLUDING A DESCRIPTION OF EACH SERVICE, THE NUMBER OF CLIENTS SERVED, THE COST OF THE SERVICES, AND WHETHER PURCHASED OR PROVIDED DIRECTLY,

2. A DESCRIPTION AND DEFINITION OF A COMPREHENSIVE ARRAY OF SERVICES,

3. A RECOMMENDATION ON A MINIMUM CAPABILITY FOR ALL COUNTIES, AND

4. Recommendations to improve the quality of and access to services, including administrative and program costs.

To assess services and develop these recommendations, the Department convened an Advisory Committee with a diversity of members. Two consultant contracts were used to gather information for this study. Carol Kuechler, Ph.D., an experienced evaluator, analyzed secondary sources such as the Medicaid data base, Community Social Services Act (CSSA) information and the Statewide Judicial Information System. The Program Evaluation Resource Center (PERC) surveyed all 87 counties with a written questionnaire (only two counties refused) and site visited a cross section of 10 counties. The result of this survey was statewide information on services for mentally ill people never before available.

The report stresses the necessity for clarifying state - county relationships and basing intergovernmental relationships and mutual responsibilities on a common understanding of what is meant by county administration and state supervision.

Case management is one important way in which the needs of mentally ill people can be met, without their being either over- or under-served. The report identifies a number of areas where case management contributes to coordination and cost-effective use of services.

CASE MANAGEMENT MEANS THE ARRANGING AND COORDINATING OF DIRECT SERVICES FOR A CLIENT WITH THE DIRECT INVOLVEMENT WITH THE INVOLVEMENT OF THE CLIENT. THESE DIRECT SERVICES INCLUDE BUT ARE NOT LIMITED TO: ASSURING A DIAGNOSIS, ASSESSING THE CLIENT'S STRENGTHS AND WEAKNESSES IN ORDER TO DETERMINE THE CLIENT'S NEEDS, DEVELOPING AN INDIVIDUAL TREATMENT PLAN, ARRANGING FOR SERVICES AND EVALUATING THE PLAN'S EFFECTIVENESS.

FINDINGS

THE INITIAL STATEWIDE ANALYSIS BY PERC REVEALED THAT MOST ESSENTIAL SERVICES ARE AVAILABLE, THOUGH NOT ALWAYS AS READILY AS NEEDED. IN SOME AREAS SOME SERVICES ARE SIMPLY NOT AVAILABLE. THERE IS ROOM FOR IMPROVEMENT REGARDING ACCESS TO SERVICES AND AWARENESS OF THE SERVICES AVAILABLE.

THE MOST COMMONLY MISSING BUT NEEDED SERVICES, ACCORDING TO THE COUNTY RESPONDENTS ARE CRISIS HOMES, HOUSING SERVICES, SOCIAL AND RECREATIONAL SERVICES, DAY TREATMENT, AND ADULT FOSTER CARE. TRANSPORTATION REMAINS A MAJOR PROBLEM IN MANY AREAS OF THE STATE.

OVER 75 PERCENT OF THE COUNTY RESPONDENTS LISTED 12 SERVICE CATEGORIES AS ESSENTIAL. THOSE SERVICES AND THE PERCENTAGE BY WHICH COUNTY RESPONDENTS JUDGED THEM TO BE ESSENTIAL ARE:

Service	Percent of Counties
Adult and Child Protection	98%
Case Management	95%
Assessment	95%
Treatment	93%
24-Hour Emergency Services	88%
Emergency Services	88%
Pre-petition Screening Services	88%
Assistance in Meeting Basic Human Needs	88%
Outpatient Services	87%
Community Residential Services	80%
Diagnosis	77%
Inpatient Psychiatric Services	76%

Because of overlaps in definitions it was decided that Assessment and Diagnosis could be combined, as well as both Treatment and Outpatient Services and 24-Hour Emergency Services and Emergency Services. Assistance in meeting basic human needs is a public responsibility, not a service.

Respondents identified major barriers to use of services as: distance, lack of transportation, lack of community/client awareness of services, and unavailability of services.

The estimated annual cost of making the essential services available to people in all of the counties range between approximately $7 million and $10.5 million.

Quality Assurance is emphasized as a significant means of assuring clients of high quality services and of freedom from exploitation and abuse.

RECOMMENDATIONS:

Based on the developed information, the Advisory Committee recommended that:

1. THE LEGISLATURE ADOPT BY STATUTE THE SERVICES LISTED ABOVE AS THE "MINIMUM CAPABILITY WHICH SHOULD BE MADE AVAILABLE BY COUNTIES FOR MENTALLY ILL PERSONS," EFFECTIVE JANUARY 1, 1987.

2. THE LEGISLATURE APPROPRIATE SUFFICIENT FUNDS TO CARRY OUT THESE RECOMMENDATIONS.

3. THE COMMISIONER OF HUMAN SERVICES DEVELOP QUALITY ASSURANCE STANDARDS FOR THE EVALUATION OF OUTCOMES OF THE SERVICES PROVIDED AS A RESULT OF THIS APPROPRIATION.

4. CONSOLIDATED MENTAL ILLNESS TREATMENT FUND MAY BE A MORE FLEXIBLE AND COST EFFECTIVE MEANS OF PAYING FOR NEEDED SERVICES. TO DETERMINE THAT THE LEGISLATURE SHOULD DIRECT THE COMMISSIONER OF HUMAN SERVICES TO CONDUCT A STUDY TO IMPLEMENT SUCH A FUND WITH A REPORT AND RECOMMENDATION TO THE LEGISLATURE BY JANUARY, 1987.

5. THE LEGISLATURE APPROPRIATE $50,000 TO DHS TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE ON EFFECTIVE CASE MANAGEMENT TO COUNTY AND PROVIDER ORGANIZATION STAFFS.

6. THE LEGISLATURE DIRECT THE COMMISSIONER OF HUMAN SERVICES TO CONVENE A TASK FORCE TO MAKE RECOMMENDATIONS ON THE PROBLEMS OF ACCESS TO NEEDED SERVICES, INCLUDING THE BARRIERS TO ACCESS SUCH AS DISTANCE, TRANSPORTATION, WAITING LISTS, AND PUBLIC AWARENESS OF SERVICES.

7. THE LEGISLATURE APPROPRIATE FUNDS TO THE COMMISSIONER TO CONDUCT PUBLIC EDUCATION AND PREVENTION ACTIVITIES REGARDING MENTAL ILLNESS AND TREATMENT OF IT.

THE LEGISLATIVE MANDATE

LAWS OF MINNESOTA, 1984, CHAPTER 654, ARTICLE 5, SECTION 1(Q) DIRECT THAT:

> "BY JANUARY 1985 THE COMMISSIONER OF PUBLIC WELFARE SHALL REPORT TO THE LEGISLATURE ON EACH COUNTY'S AVAILABLE SERVICES FOR THE MENTALLY ILL. THIS REPORT SHALL INCLUDE A DESCRIPTION OF EACH SERVICE, THE NUMBER OF CLIENTS SERVED, THE COST OF SERVICES, AND WHETHER PURCHASED OR PROVIDED DIRECTLY BY THE COUNTY.
>
> ADDITIONALLY, THIS REPORT SHALL INCLUDE THESE PROVISIONS, DEVELOPED IN CONSULTATION WITH COUNTIES, MENTAL HEALTH SERVICE PROVIDERS, MENTAL HEALTH ADVOCACY GROUPS, AND OTHER APPROPRIATE PROFESSIONALS AS FOLLOWS:
>
> (1) A DESCRIPTION AND DEFINITION OF SERVICES FOR MENTALLY ILL PERSONS WHICH COMPRISE A COMPREHENSIVE ARRAY OF PREVENTIVE, SUPPORTIVE AND REHABILITATIVE SERVICES, INCLUDING RESIDENTIAL ARRANGEMENTS;
>
> (2) RECOMMENDATIONS SPECIFYING A MINIMUM CAPABILITY WHICH SHOULD BE MADE AVAILABLE BY COUNTIES FOR MENTALLY ILL PERSONS; AND
>
> (3) SPECIFIC RECOMMENDATIONS DESIGNED TO IMPROVE THE QUALITY OF AND ACCESS TO SERVICES PROVIDED BY THE COUNTIES FOR MENTALLY ILL PERSONS, INCLUDING THE ADMINISTRATIVE AND PROGRAM COSTS OF EACH RECOMMENDATION.

THESE RECOMMENDATIONS SHALL BE DEVELOPED WITHIN THE FRAMEWORK OF MINNESOTA STATUTES, CHAPTER 256E."

OVERVIEW

DEFINITION OF MENTAL ILLNESS AS USED IN THIS REPORT.

A MENTALLY ILL PERSON IS ANY ADULT OR CHILD WHO HAS A DIAGNOSED CONDITION THAT: (1) IMPAIRS FUNCTIONING IN THE PRIMARY ASPECTS OF DAILY LIVING AND IS LISTED IN THE AMERICAN PSYCHIATRIC ASSOCIATION: DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, THIRD EDITION (1980), (DSM-III) OR THE CORRESPONDING CODE IN THE CLINICAL MANUAL OF THE INTERNATIONAL CLASSIFICATION OF DISEASE, NINTH REVISION (1980) (ICD-9) CODE RANGE 290.0-302.0 AND 306.0-316.0 OR IN ANY SUBSEQUENT REVISION OF THESE PUBLICATIONS.

THE NATIONAL PLAN FOR THE CHRONICALLY MENTALLY ILL, COMPLETED BY THE NATIONAL INSTITUTE OF MENTAL HEALTH IN 1980, ESTIMATED THAT 8 PERCENT OF ALL CHILDREN AND ADOLESCENTS HAVE SEVERE MENTAL HEALTH PROBLEMS. SEVERE MENTAL HEALTH PROBLEMS WERE DEFINED AS DISABILITIES CONTINUING FOR MORE THAN ONE YEAR OR WITH A DIAGNOSIS LIKELY TO CONTINUE FOR MORE THAN ONE YEAR. IF THIS PERCENTAGE IS APPLIED TO THE 1980 CENSUS DATA FOR CHILDREN AND ADOLESCENTS IN MINNESOTA BETWEEN 5 AND 17 YEARS OF AGE, THERE WOULD BE APPROXIMATELY 70,000 OF THEM WHO HAVE SEVERE MENTAL HEALTH PROBLEMS.

During fiscal year 1982 8,964 children and adolescents 18 and younger received mental health services under Medicaid or General Assistance Medical Care (GAMC). In 1983 the counties reported an estimated 27,000 children and adolescents, 17 and younger received counseling and therapy services through the Community Social Services Act (CSSA).

A national survey sponsored by the National Institute of Mental Health has provided the best estimates for the number of adults suffering from some type of mental disorder. The table below lists the percentages of adults 18 and older likely to be affected by this disorder during a six-month period and how many Minnesotans would be affected. (These estimates do not include transients, homeless and institutionalized persons.)

Estimates of Major Psychiatric Disorders Among Adults in Minnesota*

Disorder	Six-Month Prevalence	Number of Minnesotans
Schizophrenia	1.0%	29,042
Affective Disorders (Including chronic depression and manic depression)	6.0%	174,250
Anxiety and Somatic Disorders (Includes phobias, obsessive complulsive and panic disorders)	8.3%	241,045
Antisocial Personality	0.9%	26,137

*Note: The prevalence rates (percent of population affected by the disorders) were based on national projections by the National Institute of Mental Health. The disorders also vary in their severity and chronicity.

Note: The number of Minnesotans affected is based on the 1980 census of all Minnesotans 18 and older.

DURING FISCAL YEAR 1982 SCHIZOPHRENIA AND AFFECTIVE DISORDERS ACCOUNTED FOR OVER HALF OF ALL PSYCHIATRIC INPATIENT ADMISSIONS COVERED BY MEDICAID AND GENERAL ASSISTANCE MEDICAL CARE (GAMC). (MOST PEOPLE WITH A CHRONIC, DISABLING MENTAL ILLNESS WOULD FALL INTO THESE TWO CLASSIFICATIONS, ALTHOUGH THERE ARE PEOPLE WITH LESS SEVERE CASES OF THESE DISORDERS.) THE NATIONAL INSTITUTE OF MENTAL HEALTH HAS ESTIMATED THAT APPROXIMATELY 1 PERCENT OF THE ADULT POPULATION WILL SUFFER FROM CHRONIC MENTAL ILLNESS. APPLIED TO MINNESOTA THIS ESTIMATE WOULD MEAN 29,000 ADULT MINNESOTAS WILL HAVE CHRONIC MENTAL ILLNESS PROBLEMS.

THERE HAS ALWAYS BEEN SOME UNEVENNESS IN THE DISTRIBUTION OF SERVICES ACROSS THE STATE. SINCE THE PASSAGE OF THE COMMUNITY SOCIAL SERVICES ACT (CSSA) BY THE MINNESOTA LEGISLATURE IN 1979 THERE HAS BEEN CONCERN THAT THE DECENTRALIZED DECISION MAKING AND ALLOCATION PROCESS IN 87 COUNTIES HAS YIELDED UNEQUAL SERVICES AVAILABLE TO PEOPLE WITH MENTAL ILLNESS PROBLEMS. IT SHOULD BE NOTED THAT THE CSSA DID NOT ADD ANY SIGNIFICANT AMOUNTS OF NEW MONEY. IT SIMPLY COMBINED EXISTING FUNDING SOURCES INTO A BLOCK GRANT.

IN 1983 THE DEPARTMENT OF HUMAN SERVICES CONVENED A WORK GROUP TO ADDRESS THE QUESTION OF MINIMUM STANDARDS FOR COUNTY-SUPPORTED SERVICES FOR PEOPLE WITH MENTAL ILLNESS PROBLEMS. THE RESULTING DRAFT LEGISLATION WAS NOT UNANIMOUSLY SUPPORTED. UPON THE RECOMMENDATION OF COUNTY OFFICIALS WHO QUESTIONED THE NEED FOR STATEWIDE MINIMUM STANDARDS AND/OR REQUESTED MORE CONCRETE INFORMATION

BEFORE STATE LEGISLATIVE ACTION, THE DEPARTMENT DEFERRED SEEKING LEGISLATIVE AUTHORS UNTIL THE 1985 SESSION AND AFTER THE MATTER WAS STUDIED MORE THOROUGHLY.

HOWEVER, A GROUP REPRESENTING ADVOCATES, PROVIDERS, AND PROFESSIONAL ORGANIZATIONS DECIDED TO SEEK LEGISLATIVE ACTION IN THE 1984 SESSION. THEIR BILL DID NOT PASS. INSTEAD, THE LEGISLATURE AUTHORIZED THIS STUDY, CALLING FOR A REPORT AND RECOMMENDATIONS TO BE SUBMITTED TO THE 1985 SESSION. THIS REPORT IS PART OF THAT STUDY.

THE STUDY PROCESS

WHEN THE AUTHORIZING LEGISLATION FOR THIS STUDY WAS PASSED THE DEPARTMENT CONVENED AN ADVISORY COMMITTEE INCLUDING COUNTY COMMISSIONERS, ADVOCATES, COUNTY SOCIAL SERVICES STAFF, MENTAL HEALTH PROFESSIONALS, AND OTHER CONCERNED PERSONS. A LIST OF THE ADVISORY COMMITTEE MEMBERS IS LISTED IN APPENDIX A.

THE COMMITTEE DEVELOPED A LIST OF SERVICES BASED ON THE PROVISIONS OF THE STATUTE AND THEN CLASSIFIED RELEVANT SERVICES UNDER THE MAJOR HEADINGS. THESE SERVICES WERE THE BASIS FOR A WRITTEN QUESTIONNAIRE WHICH PERC SENT TO EACH COUNTY (85 OF 87 COUNTY SOCIAL SERVICE AGENCIES RESPONDED). THESE SERVICES AND DEFINITIONS WILL BE FOUND IN APPENDIX B AS THE "DEFINITIONS OF THE COMPREHENSIVE ARRAY OF SERVICES."

CAROL KUECHLER, PH.D., WAS RETAINED TO ANALYZE POTENTIALLY USEFUL SECONDARY DATA SOURCES FOR PERTINENT INFORMATION.

THE MINNEAPOLIS MEDICAL RESEARCH FOUNDATION, THROUGH ITS PROGRAM EVALUATION RESOURCE CENTER (PERC), CARRIED OUT THE SECOND CONTRACT BY DEVELOPING THE COUNTY QUESTIONNAIRE, ADMINISTERING IT, ANALYZING THE RESULTS, AND BY VISITING 10 SELECTED COUNTIES.

THE ADVISORY COMMITTEE MET MONTHLY TO FORMULATE THE WORK PLAN, DISCUSS ISSUES AND REVIEW CONSULTANTS' REPORTS. ALTHOUGH UNANIMITY OF MEMBERS WAS NOT ACHIEVED, THIS REPORT REFLECTS A PROCESS MADE PRODUCTIVE BY THE CONTRIBUTIONS OF THE PARTICIPANTS.

THE PERC QUESTIONNAIRE INCLUDED A RATING OF WHICH RELEVANT SERVICES THE COUNTY RESPONDENTS THOUGHT WERE EITHER ESSENTIAL, DESIRABLE, OR NOT A PRIORITY. THE COMMITTEE REVIEWED THESE RATINGS AND RECOMMENDED AS THE "MINIMUM CAPABILITY WHICH SHOULD BE MADE AVAILABLE BY COUNTIES FOR MENTALLY ILL PERSONS" THOSE SERVICES WHICH WERE DETERMINED BY AT LEAST 75 PERCENT OF THE COUNTY RESPONDENTS TO BE ESSENTIAL. TWELVE SERVICES WERE SO IDENTIFIED.

ASSUMPTIONS REGARDING MENTAL ILLNESS:

1. MENTAL ILLNESS IS A SICKNESS. IT IS A HYBRID CONDITION HAVING MEDICAL, PSYCHOLOGICAL, SOCIAL, LEGAL, AND FISCAL DIMENSIONS. IT TAKES DIFFERENT FORMS WITH DIFFERENT PEOPLE, VARYING IN SEVERITY, SYMPTOMS, AND DURATION.

2. MENTAL ILLNESS OCCURS AMONG ALL KINDS OF PEOPLE WITHOUT REGARD TO AGE, GENDER, SEX, INCOME, EDUCATION, RACE, OCCUPATION, OR PLACE OF RESIDENCE.

3. THERE IS A STRONG CORRELATION BETWEEN MENTAL DISORDERS AND ORGANIC/ANATOMICAL ILLNESSES. HEALTH CARE COSTS CAN BE REDUCED AND QUALITY IMPROVED WHEN APPROPRIATE MENTAL HEALTH EVALUATION AND TREATMENT ARE AVAILABLE.

4. CAUSES AND CURES ARE KNOWN FOR SOME FORMS OF MENTAL ILLNESS, BUT NOT FOR ALL. EVEN FOR THOSE FORMS FOR WHICH CURES HAVE NOT BEEN FOUND, IT IS OFTEN POSSIBLE TO AMELIORATE THE SYMPTOMS AND TO REDUCE DYSFUNCTIONAL BEHAVIOR. THE CAUSES OF MOST MAJOR MENTAL ILLNESSES ARE NOT FULLY KNOWN, BUT MODERN TREATMENT METHODS DO PERMIT A HIGH RATE OF IMPROVEMENT, IF NOT CURE, FOR MOST FORMS OF MENTAL ILLNESS.

5. MENTAL ILLNESS IS NOT WELL UNDERSTOOD BY THE GENERAL PUBLIC. IT IS FREQUENTLY CONFUSED WITH MENTAL RETARDATION AND IS SUBJECT TO UNFOUNDED STEREOTYPES REGARDING PROGNOSIS FOR RECOVERY AND DANGEROUSNESS. MANY PEOPLE RECOVER AND MOST PEOPLE BENEFIT FROM APPROPRIATE TREATMENT. DANGEROUSNESS IS NOT A GOOD MEASURE OF MENTAL ILLNESS; EVEN SEVERELY MENTALLY ILL INDIVIDUALS ARE RARELY DANGEROUS.

<u>ASSUMPTIONS REGARDING THE SERVICE SYSTEM</u>:

1. SERVICES TO PEOPLE WITH MENTAL ILLNESS SHOULD ADDRESS THE BROAD GOAL OF FOSTERING MAXIMUM SELF-SUFFICIENCY. IN EACH CASE THE PROVIDER AND CONSUMER TOGETHER SHOULD ESTABLISH THE OPERATIONAL MEANING OF THAT GOAL IN TERMS OF MEASURABLE

DESIRED OUTCOMES OF TREATMENT. PUBLIC POLICIES SHOULD EMPHASIZE HELPING PEOPLE DECIDE FOR THEMSELVES AND TAKE RESPONSIBILITY FOR THEMSELVES. PUBLIC POLICIES AND THE RESULTING SERVICE SYSTEMS SHOULD MINIMIZE "TAKING CARE OF" CLIENTS.

2. SERVICE INTERVENTION SHOULD OCCUR AS EARLY AS IS FEASIBLE TO INCREASE THE CHANCES OF A FAVORABLE OUTCOME AND TO PREVENT DEBILITATING BEHAVIOR AND TREATMENT FAILURE(S).

3. NATURAL SUPPORT SYSTEMS (RELATIVES AND FRIENDS) SHOULD BE AUGMENTED WITH SERVICES SUCH AS COUNSELING, DAY TREATMENT, FAMILY SUPPORT GROUPS, HOME HEALTH SERVICES, ETC. ONLY AS A LAST RESORT SHOULD PEOPLE BE PLACED IN INPATIENT TREATMENT. A SERVICE SYSTEM MUST BUILD ON THE ABILITIES OF ITS CLIENTS AND THEIR NATURAL SUPPORT NETWORKS BY INCREASING THEIR CAPACITY TO COPE WITH, REDUCE, OR ELIMINATE DISABILITY.

4. A RESPONSIVE SERVICE SYSTEM SHOULD ALLOW FOR INDEFINITE PARTICIPATION AS NEEDED. IT SHOULD ALSO PROVIDE ONLY THE AMOUNT OF SERVICE IN THE LEAST INTRUSIVE MANNER NEEDED TO MAINTAIN THE CLIENT'S FUNCTIONING AND SHOULD PROVIDE OPPORTUNITIES FOR INDEPENDENCE.

5. TREATMENT SHOULD BE BASED ON PEOPLE'S NEEDS, NOT ON FINANCING MECHANISMS. FREQUENTLY, FINANCIAL AND OTHER INCENTIVES

REVERSE THIS ORDER. MOST THIRD-PARTY PAYMENT SYSTEMS, FOR INSTANCE, WILL PAY FOR HOSPITALIZATION BUT NOT FOR LESS EXPENSIVE DAY TREATMENT OR FOR RULE 36 LICENSED GROUP HOMES.

6. A RESPONSIVE SYSTEM SHOULD PROVIDE SERVICES, INCLUDING CLIENT TRAINING, IN AS CLOSE AS POSSIBLE TO THE EXACT SETTING IN WHICH THE NEWLY LEARNED BEHAVIOR MUST BE APPLIED.

7. SERVICES SHOULD BE PROVIDED IN WAYS THAT RESPECT THE DIGNITY AND RIGHTS OF THE CONSUMERS OF THE SERVICES AND IN SURROUNDINGS CONDUCIVE TO PRIVACY AND EFFECTIVE UTILIZATION OF THE SERVICES OFFERED.

8. THE "SYSTEM" SHOULD EMPLOY SUCH MECHANISMS AS QUALITY ASSURANCE, UTILIZATION REVIEW AND CASE MANAGEMENT PROCEDURES TO ASSURE THAT PEOPLE ARE NEITHER OVER NOR UNDERSERVED.

9. IN CONFORMITY WITH THE MINNESOTA GOVERNMENT DATA PRACTICES ACT, INFORMATION ON THE RESULTS ACHIEVED BY SERVICES AND OF THE CONFORMANCE OF SERVICES TO STANDARDS FOR TREATMENT SHOULD BE COLLECTED AND UTILIZED SO THAT DECISION MAKERS AT THE PROGRAM, COUNTY, AND STATE LEVELS ARE ABLE TO TAKE APPROPRIATE ACTION, EITHER ACKNOWLEDGING SATISFACTORY PERFORMANCE OR TAKING CORRECTIVE STEPS.

10. MENTAL HEALTH SERVICES VARY FROM COUNTY TO COUNTY IN KIND, AMOUNT AND ACCESSIBILITY. IT IS POSSIBLE TO DETERMINE THE QUALITY, QUANTITY, ACCESS, COST AND OUTCOME OF THOSE SERVICES AS MEASURES OF THEIR ADEQUACY.

11. A COMPREHENSIVE, LOCALLY ADMINISTERED COMMUNITY SOCIAL SERVICE SYSTEM REQUIRES OPEN AND WIDELY UNDERSTOOD PROCEDURES FOR IDENTIFYING NEEDS AND ALLOCATING RESOURCES TO MEET THOSE NEEDS. AN EFFECTIVE, OUTCOME ORIENTED CASE MANAGEMENT SYSTEM IS ALSO REQUIRED TO ASSURE THAT NEEDS ARE MET AND RESOURCES WISELY USED.

12. THE LEVEL OF GOVERNMENT MANDATING A SERVICE SHOULD FINANCE A REASONABLE SHARE OF THE COST OF PROVIDING THAT SERVICE. SEE PAGES 22-23 FOR FURTHER DISCUSSION OF THIS ISSUE.

THE ROLES OF FEDERAL, STATE, AND COUNTY GOVERNMENT

GOVERNMENT'S RESPONSIBILITY IS TO ASSURE PROVISION OF CONTEMPORARY TREATMENT FOR THEIR MENTAL ILLNESS FOR THOSE WHO HAVE THE MOST SEVERE OR CHRONIC PROBLEMS. GOVERNMENT SHOULD PROVIDE RESOURCES FOR SATISFACTORY RECOVERY AND READJUSTMENT TO SOCIETY, E.G., HOUSING, INCOME, AND RECREATIONAL AND VOCATIONAL OPPORTUNITIES.

FEDERAL ROLE

FROM 1963 UNTIL 1981 FEDERAL LEGISLATION FOR COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTERS AND, LATER, THE MENTAL HEALTH SYSTEMS ACT SET VERY SPECIFIC REQUIREMENTS FOR RECEIPT OF FEDERAL FUNDS. THESE REQUIREMENTS WERE REPEALED WHEN THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH (ADM) BLOCK GRANT LEGISLATION WAS PASSED IN 1981. THE ADM BLOCK GRANT DEDICATES MOST OF THE MENTAL HEALTH SHARE TO THE COMMUNITY MENTAL HEALTH CENTERS AND REQUIRES THAT RECIPIENTS

ASSURE THE PRESENCE OF FIVE ESSENTIAL SERVICES: OUTPATIENT, 24 HOURS A DAY EMERGENCY SERVICES, DAY TREATMENT OR OTHER PARTIAL HOSPITALIZATION SERVICES OR OTHER PSYCHOSOCIAL REHABILITATION SERVICES, SCREENING OF PERSONS BEING CONSIDERED FOR ADMISSION TO STATE HOSPITALS, AND CONSULTATION AND EDUCATION SERVICES. WHILE COUNTIES AND MENTAL HEALTH CENTERS DO NOT HAVE TO ACCEPT THESE FUNDS, IF THEY DO ACCEPT THEM THEY MUST GUARANTEE THE PROVISION OF THESE SERVICES.

THE FEDERAL ROLE REGARDING PEOPLE WITH MENTAL ILLNESS PROBLEMS IS NOW LARGELY ONE OF FUNDING, SUCH AS THE ADM BLOCK GRANT, MEDICAID, SOCIAL SECURITY DISABILITY INCOME (SSDI), SUPPLEMENTAL SECURITY INCOME (SSI), AND TITLE XX BLOCK GRANT MONEY. IN MINNESOTA IN 1985 THE ESTIMATED FEDERAL SHARE OF SUPPORT FOR MENTAL HEALTH SERVICES IS 21 PERCENT OF THE TOTAL EXPENDITURES.

THE FEDERAL VETERANS ADMINISTRATION PROVIDES A SIGNIFICANT AMOUNT OF PSYCHIATRIC CARE IN ITS HOSPITALS IN MINNEAPOLIS AND ST. CLOUD, INCLUDING A DAY HOSPITAL PROGRAM FOR ACUTE PATIENTS, A DAY TREATMENT PROGRAM FOR CHRONIC PATIENTS, AND OUTPATIENT COUNSELING.

STATE ROLE

HISTORICALLY, MINNESOTA STATE GOVERNMENT HAS HAD MAJOR RESPONSIBILITY FOR PEOPLE WITH SERIOUS MENTAL ILLNESS PROBLEMS. IT HAS MET THIS RESPONSIBILITY THROUGH OPERATION OF STATE HOSPITALS, COM-

MITMENT LAWS, POOR RELIEF LAWS AND MORE RECENTLY, APPROPRIATIONS TO COUNTIES FOR COMMUNITY SERVICES. THE OPERATION OF STATE HOSPITALS HAS BEEN THE MAIN WAY IN WHICH THE STATE DIRECTLY PROVIDED SERVICES, PARTICULARLY FOR THE MOST SEVERE AND CHRONICALLY MENTALLY ILL PERSONS.

THE STATE DIRECTLY OPERATES SIX HOSPITALS AND TWO NURSING HOMES WHICH SERVE PEOPLE WITH MENTAL ILLNESS PROBLEMS. THE AVERAGE DAILY CENSUS IN THE MENTAL ILLNESS PROGRAMS OF THE STATE HOSPITALS INCLUDING MINNESOTA SECURITY HOSPITAL IS ABOUT 1,200. THE TWO NURSING HOMES SERVE ABOUT 650 PEOPLE, ABOUT 75 PERCENT OF WHOM HAVE BEHAVIOR PROBLEMS.

IN RECENT YEARS THE STATE HAS BECOME MORE INVOLVED IN STANDARD SETTING THROUGH SUCH MECHANISMS AS LICENSING AND APPROVAL PROCEDURES, QUALITY ASSURANCE STANDARDS, AND THE VULNERABLE ADULTS ACT. THE CHALLENGE IN A DECENTRALIZED STATE SUCH AS MINNESOTA IS TO DEVELOP AND IMPLEMENT MEANINGFUL STANDARDS THROUGHOUT THE STATE THAT PROMOTE CLIENT DEVELOPMENT AND PREVENT ABUSE AND EXPLOITATION WHILE NEITHER OVER OR UNDERSERVING PEOPLE.

IN ADDITION CASE MANAGEMENT IS BEING PROMOTED BY DHS BECAUSE OF ITS POTENTIAL FOR ASSURING DESIRED OUTCOMES.

COUNTY ROLE

COUNTY RESPONSIBILITIES INCLUDE PAYING PART OF THE COST OF STATE HOSPITALIZATION, PROVIDING COMMITMENT RELATED SERVICES, CARRYING OUT JOINT DISCHARGE PLANNING AND ARRANGING FOR SERVICES (NOW GENERALLY REGARDED AS PARTS OF CASE MANAGEMENT), AND CONTRIBUTING

TO THE PAYMENT OF MEDICAID AND GENERAL ASSISTANCE MEDICAL CARE (GAMC) REIMBURSED SERVICES. TABLE 1 SHOWS THE COUNTY, STATE, AND FEDERAL PERCENTAGES FOR THE MAJOR FUNDING PROGRAMS FOR MENTALLY ILL PERSONS.

UNFORTUNATELY, THIS PATTERN OF FUNDING PROVIDES FISCAL INCENTIVES TO COUNTIES TO PLACE PERSONS IN HOSPITALS WHERE THE COUNTY SHARE OF COSTS IS LOWER; EVEN THOUGH SOME OF THOSE PERSONS MIGHT BE ABLE TO BE SERVED ADEQUATELY THROUGH LESS COSTLY COMMUNITY SERVICES.

Table 1

MI Funding - Local Match Requirements

Funding Source	Legal Minimum	Estimated Percentages for FY 85			
		County Tax	State	Federal	Other
Supplemental Security Income	Federal pays 100% of federally established income maintenance standard for severely disabled persons. This funding source pays for 23% of all Rule 36 room and board costs.	--	--	100%	--
Medical Assistance	County pays 5% for eligible persons for certain services, e.g.: 1. hospitalization in community hospital 2. mental health center therapy 3. day treatment	5%	43%	52%	--
State Hospitals	County pays 10% unless other funding is available	8%	70%	10%	12%
General Assistance Medical Care (GAMC)	County pays 10% for GAMC eligible persons for certain services (similar to MA service list)	10%	90%	--	--
Minnesota Supplemental Aid	County pays 15% of MSA grant, which is a supplement to the SSI grant for eligible persons. MSA pays for 38% of all Rule 36 room and board costs.	15%	85%	--	--
Rule 14	State pays up to 90% of approved costs; county may use many sources for the other 10%	16%	74%	6%	4%
Rule 12	State pays 75% of approved costs; county may use many sources for the other 25%	22%	75%	3%	--
General Assistance	County pays 25% for eligible persons. This funding source pays for 27% of all Rule 36 room and board costs.	25%	75%	-	
CSSA	County must levy amount equal to state grant	64%	22%	12%	2%

March 8, 1985

THE CSSA STATUTE, SECTION 256E.08, SUBDIVISION 1, STATES THAT "THE AUTHORITY AND RESPONSIBILITIES OF COUNTY BOARDS FOR SOCIAL SERVICES FOR GROUPS OF PERSONS IDENTIFIED IN 256E.03, SUBDIVISION 2, SHALL INCLUDE CONTRACTING FOR OR DIRECTLY PROVIDING: (1) AN ASSESSMENT OF THE NEEDS OF EACH PERSON APPLYING FOR SERVICES WHICH ESTIMATE THE NATURE AND EXTENT OF THE PROBLEM TO BE ADDRESSED AND IDENTIFIES THE MEANS AVAILABLE TO MEET THE PERSON'S NEEDS FOR SERVICES; (2) PROTECTION FOR SAFETY, HEALTH OR WELL-BEING BY PROVIDING SERVICES DIRECTED AT THE GOAL OF ATTAINING THE HIGHEST LEVEL OF INDEPENDENT FUNCTIONING APPROPRIATE TO THE INDIVIDUAL, PREFERABLY WITHOUT REMOVING THOSE PERSONS FROM THEIR HOMES; A MEANS OF FACILITATING ACCESS OF PHYSICAL HANDICAPPED OR IMPAIRED PERSONS TO SERVICES APPROPRIATE TO THEIR NEEDS."

AMONG THE TARGET POPULATIONS INCLUDED IN SECTION 256E.03, SUBDIVISION 2, ARE "EMOTIONALLY DISTURBED CHILDREN AND ADULTS, CHRONICALLY AND ACUTELY MENTALLY ILL PERSONS WHO ARE UNABLE TO PROVIDE FOR THEIR OWN NEEDS OR TO INDEPENDENTLY ENGAGE IN ORDINARY COMMUNITY ACTIVITIES."

IN ADDITION, SECTION 245.711, SUBDIVISION 1 STATES: "THE COUNTY BOARD SHALL COORDINATE ALL SERVICES FOR MENTALLY ILL INDIVIDUALS

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IN ADDITION, SECTION 245.711, SUBDIVISION 1 STATES: "THE COUNTY BOARD SHALL COORDINATE ALL SERVICES FOR MENTALLY ILL INDIVIDUALS CONDUCTED BY LOCAL AGENCIES UNDER CONTRACT TO THE COUNTY BOARDS AND REVIEW ALL PROPOSED AGREEMENTS, CONTRACTS, GRANTS, PLANS AND PROGRAMS IN RELATION TO SERVICES FOR MENTALLY ILL INDIVIDUALS PREPARED BY ANY LOCAL AGENCIES FOR FUNDING FROM ANY LOCAL, STATE, OR FEDERAL GOVERNMENTAL SOURCES."

In Minnesota the intergovernmental relationship has historically been described as one of county administration and state supervision in social service and income maintenance programs. The passage of the CSSA with its provisions for county responsibility to assess and to meet the needs of people in the target populations, including those with mental illness problems, makes it imperative that this relationship be clarified and implemented.

Most other publicly supported services are provided or purchased by counties or reimbursed by Medical Assistance or GAMC. Funding for public Community Social Services Act (CSSA) services provided to people with mental illness problems comes from the local property tax levy, state appropriations and federal Title XX Block Grant funds.

Under the CSSA community mental health centers are either operated directly by the counties or are nonprofit organizations under contract to the counties. They may also qualify for departmental approval for private insurance reimbursement under DHS Rule 9520.0500 - 9520.0870 (formerly DHS Rule 29) and may become enrolled providers in the Medical Assistance Program.

Overview of Funding

Although this report focuses primarily on county social services for mentally ill persons, it is helpful to look at the broader

PICTURE OF SERVICES FOR MENTALLY ILL PERSONS IN MINNESOTA. GOVERNMENT IS BOTH A PROVIDER OF SERVICES AND A PURCHASER FROM NON-GOVERNMENT PROVIDERS.

PRIVATE PRACTITIONERS AND CLINICS, LOCAL GENERAL HOSPITALS WITH PSYCHIATRIC BEDS AND PRIVATE AGENCIES CONTRIBUTE TO THE RESOURCES AVAILABLE TO PEOPLE WITH MENTAL ILLNESS PROBLEMS. FREQUENTLY THE PERSONNEL AND FACILITIES OF THE PRIVATE SECTOR ARE UTILIZED BY STATE AND LOCAL GOVERNMENT TO FULFILL PUBLIC RESPONSIBILITIES FOR PEOPLE WITH MENTAL ILLNESS PROBLEMS.

THE DEVELOPMENT OF SERVICES IN THE PRIVATE SECTOR IS ALSO RELATED TO FINANCING MECHANISMS, ESPECIALLY TO FEDERAL REIMBURSEMENT AND COST CONTAINMENT/COST SHIFTING STRATEGIES. A PRIME EXAMPLE IS THE DEVELOPMENT OF COMMUNITY RESIDENTIAL FACILITIES.

MORE MENTAL ILLNESS BEDS HAVE BEEN ELIMINATED IN STATE HOSPITALS THAN HAVE BEDS FOR MENTALLY RETARDED PEOPLE. AT THE SAME TIME, THERE ARE LESS THAN HALF OF THE COMMUNITY RESIDENTIAL TREATMENT (RULE 36) BEDS (2,186) FOR MENTALLY ILL PEOPLE THAN THERE ARE FOR MENTALLY RETARDED PEOPLE (4,850). THIS IS DIRECTLY RELATED TO THE AVAILABILITY OF MEDICAID FUNDS TO PROVIDE FULL SUPPORT ICF/MR BEDS. MEDICAID IS NOT AVAILABLE TO PAY FOR RESIDENTIAL FACILITIES FOR ADULT MENTALLY ILL PEOPLE.

FIGURE II SHOWS THE TOTAL COST FOR SERVICES FOR MENTALLY ILL PEOPLE IN MINNESOTA BY CATEGORY OF SERVICE. NOTE THAT THE LARGEST

SEGMENT OF THE CHART IS THE COST OF STATE AND GENERAL HOSPITALIZATION. THE CHART DOES NOT INCLUDE NURSING HOME COSTS BECAUSE MOST MENTALLY ILL RESIDENTS ALSO RECEIVE NURSING CARE FOR OTHER CONDITIONS. IT IS ESTIMATED THAT MORE THAN ONE-THIRD OF MINNESOTA'S 42,000 NURSING HOME RESIDENTS HAVE MENTAL ILLNESS PROBLEMS. IN FISCAL YEAR 1985 THE ESTIMATED COST FOR NURSING HOME CARE FOR THESE 15,200 PERSONS IS ABOUT $291 MILLION. OF THAT AMOUNT $205 MILLION IS PAID BY MEDICAL ASSISTANCE FOR 10,700 INDIVIDUALS.

FIGURE III SHOWS THE COUNTY, STATE, FEDERAL, AND OTHER SOURCES OF FUNDING FOR THE SERVICES SHOWN IN FIGURE II. IT IS IMPORTANT TO UNDERSTAND THAT FIGURE III REPRESENTS TOTALS FOR ALL SERVICES. THE ACTUAL SHARES VARY DEPENDING ON THE SERVICE, CLIENT, AND PROVIDER. FIGURE IV FOCUSES ON THE SERVICES PROVIDED BY THE STATE SHARE ($86,328,000) LISTED IN FIGURE III.

FIGURE I

CHANGES IN RESIDENTIAL BEDS FOR MR & MI

COMMUNITY & STATE HOSP IN 1960 VS 1984

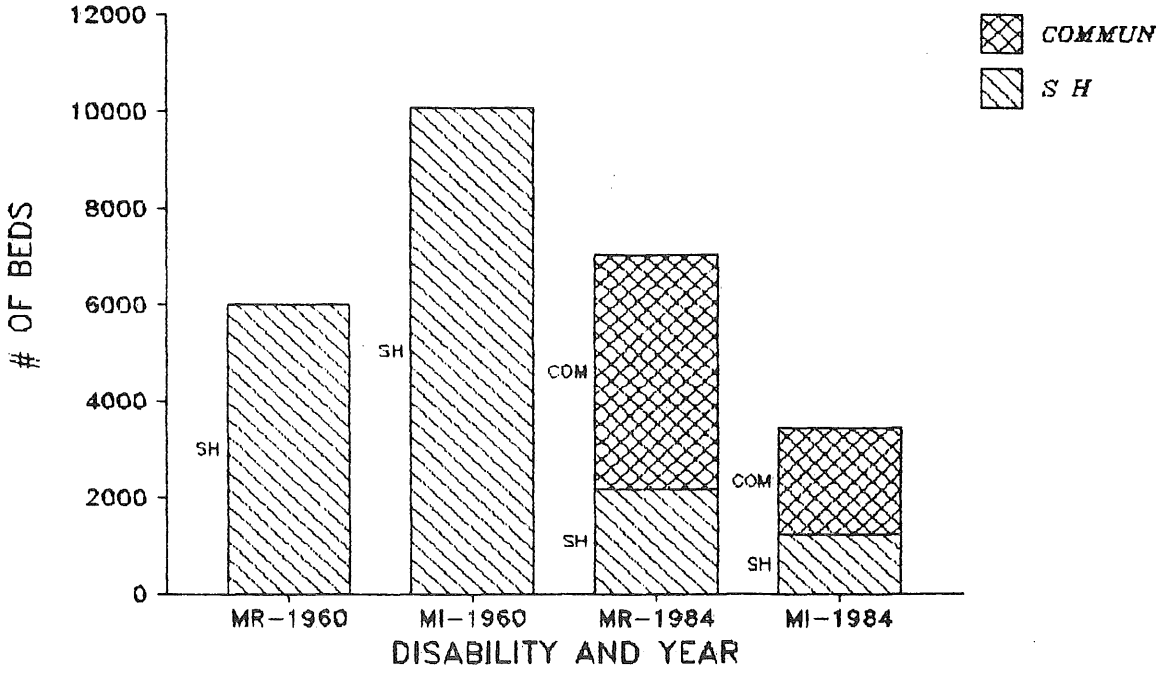
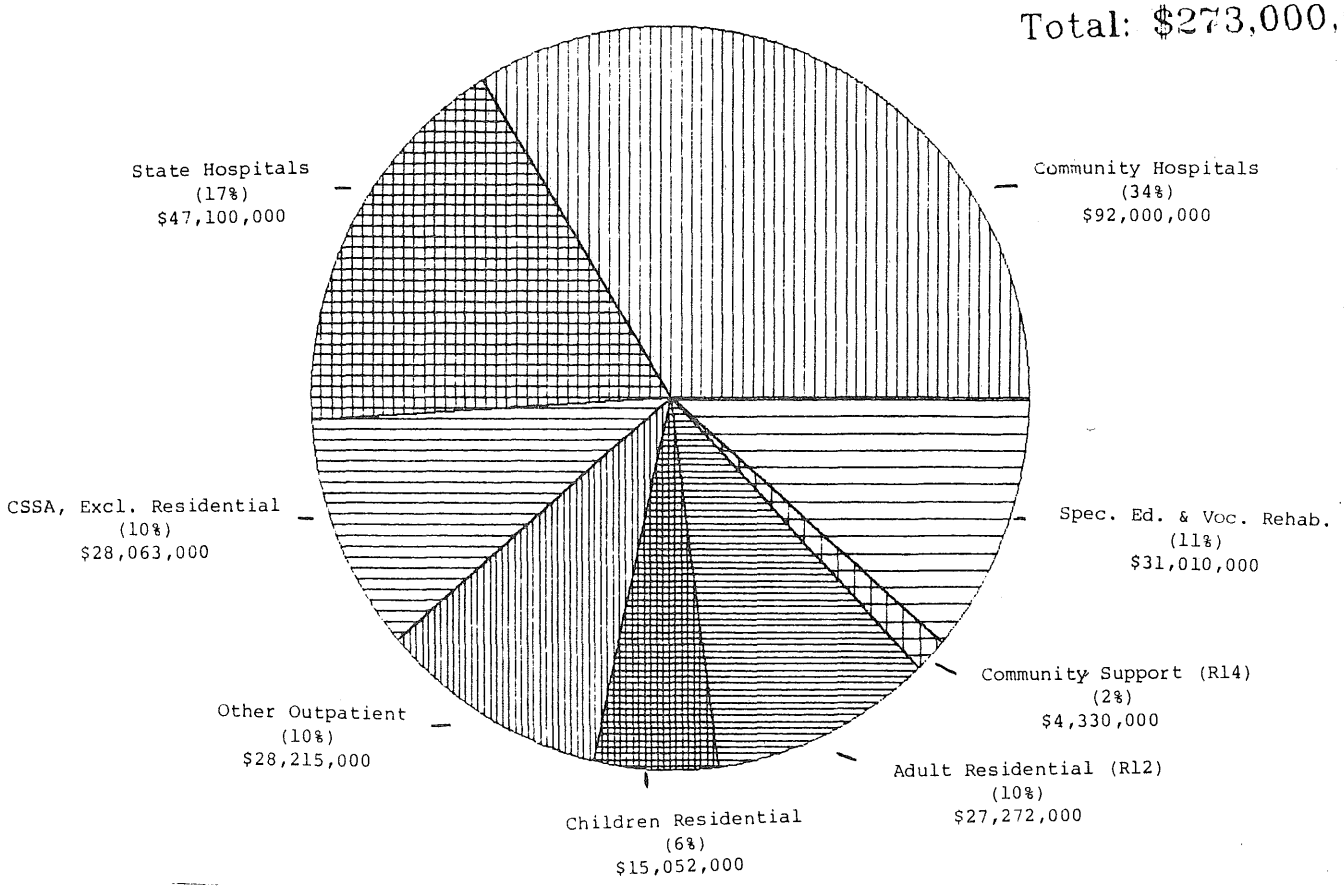


FIGURE II

MINNESOTA MI SERVICES – FY85 ESTIMATE

Expenditures by service, excl. Nursing Homes

Total: $273,000,000



MINNESOTA MI SERVICES – FY85 ESTIMATE

Funding Sources: Total $273,000,000

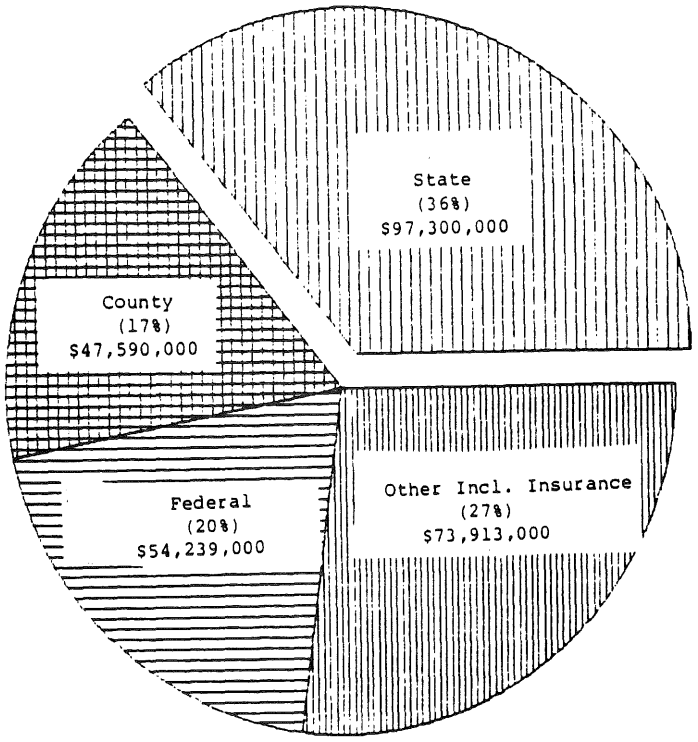


FIGURE III

State Share: Total $97,300,000

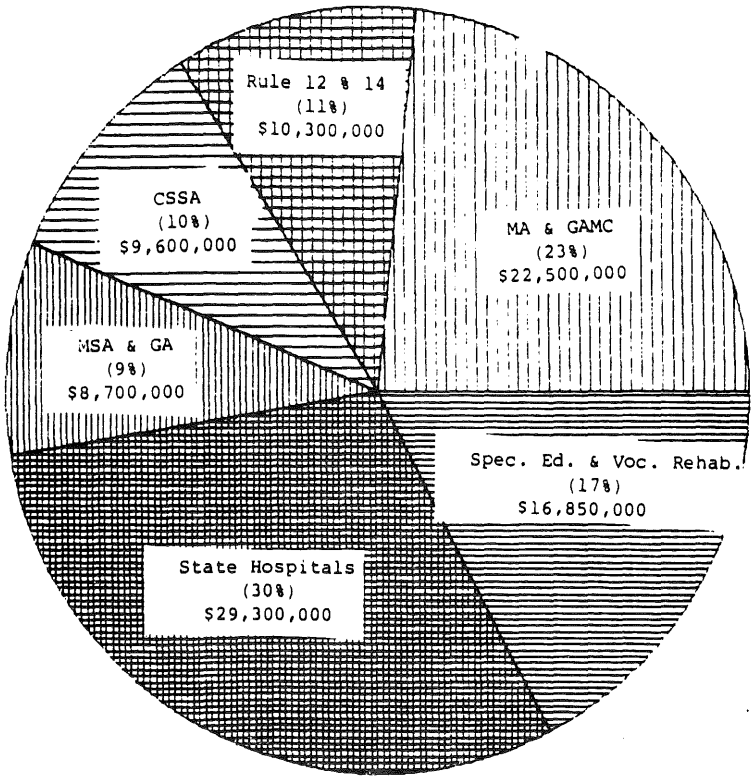


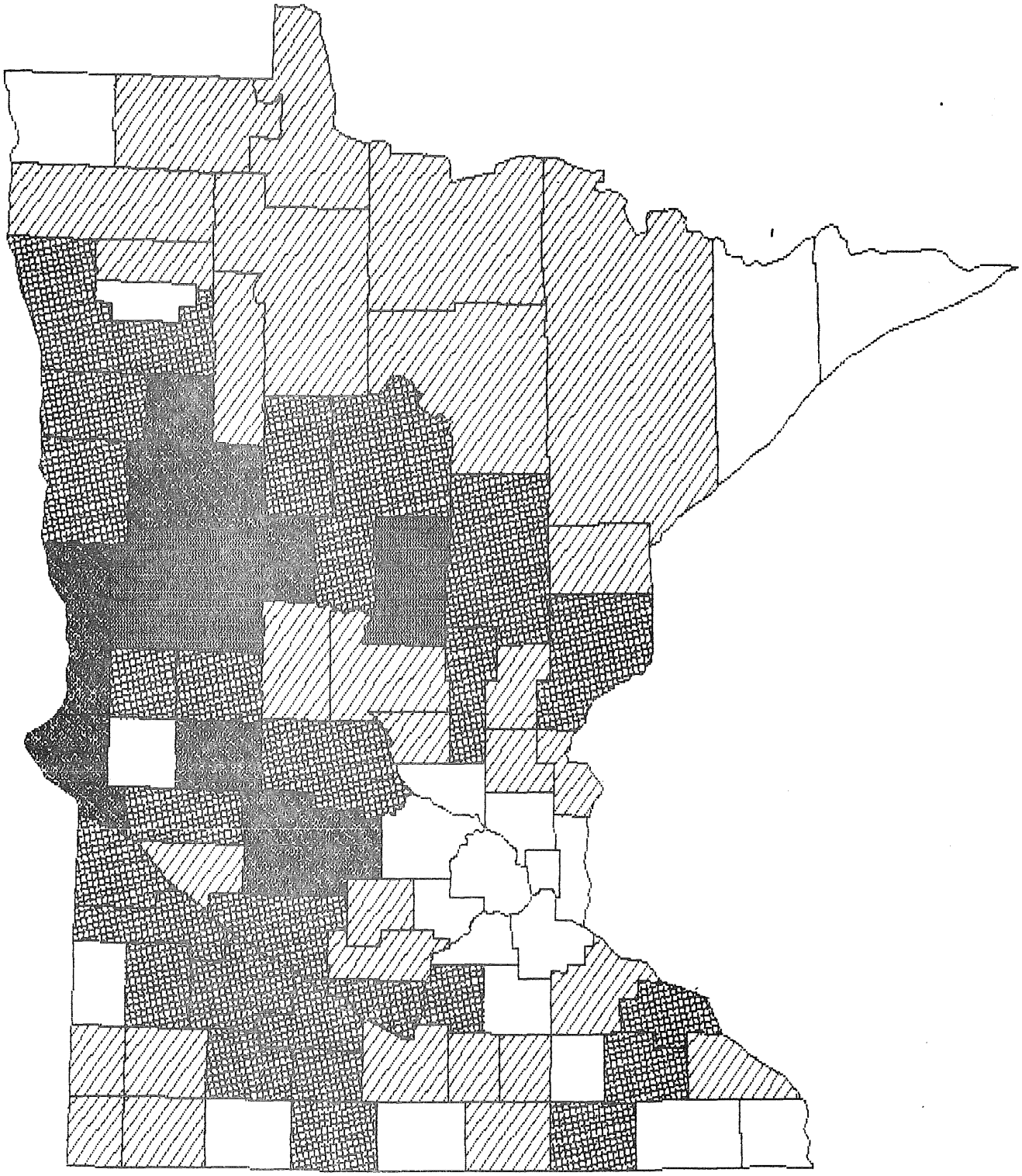
FIGURE IV

Data Sources and additional information are available from the Mental Illness Program Division, Minnesota Department of Human Services.

FIGURE V

STATE HOSPITAL USE PER 1000 POPULATION

MI PROGRAM ....SFY 1984

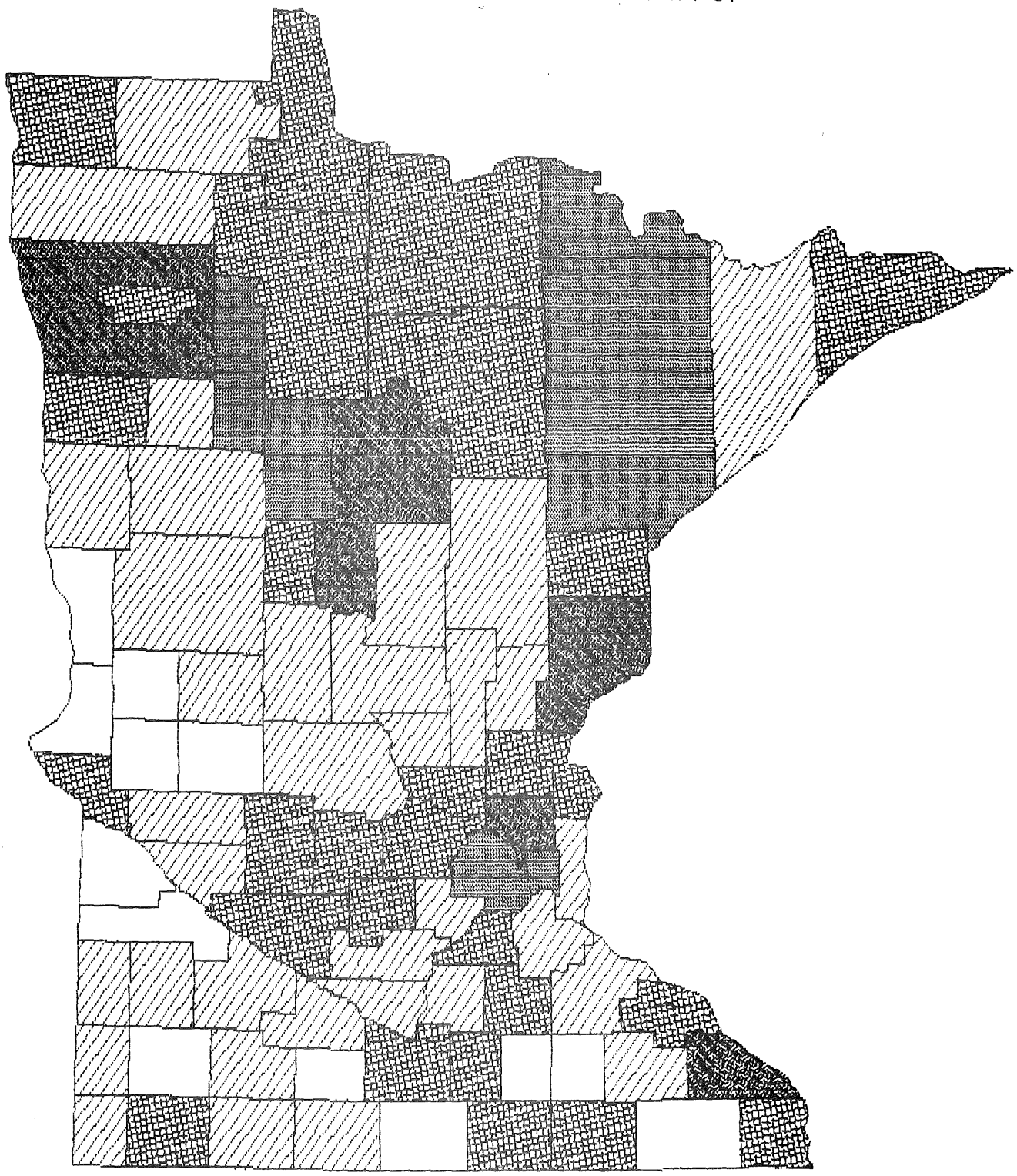


Sources: State Hospital Billing System, SFY 1984 and MMIS, GAMC-MA Reimbursed SFY 1983.

FIGURE VI

GENERAL HOSPITAL USE FOR MI DIAGNOSES

PER 1000 POP ... GAMC & MA ONLY ... SFY 84



LEGEND:
- 0.00 TO 0.58
- 0.58 TO 0.94
- 0.94 TO 1.46
- 1.46 TO 1.91
- 1.91 TO 2.66

Sources: State Hospital Billing System, SFY 1984 and MMIS, GAMC-MA Reimbursed SFY 1983.

TABLE II*

TOTAL MI SERVICE DAYS AND PERSONS SERVED - ALL STATE HOSPITALS (1984)

COUNTY OF RESIDENCE	CATCHMENT AREA FOR MI CLIENTS	TOTAL MI SERVICE DAYS	TOTAL MI PERSONS SERVED	STATE HOSPITAL RATE OF THE PER 1,000 CENSUS
AITKIN	BSH	890	14	1.0445
ANOKA	ASH	7,248	61	.3113
BECKER	FFSH	4,715	56	1.9089
BELTRAMI	BSH	2,480	29	.9360
BENTON	BSH	2,734	21	.6834
BIG STONE	WSH	1,771	14	1.8144
BLUE EARTH	SPSH	7,831	45	.8602
BROWN	SPSH	6,194	32	1.1171
CARLTON (2)	MLSH	3,844	24	.8017
CARVER	WSH	1,619	14	.3779
CASS	BSH	3,193	29	1.3777
CHIPPEWA	WSH	2,251	11	.7362
CHISAGO	MLSH	1,615	15	.5833
CLAY	FFSH	6,630	57	1.1556
CLEARWATER	BSH	783	8	.9131
COOK	MLSH	89	1	.2444
COTTONWOOD	WSH	3,462	15	1.0098
CROW WING (3)	BSH	9,332	111	2.6605
DAKOTA	ASH	5,126	39	.2007
DODGE	SPSH	571	7	.4738
DOUGLAS	FFSH	2,760	32	1.1495
FARIBAULT	SPSH	551	4	.2029
FILLMORE	SPSH	1,312	9	.4104
FREEBORN	SPSH	3,936	26	.7157
GOODHUE	SPSH	2,279	24	.6194
GRANT	FFSH	426	8	1.1156
HENNEPIN	ASH	91,864	480	.5099
HOUSTON	SPSH	1,390	9	.4896
HUBBARD	BSH	2,458	14	.9930
ISANTI	MLSH	1,979	20	.8475
ITASCA	MLSH	6,346	34	.7894
JACKSON	WSH	1,133	5	.3652
KANABEC	MLSH	771	10	.8223
KANDIYOHI (4)	WSH	9,167	63	1.7137
KITTSON	FFSH	382	2	.2998
KOOCHICHING	MLSH	2,004	11	.6260
LAC QUI PARLE	WSH	3,056	13	1.2273
LAKE	MLSH	7	1	.0767
LAKE OF THE WOODS	BSH	489	3	.7970
LESUEUR	SPSH	3,849	30	1.2802
LINCOLN	WSH	542	3	.3655
LYON	WSH	5,282	33	1.3092
MCLEOD	WSH	6,071	22	.7418
MAHNOMEN	FFSH	575	10	1.8067
MARSHALL	FFSH	1,017	8	.6141
MARTIN	SPSH	5,336	26	1.0532
MEEKER	WSH	6,041	38	1.8452

County of Residence	Catchment Area for MI Clients	Total MI Service Days	Total MI Persons Served	State Hospital Rate of Use Per 1,000 Census
Mille Lacs	MLSH	2,788	25	1.3565
Morrison	BSH	2,434	22	.7506
Mower	SPSH	4,658	42	1.0399
Murray	WSH	1,730	7	.6083
Nicollet (5)	SPSH	4,630	31	1.1512
Nobles	WSH	4,380	20	.9158
Norman	FFSH	2,385	11	1.1728
Olmsted	SPSH	15,049	97	1.0543
Otter Tail (6)	FFSH	9,477	104	2.0024
Pennington	FFSH	1,794	12	.7865
Pine	MLSH	2,924	29	1.4594
Pipestone	WSH	1,162	11	.9410
Polk	FFSH	3,670	41	1.1767
Pope	FFSH	1,938	19	1.6299
Ramsey	ASH	38,583	228	.4959
Red Lake	FFSH	24	2	.3656
Redwood	WSH	4,099	26	1.3443
Renville	WSH	4,871	29	1.4215
Rice	SPSH	3,300	25	.5425
Rock	WSH	956	7	.6540
Roseau	FFSH	663	10	.7953
St. Louis	MLSH	28,948	154	.6930
Scott	WSH	3,645	21	.4796
Sherburne	ASH	1,555	14	.4681
Sibley	WSH	1,031	13	.8415
Stearns (7)	B/WSH	16,613	117	1.0817
Steele	SPSH	2,477	25	.8243
Stevens	FFSH	325	5	.4416
Swift	WSH	3,146	17	1.3158
Todd	BSH	1,756	20	.8003
Traverse	FFSH	719	9	1.6240
Wabasha	SPSH	2,550	19	.9827
Wadena	BSH	2,436	25	1.5133
Waseca	SPSH	2,409	12	.6505
Washington	ASH	6,676	32	.2818
Watonwan	SPSH	2,484	13	1.0517
Wilkin	FFSH	1,461	16	1.8926
Winona	SPSH	3,787	34	.7350
Wright	WSH	4,003	34	.5254
Yellow Medicine	WSH	2,817	14	1.0254
STATE TOTAL		433,751	2,933	

(1) Location of Anoka State Hospital (ASH)
(2) Location of Moose Lake State Hospital (MLSH)
(3) Lcoation of Brainerd State Hospital (BSH)
(4) Location of Willmar State Hospital (WSH)
(5) Location of St. Peter State Hospital (SPSH)
(6) Location of Fergus Falls State Hospital (FFSH)
(7) Stearns County uses both Brainerd and Willmar State Hospitals.

*From the DHS report, "Services Used by the Mentally Ill In Minnesota," prepared by Carol Kuechler, January, 1985.

PERTINENT DHS RULES

LISTED BELOW ARE THE MAJOR DHS RULES APPLYING TO PROGRAMS SERVING PEOPLE WITH MENTAL ILLNESS PROBLEMS.

DHS RULE 9520.0500 - 9520.0870 (FORMERLY DHS RULE 29) - GOVERNS STATE APPROVAL OF COMMUNITY MENTAL HEALTH CENTERS AND PRIVATE CLINICS FOR REIMBURSEMENT UNDER THE STATUTORILY MANDATED MENTAL ILLNESS INSURANCE BENEFITS UNDER GROUP POLICIES. IT APPLIES TO MULTIDISCIPLINARY CLINICS, BUT NOT TO HOSPITAL OUT-PATIENT SERVICES OR TO SERVICES PROVIDED SOLELY BY PHYSICIANS OR LICENSED CONSULTING PSYCHOLOGISTS. ABOUT 95 MULTIDISCIPLINARY CLINICS ARE CURRENTLY APPROVED.

DHS RULE 9535.0100 - 9535.1600 (FORMERLY DHS RULE 14) - PROVIDES STATE FUNDS TO QUALIFYING COUNTIES ON A 90/10 PERCENT MATCHING BASIS "TO PROVIDE SERVICES DESIGNATED TO HELP CHRONICALLY MENTALLY ILL PERSONS REMAIN AND FUNCTION IN THEIR OWN COMMUNITIES." CURRENTLY, THERE ARE 20 GRANTS IN EFFECT WHICH SERVE CLIENTS IN 36 COUNTIES. THE COUNTIES DECIDE WHAT TYPE OF SERVICES TO SUPPORT. THEY MAY USE THEIR OWN COUNTY SOCIAL SERVICE STAFF OR CONTRACT WITH PRIVATE ORGANIZATIONS TO PROVIDE THE SERVICES.

DHS RULE 9520.0500 - 9520.0690 (FORMERLY DHS RULE 36) - THIS IS A PROGRAM LICENSING RULE WHICH APPLIES TO RESIDENTIAL FACILITIES SERVING MORE THAN FOUR ADULT MENTALLY ILL PEOPLE. IT ESTABLISHES

MINIMUM TREATMENT PROGRAM STANDARDS AND MUST BE JOINED TO THE HEALTH DEPARTMENT'S LICENSURE OF THE SAFETY AND SANITATION ASPECTS OF THE FACILITY. AS OF JUNE 30, 1985, 91 FACILITIES ARE EXPECTED TO BE LICENSED UNDER THIS RULE IN CONTRAST TO ONLY SEVEN FACILITIES LICENSED IN OCTOBER, 1981.

DHS RULE 9520.0010 - 9520.0230 (FORMERLY DHS RULE 28) ORIGINALLY THE STANDARD SETTING RULE FOR STATE GRANTS-IN-AID TO COMMUNITY MENTAL HEALTH CENTERS, THIS RULE NOW SETS THE CONDITIONS FOR COMMUNITY MENTAL HEALTH CENTERS PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM.

DHS RULE 9535.2000 - 9535.3000 (FORMERLY DHS RULE 12) PROVIDES STATE FUNDS TO QUALIFYING COUNTIES ON A 75/25 PERCENT MATCHING BASIS TO PAY FOR TREATMENT SERVICES IN RESIDENTIAL FACILITIES FOR ADULT MENTALLY ILL PERSONS SO THAT THE FACILITIES CAN MEET THE MINIMUM LICENSING STANDARDS OF DHS RULE 9535.0100-9535.1600. FIFTY-SEVEN FACILITIES CURRENTLY RECEIVE THESE FUNDS. COUNTIES HAVE APPLICATIONS PENDING FOR GRANTS FOR 19 ADDITIONAL FACILITIES.

DHS RULE 9545.0900 - 9545.1090 (FORMERLY DHS RULE 5) - THIS IS A LICENSING RULE THAT IS APPLICABLE TO RESIDENTIAL TREATMENT CENTERS FOR EMOTIONALLY DISTURBED CHILDREN AND ADOLESCENTS.

QUALITY ASSURANCE AND CLIENT RIGHTS PROTECTION

QUALITY IS A JUDGMENT OF THE CONFORMANCE OF A SERVICE WITH RELEVANT STANDARDS. QUALITY MAY BE ASSESSED WITH RESPECT TO THREE GENERAL TYPES OF STANDARDS: 1) INPUT STANDARDS INVOLVING PHYSICAL

PLANT, STAFFING RATIOS, TRAINING, AND CREDENTIALS; 2) PROCESS STANDARDS WHICH IDENTIFY THE METHODS WHICH WOULD BE OBSERVED IN A TREATMENT OR INTERVENTION PROCESS, AND 3) RESULTS OR OUTCOME STANDARDS WHICH IDENTIFY SPECIFIC DESIRED PROGRAM OUTCOMES RESULTING FROM THE INTERVENTION. MOST STANDARDS APPLY TO INPUT AND SOME ADDRESS PROCESS REQUIREMENTS WHILE FEW FOCUS ON OUTCOMES. DHS INTENDS TO DEVELOP A BETTER BALANCE OF THESE THREE COMPONENTS.

QUALITY ASSURANCE IS AN ACTIVITY WHICH SUPPORTS MANAGEMENT ATTEMPTS TO ENHANCE THE QUALITY OF SERVICES. IT IS AN ONGOING PROCESS WHICH REQUIRES PARALLEL ACTIVITIES AT THE PROGRAM, COUNTY, AND STATE LEVELS. THE PROCESS REQUIRES 1) THE ESTABLISHMENT OF APPROPRIATE STANDARDS, 2) SYSTEMS FOR RELIABLY MONITORING ACTUAL PERFORMANCE WITH RESPECT TO THOSE STANDARDS, AND 3) SUMMARIES OF ORGANIZATIONAL PERFORMANCE ACCORDING TO THESE STANDARDS. THE RESULTING INFORMATION CAN THEN BE USED BY DECISION MAKERS AND MANAGEMENT ACTION TO REDUCE THE GAP BETWEEN STANDARDS AND PERFORMANCE. QUALITY ASSURANCE ASSUMES THE PRESENCE OF ATTAINABLE, CONTEMPORARY STANDARDS IN RELATION TO EACH AREA OF SERVICE ACTIVITY AND STANDARDS ORIENTED TO OUTCOMES, NOT JUST TO INPUT MEASURES SUCH AS CREDENTIALS, EFFORT EXPENDED, PROFIT OR NON-PROFIT AUSPICES, OR THE PRESENCE OF WRITTEN DOCUMENTATION. A QUALITY ASSURANCE FUNCTION OF CASE MANAGEMENT IS TO ARRANGE FOR AND MONITOR APPROPRIATE SERVICES TO HELP CLIENTS ACHIEVE THE AGREED UPON SERVICE OUTCOMES.

THAT ABUSE AND NEGLECT OF CLIENTS CONTINUES TO BE A PROBLEM IN VARIOUS KINDS OF HUMAN SERVICE PROGRAMS AND FACILITIES INDICATES

THAT CONTINUED REFINEMENT OF STANDARDS AND DILIGENCE ARE ESSENTIAL IN MENTAL HEALTH AND RELATED AREAS.

TREATMENT TRENDS

"DEINSTITUTIONALIZATION" HAS BECOME A CONTROVERSIAL TERM MISUNDERSTOOD BY MANY PEOPLE TO MEAN THE DEPOPULATION OF STATE HOSPITALS WITHOUT SUITABLE RESOURCES FOR EX-PATIENTS IN LOCAL COMMUNITIES.

"INSTITUTIONALIZATION" IS ACTUALLY THE INABILITY TO MAKE INFORMED CHOICES AND TO MANAGE ONE'S OWN AFFAIRS SATISFACTORILY AS A RESULT OF LIVING IN AN INSTITUTIONAL SETTING WITH A LACK OF RESPONSIBILITIES AND OPPORTUNITIES FOR INDEPENDENT DECISION MAKING. AFTER AN EXTENDED PERIOD OF BEING CARED FOR IN AN INSTITUTION, AND HAVING REDUCED ACCESS TO ORDINARY CHOICES AND THEIR CONSEQUENCES, MANY PERSONS LACK THE CAPACITY TO MANAGE THEIR OWN AFFAIRS SUCCESSFULLY. IT IS NOT THE AUSPICES UNDER WHICH AN INSTITUTION IS OPERATED, E.G., THE STATE, WHICH CREATES INSTITUTIONALIZATION. WHAT MATTERS IS WHETHER OR NOT THE FACILITY FOSTERS PERSONAL CHOICE AND RESPONSIBILITY. DEINSTITUTIONALIZATION ACTUALLY MEANS PREVENTING OR REVERSING THE DEBILITATING CONSEQUENCES OF BEING INSTITUTIONALIZED SO THAT THE CHANCES OF SUCCEEDING IN INDEPENDENT LIVING AFTER DISCHARGE ARE INCREASED.

DEPOPULATION OF MINNESOTA STATE HOSPITALS BEGAN IN THE LATE 1950S FOLLOWING ADVANCES IN TRANQUILIZING MEDICATIONS. ATTEMPTS TO HUMANIZE THE HOSPITAL ENVIRONMENT LED TO THE DISCOVERY THAT MANY

PATIENTS NEED TO BE HOSPITALIZED. MANY DISCHARGES OCCURRED IN THE EARLY 1960S. MORE FOLLOWED AFTER CONGRESS PASSED MEDICAID LEGISLATION IN 1965 PROVIDING A METHOD OF PAYMENT FOR NURSING HOME CARE FOR POOR PEOPLE.

TABLE II, WHICH IS FROM THE REPORT "SERVICES USED BY THE MENTALLY ILL IN MINNESOTA", BY CAROL KUECHLER, REPORTS COUNTY-LEVEL INFORMATION ON THE USE OF THE SIX STATE HOSPITALS INCLUDING MINNESOTA SECURITY HOSPITALS SERVING THE MENTALLY ILL, BASED ON DATA FROM THE DHS REIMBURSEMENT DIVISION. INCLUDED IN THIS PRESENTATION ARE THE CATCHMENT AREAS, THE NUMBER OF PERSONS SERVED, AND THE NUMBER OF DAYS OF MENTAL ILLNESS SERVICES FOR STATE FISCAL YEAR 1984.

ALSO FROM THE SAME REPORT ARE FIGURES IV AND V. FIGURE IV WHICH USES THE DATA FROM TABLE II DISPLAYS THE RATES OF USE OF STATE HOSPITALS ON A STATE MAP. FIGURE V PRESENTS THE RATE OF USE OF MEDICAID OR GAMC REIMBURSED PSYCHIATRIC HOSPITALIZATIONS IN GENERAL/COMMUNITY HOSPITALS IN THE FORM OF A STATE MAP. THERE SEEM TO BE SEVERAL FACTORS POSSIBLY AFFECTING HOSPITAL USE: 1) PROXIMITY TO A STATE HOSPITAL AND/OR GENERAL HOSPITAL WITH PSYCHIATRIC FACILITY; 2) NUMBER OF AVAILABLE STATE HOSPITAL BEDS; 3) WEALTH OF THE COUNTY; AND 4) AMOUNT OF AVAILABLE COMMUNITY-BASED ALTERNATIVES.

IN RECENT YEARS THE STATE HAS SUPPORTED LOCAL ACTIONS TO IMPLEMENT POSITIVE DEINSTITUTIONALIZATION THROUGH BOTH BLOCK GRANT AND CATEGORICAL (RULE 14) FUNDS, THE ENFORCEMENT AND FUNDING OF A REVISED

RESIDENTIAL TREATMENT PROGRAM LICENSING RULE (RULE 9535.0100 - 9535.6090, FORMERLY RULE 36), AND ASSISTANCE TO COUNTIES TO DEVELOP COMMUNITY SUPPORT PROGRAMS AND TO IMPLEMENT CASE MANAGEMENT. THE STATE'S GOAL IS THE ESTABLISHMENT OF A FLEXIBLE AND RESPONSIVE SYSTEM OF CARE AND TREATMENT. THIS WILL REQUIRE AN ARRAY OF SERVICES, DIFFERENT LEVELS OF CARE, QUALITY ASSURANCE POLICIES AND PROCEDURES AND MEANS TO ASSURE THAT PEOPLE ARE NEITHER UNDER NOR OVERSERVED.

THE STUDY FINDINGS

STUDY I: ANALYSIS OF SECONDARY DATA

THE DHS REPORT, "SERVICES USED BY THE MENTALLY ILL IN MINNESOTA," WAS PREPARED UNDER CONTRACT BY CAROL KUECHLER. IN THIS REPORT VARIOUS ALREADY EXISTING DATA SOURCES WERE EXAMINED IN RELATION TO SERVICES PROVIDED TO PEOPLE WITH MENTAL ILLNESS PROGRAMS.

A MAJOR FINDING OF THE REPORT CAME FROM AN ANALYSIS OF 1983 CSSA DATA.

HER ANALYSIS INDICATED THAT:

1. A WIDE VARIETY OF PUBLIC AND PRIVATE SECTOR AGENCIES PROVIDE SERVICES TO THE MENTALLY ILL IN MINNESOTA. THE SERVICES PROVIDED SPAN THE CONTINUUM FROM PREVENTIVE/EDUCATION SERVICES TO INPATIENT, HOSPITAL AND COMMUNITY-BASED RESIDENTIAL SERVICES.

2. THE MENTAL ILLNESS ADVISORY COMMITTEE HAS ADDRESSED THE NEED FOR SERVICES TO THE MENTALLY ILL WITHIN FIVE GENERAL CATEGORIES: PREVENTION/EDUCATION, PROTECTION/EMERGENCY, DIAGNOSTIC/EVALUATION, SUPPORTIVE/REHABILITATIVE, AND ADMINISTRATIVE. MAJOR COMPONENTS OF THE SERVICE DELIVERY SYSTEM ARE REPRESENTED BY CSSA SERVICES. TABLE III LISTS KEY SERVICES REPORTED ON BY THE COUNTIES IN THEIR 1982 CSSA EFFECTIVENESS REPORTS, THE NUMBER OF COUNTIES WHO REPORTED PROVIDING THE SERVICE AND THE PERCENTAGE OF THE STATE'S POPULATION REPRESENTED BY THOSE REPORTING COUNTIES.

TABLE III

CSSA SERVICES PROVIDED IN 1982(A)

SERVICE CATEGORY	NUMBER OF COUNTIES PROVIDING	PERCENT OF STATE POPULATION REPRESENTED BY REPORTING COUNTIES
FOSTER CARE	86	99%
CHILD PROTECTION	85	99%
ADULT PROTECTION	84	99%
ASSESSMENT	83	97%
INFORMATION AND REFERRAL	81	97%
TRANSPORTATION	82	96%
HALFWAY HOUSE	71	95%
RESIDENTIAL - EMOTIONALLY DISTURBED	79	93%
RESIDENTIAL EXTENDED CARE	57	75%
CHEMOTHERAPY (B)	43	74%
DAY TREATMENT	39	74%
CRISIS HOME	44	65%
EMERGENCY COUNSELING	41	68%

(A) SERVICES PROVIDED AS REPORTED IN 1982 CSSA EFFECTIVENESS REPORT (M.S. 256E.10). COUNTIES WERE COUNTED AS "PROVIDING A SERVICE" IF THEY REPORTED PROVIDING THE SERVICE DIRECTLY AND/OR PURCHASING THE SERVICE, REGARDLESS OF TARGET POPULATION. COUNTY-SPECIFIC DATA BASED ON THE 1980 CENSUS WAS USED FOR THIS PURPOSE.

(B) AS USED HERE, THIS TERM MEANS PSYCHOTROPIC MEDICATION MANAGEMENT. CHEMOTHERAPY GENERALLY MEANS TREATMENT OF CANCER BY CHEMICAL AGENTS.

STUDY II: ANALYSIS OF SURVEY OF COUNTIES OF INTERVIEWS

ONE PHASE OF THE STUDY WAS MAILING A SURVEY TO COUNTY WELFARE/HUMAN SERVICES DEPARTMENTS TO ASSESS THE AVAILABILITY, ACCESSIBILITY, AND QUALITY OF SERVICES TO MENTALLY ILL PERSONS. RESPONSE RATE ON THE MAIL SURVEY WAS EXCELLENT. ONLY TWO COUNTIES, SIBLEY AND KITTSON, FAILED TO RESPOND, YIELDING AN OVERALL RESPONSE RATE OF 97.6 PERCENT.

THE PROGRAM EVALUATION RESOURCE CENTER (PERC) CARRIED OUT THE SECOND CONTRACT BY DEVELOPING THE SURVEY QUESTIONNAIRE, ADMINISTERING IT TO THE COUNTIES, ANALYZING THE RESULTS AND FOLLOWING UP WITH VISITS TO TEN COUNTIES. IN JANUARY, 1985 PERC SUBMITTED ITS FINAL REPORT, "FINAL REPORT: STUDY OF SERVICES TO MENTALLY ILL PEOPLE."

INITIAL STATEWIDE ANALYSIS

THE INITIAL STATEWIDE ANALYSIS REVEALED THE FOLLOWING TRENDS:

1. FOR THE MOST PART, NEEDED SERVICES WERE AVAILABLE TO MENTALLY ILL PERSONS RESIDING IN MINNESOTA - ALTHOUGH INDIVIDUAL COUNTIES EXPRESSED CONCERN REGARDING GAPS IN THEIR CURRENT SERVICE SYSTEM. OF THE 31 SERVICES EXAMINED IN PART I OF THE SURVEY, ONLY 5 SERVICES WERE INDICATED BY 15 OR MORE PERCENT OF COUNTIES OR MORE AS NOT BEING CURRENTLY AVAILABLE TO THEM, BUT NEEDED. THESE NEEDED SERVICES WERE:

MI Crisis Homes	(29%)
Housing Services	(23%)
Social & Recreational Services	(21%)
MI Day Treatment	(29%)
Adult Foster Care	(18%)

2. In Part II of the survey, the one area that was identified by respondents as lacking in service programming was Preventive/Education Services. Many respondents felt that a statewide public education campaign was needed that would emphasize the availability of services and would help to reduce the stigma attached to mental illness. Other service areas were seen by the counties as effectively meeting client needs.

3. When questioned regarding possible barriers to service, hours of service availability, eligibility requirements, cultural and linguistic factors, and level of client/community awareness of programs were not seen as major problems. However, except in the areas of protective and administrative services, transportation to and from services was rated by the majority of counties as being either "somewhat inadequate," or "inadequate."

4. In Part III of the survey, 75 percent or more of the counties endorsed the following services as "essential" services for mentally ill persons:

Adult & Child Protection	98%
Case Management	95%
Assessment	95%
Treatment	93%
24-Hour Emergency Services	88%
Emergency Services	88%
Pre-petition Screening Services	88%
Assistance in Meeting Basic Human Needs	88%
Outpatient Services	87%
Community Residential Services	80%
Diagnosis	77%
Inpatient Psychiatric Services	76%

5. Open-ended comments reflected the following themes regarding minimum capability recommendations reflected the following themes:

- There should be no state mandates without accompanying state funds to implement these mandates.

- Mandates, if any, should be general not specific and prescriptive, allowing counties to implement mandated services in the way that best fits the county's needs.

- If there are to be state service mandates for any CSSA target groups, there should be state service mandates/standards for all target populations.

- No more state hospitals should close.

- Commitment procedures need to be re-examined so that those needing commitment to assure services can be committed.

DESCRIPTION OF ONSITE INTERVIEWS

THE FINAL STAGE OF THIS STUDY WAS IN-PERSON INTERVIEWS WITHIN SELECTED COUNTIES. IT WAS NOT POSSIBLE TO EITHER RANDOMLY SELECT OR TO DRAW A TRUE STRATIFIED RANDOM SAMPLE BECAUSE OF THE NUMBER OF VARIABLES OF INTEREST. THEREFORE, COUNTIES WERE SELECTED PURPOSIVELY BASED ON CRITERIA IDENTIFIED BY DHS AND PERC STAFF AND MEMBERS OF THE ADVISORY COMMITTEE. CRITERIA INCLUDED PRESENCE OR ABSENCE OF A STATE HOSPITAL, COUNTY PROVIDED AND PURCHASED SERVICES, AND PRESENCE OR ABSENCE OF A MENTAL HEALTH CENTER.

THE FOLLOWING COUNTIES WERE SELECTED FOR INCLUSION IN THE ONSITE INTERVIEW PORTION OF THE STUDY OF SERVICES FOR MENTALLY ILL PERSONS:

1. ANOKA COUNTY
2. FREEBORN COUNTY
3. HENNEPIN COUNTY
4. KANDIYOHI COUNTY
5. LAKE OF THE WOODS COUNTY
6. LYON COUNTY
7. MAHNOMEN COUNTY
8. MORRISON COUNTY
9. ST. LOUIS COUNTY
10. WINONA COUNTY

SINCE THE SELECTED GROUP OF INTERVIEWEES WAS SO VARIED, A SET OF INTERVIEW SCHEDULES WAS DEVELOPED. A CORE SET OF QUESTIONS WAS DEVELOPED AND ADDITIONAL QUESTIONS FOR EACH SPECIFIC TYPE OF RESPONDENT GROUP WERE INDENTIFIED FOR INCLUSION. THE FINAL SET OF INTERVIEWS INCLUDED SPECIALIZED INTERVIEW SCHEDULES FOR: (1) SERVICE PROVIDERS, (2) DIRECTORS OF COUNTY SOCIAL SERVICE AGENCIES, (3) MEMBERS OF COUNTY BOARDS, (4) CONSUMERS, (5) JUDGES, (6) FINANCIAL INFORMANTS, AND (7) LAW ENFORCEMENT PERSONNEL.

ANALYSIS OF ONSITE INTERVIEWS

PERC EXPERIENCED AN EXTREMELY HIGH COMPLETION RATE IN CONDUCTING THESE INTERVIEWS. THE ORIGINAL LIST OF NOMINEES INCLUDED 149 INDIVIDUALS. OF THE ORIGINAL LIST, 138 (93 PERCENT) COMPLETED INTERVIEWS. OF THOSE WHO DID NOT COMPLETE THE INTERVIEW, ONLY TWO POTENTIAL INTERVIEWEES REFUSED. THE REMAINDER WERE SIMPLY NOT ACCESSIBLE DURING THE INTERVIEW PERIOD. TEN ADDITIONAL INDIVIDUALS WERE IDENTIFIED DURING THE INTERVIEWS THEMSELVES, RESULTING IN A TOTAL OF 148 INDIVIDUALS INTERVIEWED DURING THE SPECIFIED TWO-WEEK PERIOD. THIS TOTAL INCLUDES 125 RESPONDENTS WHO ANSWERED THE CORE QUESTIONS IDENTIFIED ABOVE (CONSUMERS, PROVIDERS, DIRECTORS OF SOCIAL SERVICES, AND COUNTY BOARD MEMBERS); 7 LAW ENFORCEMENT REPRESENTATIVES WHO PROVIDED INFORMATION ON THEIR ROLE IN THE EMERGENCY SYSTEM FOR THE MENTALLY ILL; 6 JUDGES WHO DISCUSSED PRE-PETITION SCREENING PROCEDURES WITH THE PERC STAFF; AND 10 FINANCIAL INFORMANTS WHO HELPED TO DETAIL SERVICE COSTS FOR USE IN COST ESTIMATES.

DATA WERE EXAMINED IN SEVERAL WAYS: FIRST, A SPECIAL REPORT EXAMINED THE VIEWPOINT OF JUDGES REGARDING THE PRE-PETITION SCREENING PROCESS. SECOND, LAW ENFORCEMENT INTERVIEWS WERE EXAMINED FOR COMMON THEMES IN THE PROVISION OF EMERGENCY SERVICES. THIRD, EACH COUNTY'S DATA WAS AGGREGATED AND INDIVIDUAL COUNTY REPORTS WERE GENERATED. FINALLY, CROSS-COUNTY COMPARISONS WERE MADE.

GAPS IDENTIFIED

RESULTS OF THE CROSS-COUNTY COMPARISONS SHOWED THAT FOR THE MOST PART COUNTIES COULD IDENTIFY GAPS WITHIN THEIR SERVICE SYSTEMS. THE NEEDS OF THESE INDIVIDUAL COUNTIES, HOWEVER, VARIED CONSIDERABLY. THE ONE AREA MENTIONED AS NEEDED BY ALL COUNTIES WAS THAT OF SUPPORTIVE LIVING ARRANGEMENTS TO FILL THE GAPS IN THE SPECTRUM OF HOUSING ALTERNATIVES. (THESE ALTERNATIVE MAY INCLUDE HALFWAY HOUSES, 3/4 WAY HOUSES, BOARD AND CARE, BOARD AND LODGING, RULE 36, SEMI-INDEPENDENT LIVING SERVICE (SILS) PROGRAMS FOR THE MENTALLY ILL, OR APARTMENT LIVING.) OTHER AREAS MENTIONED BY MORE THAN HALF OF THE COUNTIES WERE: (1) EMPLOYMENT PROGRAMS FOR THE MENTALLY ILL, INCLUDING TRAINING, JOB PLACEMENT AND SHELTERED WORK ALTERNATIVES, (2) AFFORDABLE, DECENT HOUSING FOR THOSE ON FIXED INCOMES, (3) PATIENT FOLLOW-UP AND AFTERCARE (LINKED TO THE NEED FOR SMALLER CASELOADS), (4) CRISIS CRITICAL CARE CAPABILITY/CRISIS HOMES, (5) NEED FOR MORE COUNTY SOCIAL WORKERS TO DEAL WITH THE MENTALLY ILL, AND (6) TRANSPORTATION SERVICES.

Service Barriers

The largest barriers to service provision were identified as: the distance to available services (80 percent), lack of transportation to available services (70 percent), lack of community/client awareness of services (70 percent), and unavailability of needed services (60 percent).

Discussion surrounding the needs of the various special mental health populations showed that the majority of the ten counties site visited reported difficulties in dealing with the mental health problems of these groups.

The respondents were asked if there were any special problems in their county dealing with the mental health problems of the following groups?

The particular problems in dealing with these groups were as follows:

I. The elderly in nursing homes - 45 percent of the respondents indicated special mental health needs. These include medication problems, overmedication, lack of awareness of mental health problems by nursing home staff, no psychiatric nurses on nursing home staffs, lack of behavioral management expertise, no psychologist or psychiatrist to monitor these patients.

II. THE DUALLY DISABLED - According to 63 percent of the respondents blocks to needed services include lack of programming in general for dual disability groups, most programs treat only one disability, and program eligibility requirements. Listed below are the problems of the major dually disabled groups:

A. MENTALLY ILL/PHYSICALLY HANDICAPPED - lack of accessible buildings, lack of staff with special knowledge to deal with this group, lack of interpreters for the hearing impaired.

B. MENTALLY ILL/MENTALLY RETARDED - Problems with eligibility requirements for admission into programs of either disability group.

C. MENTALLY ILL/CHEMICALLY DEPENDENT - (This was the most frequently mentioned problem group and was often mentioned in connection with the treatment of young adults.) Lack of programming for both disabilities; lack of community support networks after return from CD treatment - people go back to friends who are using chemicals; the treatments for MI and CD conflict, i.e., treatment for the mentally ill encourages the individual to make responsible choices while the AA model of CD treatment stresses the need for total abstinence from chemicals, even tranquilizing medication; lack of halfway facilities.

III. THE HOMELESS MENTALLY ILL - THE INABILITY TO CONTACT THESE PEOPLE TO BRING THEM INTO THE SYSTEM AND THE LACK OF HOUSING FACILITIES FOR THIS GROUP WERE PROBLEMS CITED BY 37 PERCENT OF THE RESPONDENTS.

IV. ETHNIC POPULATIONS - LINGUISTIC BARRIERS, CULTURAL ATTITUDES THAT IT'S NOT "ALL RIGHT" TO SEEK TREATMENT (SHOULD BE SELF-SUFFICIENT) WERE REPORTED BY 18 PERCENT OF THE RESPONDENTS.

V. CHILDREN AND ADOLESCENTS - LACK OF ENOUGH SPECIALIZED PROGRAMMING FOR CHILDREN, LACK OF EXAMINATION OF WHAT CHILDREN ACTUALLY NEED, LACK OF SCHOOL INVOLVEMENT, AND LACK OF AVAILABILITY OF CHILD PSYCHOLOGISTS AND CHILD PSYCHIATRISTS IN RURAL REGIONS WERE PROBLEMS IDENTIFIED BY 54 PERCENT OF THE RESPONDENTS.

VI. MIGRANT WORKERS - THEY DON'T UTILIZE SERVICES, AND ARE DIFFICULT TO IDENTIFY. THREE PERCENT OF THE RESPONDENTS NOTED THE PROBLEMS OF MIGRANTS.

CONCLUSIONS FROM MAIL SURVEY AND ONSITE INTERVIEWS

1. THROUGHOUT BOTH THE MAIL SURVEY AND ONSITE INTERVIEW PORTION OF THE STUDY CONDUCTED BY PERC IT BECAME APPARENT THAT COUNTIES COULD IDENTIFY THE GAPS IN THEIR OWN SERVICE SYSTEMS. THE VIEWPOINTS OF THE INDIVIDUALS QUERIED IN 10 COUNTIES SHOWED A HIGH DEGREE OF CONSISTENCY WITH RESULTS OBTAINED BY MAIL. THE GAPS IDENTIFIED WITHIN SERVICE SYSTEMS VARIED AMONG COUNTIES, HOWEVER.

2. GENERALLY, THE KEY TO THE SUCCESS OF THE SERVICE SYSTEMS TENDED TO BE THE AVAILABILITY OF DEDICATED, CARING AND HIGH QUALITY PERSONNEL. IT WAS OFTEN NOTED THAT THESE INDIVIDUALS WERE IN HIGH DEMAND, AND OFTEN CARRIED EXTREMELY HIGH CASE-LOADS.

3. IN ORDER TO ACCOMMODATE THE DIVERSITY OF NEEDS AND CONCERNS VOICED BY COUNTIES, IT WAS OFTEN MENTIONED THAT ANY MANDATES MUST NOT BE SO PRESCRIPTIVE AS TO THWART LOCAL INITIATIVE AND CREATIVE ADAPTATIONS IN IMPLEMENTATION. MOST CRITICALLY, MORE FUNDING IS NEEDED IN ORDER TO PROVIDE HIGH QUALITY CARE FOR MENTALLY ILL PERSONS.

Estimated Cost of Services

For purposes of estimating the cost of providing the minimum essential services recommended by the task force an analysis was done. The costs of providing adequate services for people with mental illness problems is difficult to accurately address. In order to address the costs of the 12 essential services recommended by the task force, the services were grouped into nine categories by combining: Assessment and Diagnosis Services; Treatment and Outpatient Services; and Emergency and 24-Hour Emergency Services. These services could be combined because of overlap in their definitions. An analysis was then done of information on service expenditures reported by counties in their CSSA plans for 1985.

Due to the broad nature of some of the service categories, several CSSA services had to be combined for certain categories. CSSA cost data could be used to estimate expenditures for Assessment/Diagnosis Services; Community Residential Treatment, Outpatient Treatment, and Case Management. "Adult and Child Protection Services," "Prepetition Screening Services;" and "Meeting Human Needs" are already required by statute and should not incur any additional costs. "Inpatient Psychiatric Care" is reimbursed by Medicaid, GAMC and private insurance as well as being provided by state hospitals. Because of these various reimbursement sources, this required service should not incur additional cost under CSSA.

In analyzing CSSA cost data the following combination of services were used. Assessment/diagnosis service costs were based on

"Assessment" services (see Appendix D). Diagnosis service is included under assessment services. Community residential treatment costs were based on "Board & Lodging", "Halfway House," "MI Intensive Treatment" "Extended Care" and "Facilities for Emotionally Disturbed Children" (see Appendix E), outpatient treatment service costs were based on "Aftercare," "Chemotherapy" "Counseling/Therapy" and "Day Treatment" services (see Appendix F). Case management costs were based on "Case Management" services (see Appendix G).

In Appendixes D-G the expenditures that these counties plan to make in 1985 are listed by individual county. In addition for each county is whether the county indicated that more of that particular service was needed. This indication of need was taken from the statewide survey conducted by the Program Evaluation Resource Center.

For each service grouping (Apendixes D-G), counties which indicated a need for additional service were compared with those counties without additional need. The comparisons were based on expenditures per county population. Estimates were then made to bring the per capita expenditures of the "needy counties equal to those of the counties not in need. The cost totals for equalizing the per capita expenditures are listed in Table IV.

The cost of providing 24-hour emergency care service listed in Table IV is based on a survey in March, 1984 by Kim Johnston of

THE SOUTH CENTRAL HUMAN RELATIONS CENTER. ACCORDING TO HIS SURVEY 16 COUNITES DO NOT HAVE PERSONS WITH HUMAN SERVICES TRAINING TO TAKE NIGHT AND WEEKEND EMERGENCY MENTAL HEALTH CALLS. IN ADDITION 14 COUNTIES DO NOT HAVE MENTAL HEALTH PROFESSIONALS AVAILABLE ON A REGULAR ON-CALL BASIS. THE COST ESTIMATE ASSUMES THAT TWO EIGHT-HOUR TRAINING SESSIONS PER COUNTY PLUS ADDING A HALF-TIME PROFESSIONAL AT EACH OF 14 COUNTIES.

TABLE IV

SERVICES NEEDED FOR PEOPLE WITH MENTAL ILLNES PROBLEMS

ESTIMATED ANNUAL COSTS IN FY 1985

BASIC REQUIRED SERVICES	ADDITIONAL COST	SOURCE
ADULT & CHILD PROTECTION	-	ALREADY REQUIRED BY STATUTE
24 HOUR EMERGENCY	$250,000	MARCH, 1984 SURVEY
ASSESSMENT/DIAGNOSIS	$843,000	1985 CSSA PLANS/ COUNTY SURVEY
PREPETITION SCREENING	-	ALREADY REQUIRED BY STATUTE
COMMUNITY RESIDENTIAL	$2,144,000	1985 CSSA PLANS/ COUNTY SURVEY
INPATIENT PSYCHIATRIC	-	(A) COVERED BY MEDICAID GAMC, AND STATE HOSPITALS
OUTPATIENT TREATMENT	$6,391,000	1985 CSSA PLANS/ COUNTY SURVEY

(A) ASSUMING NO FURTHER RESTRICTIONS SUCH AS COST CONTAINMENT, COST SHIFTING, OR ELIGIBILITY INDICATIONS WHICH MIGHT PRESENT PEOPLE FROM RECEIVING NEEDED SERVICES.

Basic Required Services	Additional Cost	Source
Meeting Human Needs	-	Already Required by Statute
Case Management	$662,000	1985 CSSA Plans/ County Survey

Total Service Cost	$10,290,000	
State Administration	90,000	(Rule development, consultation with counties, etc.)
Total	$10,380,000	

Assuming that 20 percent of Outpatient, Assessment, and Diagnosis services can be paid by third-party or self-pay funds the total can be reduced by $1,410,432 assuming that the Legislature approves the Department's request for the new Rule 14 funds and that these funds are used by counties for these essential services the total could be reduced by an additional $1,700,000. If both reductions are possible the net additional annual estimated cost would be $7,263,054.

RECOMMENDATIONS:

Based upon the task force's advice, the Commissioner recommends that:

1. The Legislature adopt by statute the services listed in the table on page 33 of this report as the "minimum capability which should be made available by counties for mentally ill persons," effective January 1, 1987.

2. The Legislature appropriate sufficient funds to carry out these recommendations.

3. THE COMMISIONER OF HUMAN SERVICES DEVELOP QUALITY ASSURANCE STANDARDS FOR THE EVALUATION OF OUTCOMES OF THE SERVICES PROVIDED AS A RESULT OF THIS APPROPRIATION.

4. GIVEN THAT A CONSOLIDATED MENTAL ILLNESS TREATMENT FUND MAY BE A MORE FLEXIBLE AND COST EFFECTIVE MEANS OF PAYING FOR NEEDED SERVICES THAT THE LEGISLATURE DIRECT THE COMMISSIONER OF HUMAN SERVICES TO CONDUCT A STUDY TO IMPLEMENT SUCH A FUND WITH A REPORT AND RECOMMENDATION TO THE LEGISLATURE BY JANUARY, 1987.

5. THAT THE LEGISLATURE APPROPRIATE $50,000 TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE ON EFFECTIVE CASE MANAGEMENT TO COUNTY AND PROVIDER ORGANIZATIONS STAFF.

6. THE LEGISLATURE DIRECT THE COMMISSIONER OF HUMAN SERVICES TO CONVENE A TASK FORCE TO MAKE RECOMMENDATIONS ON THE PROBLEMS OF ACCESS TO NEEDED SERVICES, INCLUDING THE BARRIERS TO ACCESS DISTANCE, TRANSPORTATION, AND PUBLIC AWARENESS OF SERVICES.

7. THE LEGISLATURE APPROPRIATE FUNDS TO THE COMMISSIONER TO CONDUCT PUBLIC EDUCATION AND PREVENTION ACTIVITIES REGARDING MENTAL ILLNESS AND TREATMENT OF IT.

Appendix A

SERVICES TO MENTALLY ILL PEOPLE STUDY TASK FORCE

Members	Representing
Bill Thompson Director, Vail Place 1002 Excelsior Avenue West Hopkins, MN 55343 612/938-9622	Community Support Programs
Doug Britton St. Louis County Social Services Department 320 West 2nd Street Duluth, MN 55802 218/726-2095	St. Louis County Services Department and Minnesota Association of County Social Service Administrators (MACSSA)
Darryl Meyer, Director Freeborn County Social Services Department Courthouse Albert Lea, MN 56007 507/373-6482	Freeborn County Social Services Department and MACSSA
Al Hanzal Blue Earth County Social Services Department 410 South 5th Street Mankato, MN 507/625-9034	Blue Earth County Social Services Department and MACSSA (now an Assistant Commissioner in DHS)
Ruby Hunt, Commissioner Ramsey County 316 Courthouse St. Paul, MN 55102 612/298-4145	Ramsey County and Association of Minnesota Counties (AMC)
Linda Silver MH Advocates Coalition 265 Fort Road St. Paul, MN 55102 612/222-2741	Mental Health Advocates Coalition

BILL MOUW, COMMISSIONER LAKE OF THE WOODS COUNTY ROUTE 2 BAUDETTE, MN 56623 218/634-2815	LAKE OF THE WOODS COUNTY AND AMC
ALLYSON ASHLEY, DIRECTOR SOUTHWESTERN MENTAL HEALTH CENTER 2 ROUNDWIND ROAD LUVERNE, MN 56156 507/283-9511	MINNESOTA ASSOCIATION OF COMMUNITY PROGRAMS
DARCY MINER HENNEPIN COUNTY A-2305 GOVERNMENT CENTER MINNEAPOLIS, MN 55487 612/348-6942	HENNEPIN COUNTY
BEE VENNES/JAN GERVAIS 3201 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 55408 612/825-8604	MINNESOTA ASSOCIATION OF COMMUNITY PROGRAMS
SUSAN LENTZ LEGAL AID SOCIETY OF MINNEAPOLIS MINNESOTA MENTAL HEALTH LAW PROJECT 222 GRAIN EXCHANGE BUILDING MINNEAPOLIS, MN 55415 612/332-1441	MINNESOTA MENTAL HEALTH LAW PROJECT
JOAN HINDERSCHEIT MENTAL HEALTH ADVOCATES COALITION 265 FORT ROAD ST. PAUL, MN 55102 612/222-2741	MENTAL HEALTH ADVOCATES COALITION
FRANK HANSON, COMMISSIONER COOK COUNTY COURTHOUSE GRAND MARAIS, MN 55604 218/387-2282	COOK COUNTY AND AMC
LEE LUEBBE, COMMISSIONER WINONA COUNTY COURTHOUSE WINONA, MN 55987 507/452-8200	WINONA COUNTY AND AMC

Fred Ferron, M.D. Medical Director Anoka State Hospital Anoka, MN 55303 612/422-4203	State Hospitals
Bill Conley Mental Health Association 5501 Green Valley Drive Minneapolis, MN 55437 612/835-9046	Mental Health Association
Dale Peterson Moose Lake State Hospital Moose Lake, MN 55767 218/485-4411	State Hospitals
Sue Smith Washington County Social Services Department 939 West Anderson Street Stillwater, MN 55082 612/439-6901	Washington County Social Services Department and MACSSA
Bev Driscoll Association of Minnesota Counties 555 Park Avenue St. Paul, MN 55103 612/224-3344	Association of Minnesota Counties (AMC)
Lee Beecher, M.D. Suite 121 6600 Excelsior Boulevard St. Louis Park, MN 55426 612/935-7116	Minnesota Psychiatric Society
Barbara Kaufman 141 South Griggs, Midway Blg. 1821 University Avenue St. Paul, MN 55104 612/645-0267	National Association of Social Workers, Minnesota Chapter, and Minnesota Association of Voluntary Social Services Agencies
Aggie Leitheiser Community Health Services Wright County Human Services Agency Courthouse Buffalo, MN 55313 612/339-6881	Public Health Nursing and Wright County

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RAINBOW DEVELOPMENT
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625 EAST 16TH STREET
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RULE 36 PROGRAMS

COLLEEN WIECK, DIRECTOR
STATE DEVELOPMENTAL DISABILITIES COUNCIL
STATE PLANNING AGENCY
CAPITAL SQUARE BUILDING
ST. PAUL, MN 55155
612/296-4018

STATE PLANNING AGENCY
DIRECTOR, STUDY OF STATE HOSPITALS

KAREN FOY
ANDREW CARE HOME
1215 SOUTH 9TH STREET
MINNEAPOLIS, MN
612/333-0111

RULE 36 PROGRAMS

Appendix B

Definitions for Comprehensive Array of Services

220. Adult Foster Care Service: supervised 24-hour-a-day living arrangements for no more than four adults in a family setting with concurrent access to social services and community resources.

110. Aftercare: support groups for mentally ill persons and significant others following completion of a formal treatment sequence.

120. Assessment: appraisal of an individual's or family's condition in regard to personal problems, mental or nervous disorders, chemical use, or other social, health, and behavioral problems by means of client interviews, review of records, and administering testing instruments in order to determine which services are needed.

301. Board and Lodging: supportive group living with minimum supervision and little or no formal program activity within the residential facility. Includes Category II facilities for the mentally ill.

130. Case Management: arrangement and coordination of services for a mentally ill person, with the involvement of that person, including assessment of the person's needs and development, implementation, and periodic review of an individual treatment plan for that person.

140. CHEMOTHERAPY: ADMINISTERING OF MEDICATIONS AS A MEANS OF CONTROLLING OR ELIMINATING SEVERE BEHAVIOR PROBLEMS OR THE EFFECTS OF MENTAL OR EMOTIONAL ILLNESS; OR WHICH REPLACE, ANTAGONIZE, OR FUNCTION AS A DETERRENT TO THE USE OF ABUSE PRONE SUBSTANCES, E.G., METHADONE MAINTENANCE.

305. CORRECTIONAL FACILITIES FOR CHILDREN: THERAPEUTIC EXPERIENCE FOR CHILDREN IN A SETTING LICENSED OR CERTIFIED AS A CORRECTIONAL FACILITY.

150. COUNSELING SERVICES FOR FAMILIES AND INDIVIDUALS: THE UTILIZATION OF A PROFESSIONAL HELPING RELATIONSHIP TO ENABLE INDIVIDUALS AND FAMILIES TO DEAL WITH AND RESOLVE WHATEVER INTRA OR INTERPERSONAL RELATIONSHIP PROBLEM OR STRESS IS ENCOUNTERED BY THEM.

193. CRISIS HOME: A SHORT-TERM RESIDENTIAL PROTECTIVE SETTING FOR PERSONS IN CRISIS SITUATIONS.

160. DAY TREATMENT: STRUCTURED SERVICES WHICH OPERATES LESS THAN 24-HOURS PER DAY AND WHICH DEVOTES A SIGNIFICANT SHARE OF THE SCHEDULE DAY TO THE TEACHING OF INDEPENDENT LIVING SKILLS, PSYCHOSOCIAL REHABILITATION, PSYCHOTHERAPY, AND DEVELOPMENT OF SOCIALIZATION SKILLS SO THAT THE PARTICIPANTS MAY FUNCTION MORE INDEPENDENTLY AND MORE EFFECTIVELY IN THEIR OWN COMMUNITY.

XXX. Diagnosis: The act of identifying the presence of mental illness, in which the following dimensions should be considered: clinical syndromes (DSM-III, Axis I), personality disorders (DSM-III, Axis II), concurrent physical disorders and conditions (DSM-III, Axis III), severity of psychosocial stressors (DSM-III, Axis IV), and recent level of adaptive functioning (DSM-III, Axis V).

XXX. Emergency Services: An immediate response service for persons having a psychiatric crisis, with service being available on a 24-hour, 7 day per week basis.

200. Employability: Assistance to nonhandicapped persons to obtain, maintain, or improve employment through the use of vocational counseling, employability testing, job finding assistance, or vocational and college training.

304. Extended Care: Very long-term care and treatment with 24-hour supervision and almost all services provided in the facility.

302. Facilities for Emotionally Handicapped Children: Therapeutic care in child-caring institutions and group homes.

303. HALFWAY HOUSES: THERAPEUTIC AND SUPPORTIVE LIVING ARRANGEMENT WHICH BRIDGES THE GAP BETWEEN RESIDENTIAL TREATMENT AND COMMUNITY LIVING. INCLUDES SOME CATEGORY II FACILITIES FOR THE MENTALLY ILL.

232. HOUSING SERVICE: SERVICES WHICH ARE DESIGNED TO HELP INDIVIDUALS TO OBTAIN, MAINTAIN, AND IMPROVE HOUSING AND TO MODIFY EXISTING HOUSING.

240. INFORMATION AND REFERRAL. PROVISION OF INFORMATION TO INDIVIDUALS SEEKING KNOWLEDGE OF SOCIAL AND HUMAN SERVICES, AND ASSISTANCE TO INDIVIDUALS IN MAKING CONTACT WITH A RESOURCE THAT CAN RESPOND TO THEIR NEED OR PROBLEM.

XXX. INPATIENT HOSPITALIZATION: PLACEMENT OF A MENTALLY ILL PERSON IN A HOSPITAL SETTING IN ORDER TO PROVIDE INTENSIVE SERVICES OR TO STABILIZE THE INDIVIDUAL IN A MEDICALLY SUPERVISED SETTING.

300. INTENSIVE TREATMENT: INTENSIVE THERAPEUTIC EXPERIENCE FOR MENTALLY ILL PERSONS IN A HOSPITAL SETTING OR A FREESTANDING FACILITY. INCLUDES CATEGORY I FACILITIES FOR THE MENTALLY ILL.

250. LEGAL SERVICE: SERVICES WHICH ARE DESIGNED TO ARRANGE AND PROVIDE FOR ASSISTANCE IN RESOLVING CIVIL LEGAL MATTERS AND THE PROTECTION OF LEGAL RIGHTS.

233. MONEY MANAGEMENT SERVICE: SERVICE TO ARRANGE AND PROVIDE ASSISTANCE IN DEVELOPING EFFECTIVE PERSONAL BUDGETS AND MANAGING INDEBTEDNESS.

280. PROTECTION - ADULTS: DETERMINE URGENT NEED FOR PROTECTIVE INTERVENTION AND HELP CORRECT HAZARDOUS LIVING CONDITIONS OR SITUATIONS OF VULNERABLE ADULTS WHO ARE UNABLE TO CARE FOR THEMSELVES; AND DETERMINE URGENT NEED FOR PROTECTION INTERVENTION AND SUBSTANTIATE THE EVIDENCE OF NEGLECT, ABUSE, OR EXPLOITATION.

285. PROTECTION - CHILD: HELP FAMILIES RECOGNIZE THE CAUSE THEREOF AND STRENGTHEN PARENTAL ABILITY TO PROVIDE ACCEPTABLE CARE.

XXX. RULE 36 RESIDENTIAL: FACILITIES WHICH HAVE MET THE RULE 36 LICENSING REQUIREMENTS FOR OFFERING RESIDENTIAL CARE AND TREATMENT FOR FIVE OR MORE MENTALLY ILL PERSONS.

202. SHELTERED EMPLOYMENT: STRUCTURED EMPLOYMENT FOR HANDICAPPED PERSONS WHO ARE PARTIALLY SELF-SUPPORTING UNDER CONDITION WHICH ALLOW FOR LOW PRODUCTION RATE AND SPECIAL WORK SUPERVISION.

310. SOCIAL AND RECRETIONAL SERVICES: THOSE SERVICES WHICH ARE DESIGNED TO ARRANGE AND PROVIDE OPPORTUNITIES FOR PERSONAL GROWTH AND DEVELOPMENT AND WHICH ENABLE INDIVIDUALS TO PARTICIPATE IN ACTIVITIES THAT MAINTAIN PHYSICAL AND MENTAL VITALITY.

290. STATE HOSPITAL-BASED RESIDENTIAL: FULL RANGE OF SERVICES PROVIDED BY STATE HOSPITALS TO ALL CLIENT GROUPS.

320. TRANSPORTATION SERVICES: SERVICES WHICH ARE DESIGNED TO ARRANGE AND PROVIDE TRAVEL AND ESCORT TO AND FROM COMMUNITY RESOURCES AND FACILITIES.

201. WORK ACTIVITY: PREVOCATIONAL AND SOCIAL SKILLS TRAINING TO SEVERELY HANDICAPPED PERSON TO PREPARE THEM FOR MORE INDEPENDENT AND PRODUCTIVE EMPLOYMENT.

APPENDIX C

LISTED BELOW ARE THE DEFINITIONS OF THE SERVICES IDENTIFIED BY COUNTY RESPONDENTS AS ESSENTIAL AND SHOWN IN TABLE VIII.

PROTECTION - ADULTS: DETERMINE URGENT NEED FOR PROTECTIVE INTERVENTION AND HELP CORRECT HAZARDOUS LIVING CONDITIONS OR SITUATIONS OF VULNERABLE ADULTS WHO ARE UNABLE TO CARE FOR THEMSELVES; AND DETERMINE URGENT NEED FOR PROTECTIVE INTERVENTION AND SUBSTANTIATE THE EVIDENCE OF NEGLECT, ABUSE, OR EXPLOITATION.

PROTECTION - CHILD: HELP FAMILIES RECOGNIZE THE CAUSE THEREOF AND STRENGTHEN PARENTAL ABILITY TO PROVIDE ACCEPTABLE CARE.

EMERGENCY SERVICES: AN IMMEDIATE RESPONSE SERVICE FOR PERSONS HAVING A PSYCHIATRIC CRISIS, WITH SERVICE BEING AVAILABLE ON A 24-HOUR, 7 DAY PER WEEK BASIS.

ASSESSMENT: APPRAISAL OF AN INDIVIDUAL'S OR FAMILY'S CONDITION IN REGARD TO PERSONAL PROBLEMS, MENTAL OR NERVOUS DISORDERS, CHEMICAL USE, OR OTHER SOCIAL, HEALTH AND BEHAVIORAL PROBLEMS BY MEANS OF CLIENT INTERVIEWS, REVIEW OF RECORDS, AND ADMINISTERING TESTING INSTRUMENTS IN ORDER TO DETERMINE WHICH SERVICES ARE NEEDED.

DIAGNOSIS: THE ACT OF IDENTIFYING THE PRESENCE OF MENTAL ILLNESS, (SEE DEFINITION OF MENTALLY ILL PERSON ON PAGE 8), IN WHICH THE FOLLOWING DIMENSIONS SHOULD BE CONSIDERED: CLINICAL SYNDROMES (DSM-III, AXIS I), PERSONALITY DISORDERS (DSM-III, AXIS II), CONCURRENT PHYSICAL DISORDERS AND CONDITIONS (DSM-III, AXIS III), SEVERITY OF PSYCHOSOCIAL STRESSORS (DSM-III, AXIS IV), AND RECENT LEVEL OF ADAPTIVE FUNCTIONING (DSM-III, AXIS V).

PREPETITION SCREENING: AS REQUIRED BY THE MINNESOTA COMMITMENT ACT IN 253B.07, SUBDIVISION 1. THIS IS A PROCESS OF ASSESSMENT OF THE NEED FOR A COURT COMMITMENT, OF THE FEASIBILITY OF ALTERNATIVES AND A RECOMMENDATION TO THE COURT.

COMMUNITY RESIDENTIAL SERVICES: FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN, EXTENDED CARE, GROUP HOME, HALFWAY HOUSE, SEMI-INDEPENDENT LIVING, SUPPORTIVE LIVING, OTHER RESIDENTIAL FACILITIES, STATE HOSPITALS, OTHER HOSPITALS, NURSING HOME REHABILITATION.

INPATIENT HOSPITALIZATION: PLACEMENT OF A MENTALLY ILL PERSON IN A HOSPITAL SETTING IN ORDER TO PROVIDE INTENSIVE SERVICES OR TO STABILIZE THE INDIVIDUAL IN A MEDICALLY SUPERVISED SETTING.

OUTPATIENT SERVICES: PSYCHOTHERAPY, AFTERCARE, COMMUNITY SUPPORT SERVICES, COUNSELING, MEDICATION MANAGEMENT.

ASSISTANCE IN MEETING BASIC HUMAN NEEDS: PROCEDURES FOR ASSESSMENT OF NEEDS AND ELIGIBILITY FOR BENEFITS AND ENTITLEMENTS FOR INCOME MAINTENANCE, MEDICAL AND DENTAL CARE, HOUSING, TRANSPORTATION, ETC.; REFERRAL TO COMMUNITY RESOURCES; ASSISTANCE IN APPLYING FOR BENEFITS AND/OR SERVICES.

CASE MANAGEMENT: ARRANGEMENT AND COORDINATION OF SERVICES FOR A MENTALLY ILL PERSON, WITH THE INVOLVEMENT OF THAT PERSON, INCLUDING ASSESSMENT OF THE PERSON'S NEEDS AND DEVELOPMENT, IMPLEMENTATION, AND PERIODIC REVIEW OF AN INDIVIDUAL TREATMENT PLAN FOR THAT PERSON.

APPENDIXES D - G

Appendix D

PLANNED CSSA SERVICES FOR THE MENTALLY ILL IN 1985

ASSESSMENT AND DIAGNOSIS

	COUNTY	1982 CENSUS PROJECTION	ADULTS DUPLICATED ESTIMATE OF PERSONS*	ADULTS ESTIMATED SPENDING*	CHILDREN DUPLICATED ESTIMATE OF PERSONS*	CHILDREN ESTIMATED SPENDING*	TOTAL SPENDING PER 1,000 CTY CENSUS	# OF SERVICES INDICATED NEEDED**	% OF STATE REPORTING NEED
1	AITKIN	13,541	0	$0	0	$0	$0	0	.0%
2	ANOKA	204,324	220	$76,045	50	$36,440	$551	2	4.9%
3	BECKER	31,115	15	$10,987	25	$18,312	$942	2	.8%
4	BELTRAMI	33,119	40	$22,956	25	$6,734	$896	0	.0%
5	BENTON	26,124	15	$10,464	15	$10,464	$801	0	.0%
6	BIG STONE	7,809	9	$6	4	$3	$1	0	.0%
7	BLUE EARTH	52,780	100	$9,163	100	$9,163	$347	0	.0%
8	BROWN	28,556	50	$18,000	8	$4,000	$770	0	.0%
9	CARLTON	29,856	20	$21,348	0	$0	$732	0	.0%
10	CARVER	39,165	336	$19,164	111	$6,388	$652	0	.0%
11	CASS	21,161	49	$6,000	0	$0	$284	1	.5%
12	CHIPPEWA	14,859	20	$7,904	10	$3,951	$798	0	.0%
13	CHISAGO	26,870	0	$0	0	$0	$0	0	.0%
14	CLAY	49,012	43	$3,747	0	$0	$76	0	.0%
15	CLEARWATER	9,115	9	$2,766	2	$615	$371	0	.0%
16	COOK	4,206	14	$1,926	5	$545	$587	0	.0%
17	COTTONWOOD	14,287	20	$2,000	0	$0	$140	0	.0%
18	CROW WING	41,681	150	$35,513	15	$3,551	$937	0	.0%
19	DAKOTA	203,297	0	$0	0	$0	$0	1	4.9%
20	DODGE	15,094	5	$232	2	$93	$22	0	.0%
21	DOUGLAS	28,802	97	$755	15	$118	$30	0	.0%
22	FARIBAULT	19,443	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
23	FILLMORE	21,950	20	$4,500	5	$500	$228	0	0%
24	FREEBORN	35,425	80	$26,400	40	$0	$745	1	.9%
25	GOODHUE	39,364	87	$12,306	0	$0	$320	0	.0%
26	GRANT	7,295	0	$0	0	$0	$0	0	.0%
27	HENNEPIN	946,401	3,160	$1,392,674	352	$246,478	$1,732	0	.0%
28	HOUSTON	18,537	16	$5,146	0	$0	$278	0	.0%
29	HUBBARD	15,040	16	$2,400	8	$1,200	$239	0	.0%
30	ISANTI	25,122	20	$11,340	1	$567	$474	0	.0%
31	ITASCA	45,752	142	$38,760	100	$41,746	$1,760	0	.0%
32	JACKSON	13,619	0	$0	0	$0	$0	0	.0%
33	KANABEC	12,460	1	$1,696	0	$0	$136	0	.0%
34	KANDIYOHI	39,384	36	$990	20	$620	$41	0	.0%
35	KITTSON	6,698	10	$2,300	0	$0	$343	0	.0%
36	KOOCHICHING	17,643	73	$12,542	20	$10,929	$1,330	0	.0%
37	LAC QUI PARLE	10,452	43	$9,000	20	$3,000	$1,148	0	.0%
38	LAKE	13,172	2	$589	0	$0	$45	0	.0%
39	LAKE OF THE WOODS	3,874	0	$0	0	$0	$0	0	.0%
40	LESUEUR	23,448	30	$6,605	10	$2,065	$370	0	.0%
41	LINCOLN	8,130	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
42	LYON	25,273	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
43	MCLEOD	30,100	14	$15,638	6	$6,702	$742	0	.0%
44	MAHNOMEN	5,655	10	$1,000	2	$200	$212	0	.0%
45	MARSHALL	12,976	3	$2,767	1	$1,305	$306	1	.3%
46	MARTIN	24,664	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
47	MEEKER	21,153	255	$18,850	120	$8,400	$1,288	0	.0%
48	MILLE LACS	18,530	60	$8,460	25	$3,525	$647	2	.4%
49	MORRISON	29,419	0	$0	0	$0	$0	2	.7%

Appendix D (cont'd)
PLANNED CSSA SERVICES FOR THE MENTALLY ILL IN 1985
ASSESSMENT AND DIAGNOSIS

			ADULTS		CHILDREN		TOTAL		
	COUNTY	1982 CENSUS PROJECTION	DUPLICATED ESTIMATE OF PERSONS*	ESTIMATED SPENDING*	DUPLICATED ESTIMATE OF PERSONS*	ESTIMATED SPENDING*	SPENDING PER 1,000 CTY CENSUS	# OF SERVICES INDICATED NEEDED**	% OF STATE REPORTING NEED
50	MOWER	39,785	800	$145,726	200	$36,431	$4,579	0	.0%
51	MURRAY	11,497	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
52	NICOLLET	27,614	78	$17,707	2	$420	$656	0	.0%
53	NOBLES	21,982	10	$2,900	3	$870	$172	0	.0%
54	NORMAN	9,486	39	$3,900	35	$3,500	$780	0	.0%
55	OLMSTED	94,184	677	$114,260	318	$73,348	$1,992	1	2.3%
56	OTTER TAIL	54,515	50	$17,372	0	$0	$319	0	.0%
57	PENNINGTON	14,420	15	$7,500	5	$2,500	$693	0	.0%
58	PINE	20,039	60	$43,000	55	$5,500	$2,420	1	.5%
59	PIPESTONE	11,614	0	$0	0	$0	$0	0	.0%
60	POLK	34,666	60	$6,923	22	$2,539	$273	0	.0%
61	POPE	11,794	0	$0	0	$0	$0	0	.0%
62	RAMSEY	458,368	4,000	$212,500	0	$0	$464	1	11.1%
63	RED LAKE	5,459	10	$10,000	0	$0	$1,832	0	.0%
64	REDWOOD	19,097	7	$2,423	3	$1,000	$179	0	.0%
65	RENVILLE	19,929	60	$1,200	0	$0	$60	0	.0%
66	RICE	46,936	50	$20,000	30	$12,000	$682	0	.0%
67	ROCK	10,823	6	$976	0	$0	$90	0	.0%
68	ROSEAU	12,731	5	$1,000	2	$400	$110	0	.0%
69	ST. LOUIS	218,964	380	$377,000	120	$111,000	$2,229	0	.0%
70	SCOTT	47,069	250	$25,250	50	$5,050	$644	0	.0%
71	SHERBURNE	32,228	10	$1,167	0	$0	$36	0	.0%
72	SIBLEY	15,637	0	$0	0	$0	$0	0	.0%
73	STEARNS	112,449	200	$12,000	0	$0	$107	0	.0%
74	STEELE	30,841	0	$0	0	$0	$0	0	.0%
75	STEVENS	11,430	24	$2,400	8	$800	$280	0	.0%
76	SWIFT	12,812	120	$36,857	0	$0	$2,877	0	.0%
77	TODD	26,010	20	$4,000	10	$2,500	$250	0	.0%
78	TRAVERSE	5,453	10	$1,500	2	$500	$367	0	.0%
79	WABASHA	19,063	160	$23,062	30	$4,324	$1,437	0	.0%
80	WADENA	14,152	0	$0	0	$0	$0	1	.3%
81	WASECA	18,793	104	$30	55	$3,890	$209	0	.0%
82	WASHINGTON	117,206	0	$0	0	$0	$0	1	2.8%
83	WATONWAN	11,953	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
84	WILKIN	9,506	25	$10,000	5	$2,000	$1,411	0	.0%
85	WINONA	46,079	350	$8,109	15	$1,621	$211	0	.0%
86	WRIGHT	60,688	30	$12,000	20	$4,000	$264	1	1.5%
87	YELLOW MEDICINE	13,310	15	$6,000	1	$1,000	$526	0	.0%
	FARIBLT-MART-WATN	56,060	77	$34,267	20	$8,901	$770	0	.0%
	LINCOLN-LYON-MURR	44,900	0	$0	0	$0	$0	2	1.1%
	TOTAL	4,133,334	12,972	$2,984,968	2,128	$711,408	$894	17 COUNTIES	33.0%

NOTE: * THE NUMBER OF PERSONS AND COSTS ARE TAKEN FROM CSSA PLANS FOR 1985. THE FIGURES ARE FOR "ASSESSMENT" SERVICES FOR MENTALLY ILL ADULTS & EMOTIONALLY DISTURBED CHILDREN.
THE NUMBER OF PERSONS MAY COUNT SOMEONE MORE THAN ONCE IF THEY ARE RECEIVING MORE THAN ONE SERVICE.
** THE INDICATION OF NEED IS FROM A SURVEY OF COUNTIES BY THE PROGRAM EVALUATION RESOURCE CENTER. A COUNTY IS LISTED AS HAVING A NEED IF THEY INDICATED NEEDING NEW OR ADDITIONAL SERVICES FOR EITHER ASSESSMENT OR DIAGNOSIS SERVICES.

Appendix E

PLANNED CSSA SERVICES FOR THE MENTALLY ILL IN 1985

COMMUNITY RESIDENTIAL TREATMENT

(INCLUDES 5 RESIDENTIAL TREATMENT SERVICES)

	COUNTY	1982 CENSUS PROJECTION	ADULTS DUPLICATED ESTIMATE OF PERSONS*	ADULTS ESTIMATED SPENDING*	CHILDREN DUPLICATED ESTIMATE OF PERSONS*	CHILDREN ESTIMATED SPENDING*	TOTAL SPENDING PER 1,000 CTY CENSUS	# OF SERVICES INDICATED NEEDED**	% OF STATE REPORTING NEED
1	AITKIN	13,541	68	$38,433	4	$10,256	$3,596	0	.0%
2	ANOKA	204,324	85	$149,853	40	$582,194	$3,583	0	.0%
3	BECKER	31,115	0	$0	0	$0	$0	1	.8%
4	BELTRAMI	33,119	8	$4,591	5	$1,347	$179	0	.0%
5	BENTON	26,124	4	$2,797	2	$1,399	$161	4	.6%
6	BIG STONE	7,809	8	$18,808	3	$25,660	$5,694	0	.0%
7	BLUE EARTH	52,780	97	$12,794	9	$93,128	$2,007	0	.0%
8	BROWN	28,536	20	$21,000	4	$20,000	$1,436	1	.7%
9	CARLTON	29,856	65	$102,664	10	$152,478	$8,546	1	.7%
10	CARVER	39,165	22	$41,100	5	$6,500	$1,215	1	.9%
11	CASS	21,161	13	$71,000	0	$0	$3,355	0	.0%
12	CHIPPEWA	14,859	4	$18,736	3	$60,284	$5,321	0	.0%
13	CHISAGO	26,870	16	$37,262	8	$41,136	$2,918	2	.7%
14	CLAY	49,012	79	$11,773	5	$2,368	$289	3	1.2%
15	CLEARWATER	9,115	0	$0	6	$1,844	$202	0	.0%
16	COOK	4,206	3	$0	2	$0	$0	1	.1%
17	COTTONWOOD	14,287	9	$28,500	19	$157,500	$13,019	1	.3%
18	CROW WING	41,681	28	$6,629	5	$1,184	$187	1	1.0%
19	DAKOTA	203,297	64	$152,133	0	$0	$748	2	4.9%
20	DODGE	15,094	7	$5,548	2	$10,692	$1,076	0	.0%
21	DOUGLAS	28,802	52	$14,751	6	$56,500	$2,474	0	.0%
22	FARIBAULT	19,443	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
23	FILLMORE	21,950	10	$27,000	1	$20,000	$2,141	0	.0%
24	FREEBORN	35,425	32	$71,400	40	$182,000	$7,153	1	.9%
25	GOODHUE	39,364	15	$19,030	6	$54,441	$1,866	1	1.0%
26	GRANT	7,295	10	$4,000	1	$12,000	$2,193	0	.0%
27	HENNEPIN	946,401	1,132	$4,354,189	900	$9,909,711	$15,072	0	.0%
28	HOUSTON	18,537	30	$7,242	5	$517	$419	0	.0%
29	HUBBARD	15,040	1	$2,000	3	$12,000	$931	1	.4%
30	ISANTI	25,122	14	$32,185	12	$3,933	$1,438	0	.0%
31	ITASCA	45,752	61	$101,577	40	$217,400	$6,972	5	1.1%
32	JACKSON	13,619	7	$7,567	5	$5,405	$952	0	.0%
33	KANABEC	12,460	1	$1,696	1	$20,000	$1,741	3	.3%
34	KANDIYOHI	39,384	86	$171,770	22	$62,100	$5,938	2	1.0%
35	KITTSON	6,698	3	$11,000	2	$12,300	$3,553	0	.0%
36	KOOCHICHING	17,643	16	$17,845	12	$1,788	$1,113	1	.4%
37	LAC QUI PARLE	10,452	0	$0	0	$0	$0	2	.3%
38	LAKE	13,172	1	$1,766	4	$60,000	$4,689	0	.0%
39	LAKE OF THE WOODS	3,874	0	$0	3	$28,968	$7,478	0	.0%
40	LESUEUR	23,448	16	$25,500	7	$53,573	$3,372	0	.0%
41	LINCOLN	8,130	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
42	LYON	25,273	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
43	MCLEOD	30,100	12	$28,303	9	$43,676	$2,391	0	.0%
44	MAHNOMEN	5,655	0	$0	2	$25,000	$4,421	0	.0%
45	MARSHALL	12,976	3	$3,140	4	$5,440	$661	4	.3%
46	MARTIN	24,664	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
47	MEEKER	21,153	15	$13,704	9	$5,586	$912	1	.5%
48	MILLE LACS	18,530	14	$21,859	20	$77,115	$5,341	0	.0%
49	MORRISON	29,419	29	$5,402	0	$0	$184	3	.7%

Appendix E (cont'd)

PLANNED CSSA SERVICES FOR THE MENTALLY ILL IN 1985
COMMUNITY RESIDENTIAL TREATMENT

(INCLUDES 5 RESIDENTIAL TREATMENT SERVICES)

			ADULTS		CHILDREN		TOTAL		
	COUNTY	1982 CENSUS PROJECTION	DUPLICATED ESTIMATE OF PERSONS*	ESTIMATED SPENDING*	DUPLICATED ESTIMATE OF PERSONS*	ESTIMATED SPENDING*	SPENDING PER 1,000 CTY CENSUS	# OF SERVICES INDICATED NEEDED**	% OF STATE REPORTING NEED
50	MOWER	39,785	39	$30,286	37	$362,333	$9,869	2	1.0%
51	MURRAY	11,497	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
52	NICOLLET	27,614	57	$23,348	13	$101,791	$4,532	1	.7%
53	NOBLES	21,982	44	$38,690	10	$2,900	$1,892	5	.5%
54	NORMAN	9,486	0	$0	3	$40,000	$4,217	2	.2%
55	OLMSTED	94,184	65	$9,238	0	$0	$98	2	2.3%
56	OTTER TAIL	54,515	24	$8,338	0	$0	$153	4	1.3%
57	PENNINGTON	14,420	15	$20,000	10	$15,000	$2,427	5	.3%
58	PINE	20,039	20	$20,900	20	$73,400	$4,706	1	.5%
59	PIPESTONE	11,614	4	$300	0	$0	$26	2	.3%
60	POLK	34,666	20	$105,670	16	$216,810	$9,302	1	.8%
61	POPE	11,794	0	$0	0	$0	$0	1	.3%
62	RAMSEY	458,368	807	$2,015,145	0	$0	$4,396	2	11.1%
63	RED LAKE	5,459	0	$0	0	$0	$0	1	.1%
64	REDWOOD	19,097	10	$17,000	10	$100,000	$6,127	4	.5%
65	RENVILLE	19,929	6	$12,000	0	$0	$602	2	.5%
66	RICE	46,936	15	$32,500	10	$60,000	$1,971	3	1.1%
67	ROCK	10,823	2	$3,976	0	$0	$367	0	.0%
68	ROSEAU	12,731	3	$7,835	3	$12,960	$1,633	0	.0%
69	ST. LOUIS	218,964	70	$70,000	120	$525,000	$2,717	1	5.3%
70	SCOTT	47,069	0	$0	0	$0	$0	0	.0%
71	SHERBURNE	32,228	13	$9,206	4	$6,775	$496	1	.8%
72	SIBLEY	15,637	3	$11,800	1	$21,000	$2,098	0	.0%
73	STEARNS	112,449	12	$43,800	15	$226,800	$2,406	2	2.7%
74	STEELE	30,841	0	$0	0	$0	$0	0	.0%
75	STEVENS	11,430	0	$0	2	$48,000	$4,199	0	.0%
76	SWIFT	12,812	8	$18,574	2	$23,632	$3,294	3	.3%
77	TODD	26,010	6	$13,000	10	$50,000	$2,422	0	.0%
78	TRAVERSE	5,453	0	$0	2	$24,000	$4,401	0	.0%
79	WABASHA	19,063	8	$1,153	0	$0	$60	0	.0%
80	WADENA	14,152	26	$39,000	2	$3,000	$2,968	0	.0%
81	WASECA	18,793	5	$16,000	2	$10,117	$1,390	0	.0%
82	WASHINGTON	117,206	24	$120,000	30	$411,620	$4,536	0	.0%
83	WATONWAN	11,953	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
84	WILKIN	8,506	2	$3,000	2	$10,000	$1,528	2	.2%
85	WINONA	46,079	164	$411,344	11	$95,654	$11,003	1	1.1%
86	WRIGHT	60,688	12	$20,300	35	$238,300	$4,261	0	.0%
87	YELLOW MEDICINE	13,310	8	$20,500	6	$85,000	$7,926	1	.3%
	FARIBLT-MART-WATN	56,060	50	$32,541	6	$83,042	$2,062	1	1.4%
	LINCOLN-LYON-MURR	44,900	30	$48,000	20	$166,426	$4,776	6	1.1%
	TOTAL	4,133,334	3,735	$8,890,041	1,648	$15,051,483	$5,792	51 COUNTIES	53.4%

NOTE: * THE NUMBER OF PERSONS AND COSTS ARE TAKEN FROM CSSA PLANS FOR 1985. THE FIGURES ARE FOR 'BOARD & LODGING' 'HALFWAY HOUSE','MI INTENSIVE','EXTENDED CARE' & CHILDREN'S RESIDENTIAL FOR MENTALLY ILL ADULTS & EMOTIONALLY DISTURBED CHILDREN. THE NUMBER OF PERSONS MAY COUNT SOMEONE MORE THAN ONCE IF THEY ARE RECEIVING MORE THAN ONE SERVICE.

** THE INDICATION OF NEED IS FROM A SURVEY OF COUNTIES BY THE PROGRAM EVALUATION RESOURCE CENTER. A COUNTY IS LISTED AS HAVING A NEED IF THEY INDICATED NEEDING NEW OR ADDITIONAL SERVICES FOR ANY OF THESE SERVICES: BOARD & LODGING, HALFWAY HOUSE, MI INTENSIVE, EXTENDED CARE, RULE 36, OR CHILDREN'S RESIDENTIAL.

Appendix F

PLANNED CSSA SERVICES FOR THE MENTALLY ILL IN 1985
ALL OUTPATIENT TREATMENT

(INCLUDES 4 OUTPATIENT TREATMENT SERVICES)

	COUNTY	1982 CENSUS PROJECTION	ADULTS DUPLICATED ESTIMATE OF PERSONS*	ADULTS ESTIMATED SPENDING*	CHILDREN DUPLICATED ESTIMATE OF PERSONS*	CHILDREN ESTIMATED SPENDING*	TOTAL SPENDING PER 1,000 CTY CENSUS	# OF SERVICES INDICATED NEEDED**	% OF STATE REPORTING NEED
1	AITKIN	13,541	10	$875	0	$0	$65	0	.0%
2	ANOKA	204,324	188	$157,342	0	$0	$770	3	4.9%
3	BECKER	31,115	250	$183,122	100	$73,249	$8,239	4	.8%
4	BELTRAMI	33,119	417	$239,318	155	$41,750	$8,487	1	.8%
5	BENTON	26,124	58	$40,293	29	$20,097	$2,312	2	.6%
6	BIG STONE	7,309	169	$57,108	22	$7,459	$8,268	0	.0%
7	BLUE EARTH	52,780	530	$244,076	175	$53,980	$5,647	0	.0%
8	BROWN	28,556	314	$63,000	63	$11,000	$2,591	2	.7%
9	CARLTON	29,856	560	$186,161	0	$0	$6,235	0	.0%
10	CARVER	39,165	733	$158,406	221	$51,750	$5,366	1	.9%
11	CASS	21,161	118	$131,000	0	$0	$6,191	3	.5%
12	CHIPPEWA	14,859	60	$37,470	10	$6,809	$2,980	0	.0%
13	CHISAGO	26,870	13	$6,743	10	$4,710	$426	1	.7%
14	CLAY	49,012	187	$75,837	0	$0	$1,547	2	1.2%
15	CLEARWATER	9,115	40	$12,292	13	$3,995	$1,787	0	.0%
16	COOK	4,206	7	$2,464	4	$1,408	$921	2	.1%
17	COTTONWOOD	14,287	219	$74,721	40	$10,628	$5,974	0	.0%
18	CROW WING	41,681	235	$55,637	23	$5,445	$1,465	4	1.0%
19	DAKOTA	203,297	2,272	$1,122,069	0	$0	$5,519	1	4.9%
20	DODGE	15,094	22	$6,150	4	$1,488	$506	2	.4%
21	DOUGLAS	28,802	135	$20,555	45	$5,223	$895	1	.7%
22	FARIBAULT	19,443	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
23	FILLMORE	21,950	205	$54,630	0	$0	$2,489	0	
24	FREEBORN	35,425	420	$145,300	140	$48,400	$5,468	4	.7%
25	GOODHUE	39,364	505	$167,613	10	$79,730	$6,283	0	.0%
26	GRANT	7,295	140	$40,300	4	$5,000	$6,169	0	.0%
27	HENNEPIN	946,401	16,911	$3,948,460	4,555	$2,373,092	$6,680	0	.0%
28	HOUSTON	18,537	61	$10,149	0	$0	$547	0	.0%
29	HUBBARD	15,040	133	$47,000	28	$15,900	$4,182	2	.4%
30	ISANTI	25,122	40	$32,891	10	$5,940	$1,546	4	.6%
31	ITASCA	45,752	314	$265,770	130	$102,815	$8,056	1	1.1%
32	JACKSON	13,519	24	$25,944	13	$14,053	$2,937	0	.0%
33	KANABEC	12,460	12	$20,349	0	$0	$1,633	0	.0%
34	KANDIYOHI	39,384	682	$272,080	70	$5,580	$7,050	2	1.0%
35	KITTSON	5,698	25	$13,200	0	$0	$1,971	0	.0%
36	KOOCHICHING	17,643	103	$97,542	32	$33,042	$7,401	0	.0%
37	LAC QUI PARLE	10,452	52	$17,200	10	$1,900	$1,827	0	.0%
38	LAKE	13,172	143	$71,441	44	$10,000	$6,183	0	.0%
39	LAKE OF THE WOODS	3,874	1	$323	3	$1,268	$411	0	.0%
40	LESUEUR	23,448	62	$18,490	24	$6,827	$1,080	3	.6%
41	LINCOLN	8,130	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
42	LYON	25,273	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
43	MCLEOD	30,100	11	$9,925	4	$2,584	$416	0	.0%
44	MAHNOMEN	5,655	50	$33,000	10	$8,000	$7,250	0	.0%
45	MARSHALL	12,976	32	$14,372	9	$3,276	$1,360	3	.3%
46	MARTIN	24,664	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
47	MEEKER	21,153	1,224	$136,976	115	$32,267	$7,958	0	.0%
48	MILLE LACS	18,530	38	$5,258	16	$2,256	$411	3	.4%
49	MORRISON	29,419	275	$48,019	5	$788	$1,659	4	.7%

Appendix F (cont'd)

PLANNED CSSA SERVICES FOR THE MENTALLY ILL IN 1985

ALL OUTPATIENT TREATMENT

(INCLUDES 4 OUTPATIENT TREATMENT SERVICES)

			ADULTS		CHILDREN		TOTAL		
	COUNTY	1982 CENSUS PROJECTION	DUPLICATED ESTIMATE OF PERSONS*	ESTIMATED SPENDING*	DUPLICATED ESTIMATE OF PERSONS*	ESTIMATED SPENDING*	SPENDING PER 1,000 CTY CENSUS	# OF SERVICES INDICATED NEEDED**	% OF STATE REPORTING NEED
50	MOWER	39,785	515	$244,345	140	$56,100	$7,552	3	1.0%
51	MURRAY	11,497	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
52	NICOLLET	27,614	81	$94,678	5	$5,702	$3,635	1	.7%
53	NOBLES	21,982	409	$156,843	59	$22,542	$8,161	1	.5%
54	NORMAN	9,486	57	$18,500	35	$8,000	$2,794	1	.2%
55	OLMSTED	94,184	660	$215,692	636	$146,696	$3,848	4	2.3%
56	OTTER TAIL	54,515	170	$59,064	0	$0	$1,083	1	1.3%
57	PENNINGTON	14,420	20	$27,500	0	$0	$1,907	1	.3%
58	PINE	20,039	142	$28,720	102	$20,120	$2,437	5	.5%
59	PIPESTONE	11,614	206	$82,232	0	$0	$7,080	0	.0%
60	POLK	34,666	494	$156,311	22	$2,539	$4,582	3	.8%
61	POPE	11,794	0	$0	0	$0	$0	0	.0%
62	RAMSEY	458,368	3,560	$1,504,500	0	$0	$3,282	3	11.1%
63	RED LAKE	5,459	5	$5,000	0	$0	$916	0	.0%
64	REDWOOD	19,097	95	$30,391	10	$5,000	$1,853	1	.5%
65	RENVILLE	19,929	201	$195,000	0	$0	$9,785	0	.0%
66	RICE	46,936	50	$32,500	20	$13,000	$969	2	1.1%
67	ROCK	10,823	115	$68,477	30	$13,000	$7,528	0	.0%
68	ROSEAU	12,731	6	$3,000	2	$1,000	$314	1	.3%
69	ST. LOUIS	218,964	1,715	$1,702,000	120	$140,000	$8,412	0	.0%
70	SCOTT	47,069	715	$212,390	70	$20,520	$4,948	0	.0%
71	SHERBURNE	32,228	59	$75,340	0	$0	$2,338	0	.0%
72	SIBLEY	15,637	11	$10,000	1	$900	$697	0	.0%
73	STEARNS	112,449	311	$262,078	55	$109,000	$3,300	2	2.7%
74	STEELE	30,841	0	$0	0	$0	$0	2	.7%
75	STEVENS	11,430	100	$20,000	26	$36,000	$4,899	0	.0%
76	SWIFT	12,812	190	$77,435	3	$8,036	$6,671	0	.0%
77	TODD	26,010	58	$14,500	20	$4,000	$711	0	.0%
78	TRAVERSE	5,453	100	$24,000	50	$12,000	$6,602	0	.0%
79	WABASHA	19,063	303	$43,673	85	$12,252	$2,934	0	.0%
80	WADENA	14,152	25	$24,387	0	$0	$1,723	1	.3%
81	WASECA	18,793	135	$26,217	45	$8,608	$1,853	3	.5%
82	WASHINGTON	117,206	2,720	$632,319	1,400	$189,410	$7,011	1	2.8%
83	WATONWAN	11,953	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
84	WILKIN	8,506	51	$45,000	12	$8,000	$6,231	0	.0%
85	WINONA	46,079	780	$94,116	55	$12,103	$2,305	1	1.1%
86	WRIGHT	60,988	40	$64,735	10	$35,000	$1,643	4	1.5%
87	YELLOW MEDICINE	13,310	49	$20,500	5	$5,000	$1,916	1	.3%
	FARIBLT-MART-WATN	56,060	230	$74,583	63	$21,845	$1,720	1	1.4%
	LINCOLN-LYON-MURR	44,900	0	$0	0	$0	$0	5	1.1%
	TOTAL	4,133,334	42,378	$14,715,797	9,277	$3,968,082	$4,520	50 COUNTIES	57.2%

NOTE:* THE NUMBER OF PERSONS AND COSTS ARE TAKEN FROM CSSA PLANS FOR 1985. THE FIGURES ARE FOR 'AFTERCARE', 'CHEMOTHERAPY','THERAPY' & 'DAY TREAT.' SERVICES FOR MENTALLY ILL ADULTS AND EMOTIONALLY DISTURBED CHILDREN. THE NUMBER OF PERSONS MAY COUNT SOMEONE MORE THAN ONCE IF THEY ARE RECEIVING MORE THAN ONE SERVICE.

** THE INDICATION OF NEED IS FROM A SURVEY OF COUNTIES BY THE PROGRAM EVALUATION RESOURCE CENTER. A COUNTY IS LISTED AS HAVING A NEED IF THEY INDICATED NEEDING NEW OR ADDITIONAL SERVICES FOR ANY OF THESE SERVICES: AFTERCARE, INDIV. OR FAMILY COUNSELING, CHEMOTHERAPY, OR DAY TREATMENT.

Appendix G
PLANNED CSSA SERVICES FOR THE MENTALLY ILL IN 1985
CASE MANAGEMENT SERVICES

	COUNTY	1982 CENSUS PROJECTION	ADULTS DUPLICATED ESTIMATE OF PERSONS*	ADULTS ESTIMATED SPENDING*	CHILDREN DUPLICATED ESTIMATE OF PERSONS*	CHILDREN ESTIMATED SPENDING*	TOTAL SPENDING PER 1,000 CTY CENSUS	# OF SERVICES INDICATED NEEDED**	% OF STATE REPORTING NEED
1	AITKIN	13,541	0	$0	0	$0	$0	0	.0%
2	ANOKA	204,324	160	$106,359	0	$0	$521	1	4.9%
3	BECKER	31,115	0	$0	0	$0	$0	1	.8%
4	BELTRAMI	33,119	100	$57,391	25	$6,734	$1,936	0	.0%
5	BENTON	26,124	5	$3,479	5	$3,480	$266	0	.0%
6	BIG STONE	7,909	12	$3,707	0	$0	$475	0	.0%
7	BLUE EARTH	52,780	0	$0	0	$0	$0	0	.0%
8	BROWN	28,556	45	$15,000	15	$4,000	$665	0	.0%
9	CARLTON	29,856	0	$0	0	$0	$0	0	.0%
10	CARVER	39,165	70	$30,000	0	$0	$766	1	.9%
11	CASS	21,161	0	$0	0	$0	$0	0	.0%
12	CHIPPEWA	14,859	40	$6,057	10	$1,514	$510	0	.0%
13	CHISAGO	26,870	18	$8,478	0	$0	$316	0	.0%
14	CLAY	49,012	0	$0	0	$0	$0	0	.0%
15	CLEARWATER	7,115	4	$1,229	0	$0	$135	0	.0%
16	COOK	4,206	2	$124	2	$124	$59	0	.0%
17	COTTONWOOD	14,287	0	$0	0	$0	$0	0	.0%
18	CROW WING	41,681	0	$0	0	$0	$0	0	.0%
19	DAKOTA	203,297	220	$164,005	0	$0	$807	1	4.9%
20	DODGE	15,094	10	$232	2	$47	$18	0	.0%
21	DOUGLAS	28,802	0	$0	0	$0	$0	0	.0%
22	FARIBAULT	19,443	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
23	FILLMORE	21,950	0	$0	0	$0	$0	0	[illegible]
24	FREEBORN	35,425	0	$0	0	$0	$0	0	.0%
25	GOODHUE	39,364	140	$25,760	0	$0	$654	0	.0%
26	GRANT	7,295	10	$4,000	0	$0	$548	0	.0%
27	HENNEPIN	946,401	2,653	$1,592,651	0	$0	$1,683	0	.0%
28	HOUSTON	18,537	0	$0	0	$0	$0	0	.0%
29	HUBBARD	15,040	15	$3,000	3	$700	$246	0	.0%
30	ISANTI	25,122	0	$0	0	$0	$0	1	.6%
31	ITASCA	45,752	139	$16,587	100	$8,904	$557	0	.0%
32	JACKSON	13,619	3	$3,243	1	$1,081	$317	0	.0%
33	KANABEC	12,460	0	$0	0	$0	$0	0	.0%
34	KANDIYOHI	39,384	120	$15,530	50	$6,470	$559	1	1.0%
35	KITTSON	6,698	5	$2,000	0	$0	$299		.0%
36	KOOCHICHING	17,643	42	$10,629	32	$2,604	$750	0	.0%
37	LAC QUI PARLE	10,452	0	$0	0	$0	$0	0	.0%
38	LAKE	13,172	20	$20,000	2	$147	$1,530	0	.0%
39	LAKE OF THE WOODS	3,874	0	$0	0	$0	$0	0	.0%
40	LESUEUR	23,448	30	$6,545	10	$2,045	$366	1	.6%
41	LINCOLN	8,130	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
42	LYON	25,273	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
43	MCLEOD	30,100	10	$12,120	0	$0	$403	0	.0%
44	MAHNOMEN	5,655	0	$0	0	$0	$0	0	.0%
45	MARSHALL	12,976	43	$4,920	5	$450	$414	0	.0%
46	MARTIN	24,664	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
47	MEEKER	21,153	0	$0	0	$0	$0	0	.0%
48	MILLE LACS	18,530	30	$4,230	25	$3,525	$419	1	.4%
49	MORRISON	29,419	0	$0	0	$0	$0	1	.7%

Appendix G (cont'd)

PLANNED CSSA SERVICES FOR THE MENTALLY ILL IN 1985

CASE MANAGEMENT SERVICES

	COUNTY	1982 CENSUS PROJECTION	ADULTS DUPLICATED ESTIMATE OF PERSONS*	ADULTS ESTIMATED SPENDING*	CHILDREN DUPLICATED ESTIMATE OF PERSONS*	CHILDREN ESTIMATED SPENDING*	TOTAL SPENDING PER 1,000 CTY CENSUS	# OF SERVICES INDICATED NEEDED**	% OF STATE REPORTING NEED
50	MOWER	39,785	60	$21,600	20	$7,200	$724	1	1.0%
51	MURRAY	11,497	(SEE LINCOLN, LYON & MURRAY AT BOTTOM)						
52	NICOLLET	27,614	0	$0	0	$0	$0	0	.0%
53	NOBLES	21,982	0	$0	0	$0	$0	0	.0%
54	NORMAN	9,486	0	$0	0	$0	$0	0	.0%
55	OLMSTED	94,184	0	$0	0	$0	$0	1	2.3%
56	OTTER TAIL	54,515	110	$38,217	0	$0	$701	0	.0%
57	PENNINGTON	14,420	15	$15,000	5	$5,000	$1,387	1	.3%
58	PINE	20,039	0	$0	0	$0	$0	0	.0%
59	PIPESTONE	11,614	0	$0	0	$0	$0	0	.0%
60	POLK	34,666	60	$6,923	22	$2,539	$273	0	.0%
61	POPE	11,794	0	$0	0	$0	$0	0	.0%
62	RAMSEY	458,368	1,120	$361,500	0	$0	$789	1	11.1%
63	RED LAKE	5,459	5	$5,000	0	$0	$916	0	.0%
64	REDWOOD	19,097	20	$10,000	10	$5,000	$785	0	.0%
65	RENVILLE	19,929	50	$10,000	0	$0	$502	0	.0%
66	RICE	46,936	5	$2,500	5	$2,500	$107	1	1.1%
67	ROCK	10,823	0	$0	0	$0	$0	0	.0%
68	ROSEAU	12,731	0	$0	0	$0	$0	0	.0%
69	ST. LOUIS	218,964	600	$595,000	120	$12,000	$2,772	0	.0%
70	SCOTT	47,069	0	$0	0	$0	$0	0	.0%
71	SHERBURNE	32,228	0	$0	0	$0	$0	0	.0%
72	SIBLEY	15,637	10	$7,000	0	$0	$448	0	.0%
73	STEARNS	112,449	55	$39,600	0	$0	$352	1	2.7%
74	STEELE	30,841	0	$0	0	$0	$0	0	.0%
75	STEVENS	11,430	10	$1,000	2	$2,000	$262	0	.0%
76	SWIFT	12,812	38	$11,016	2	$580	$905	1	.3%
77	TODD	26,010	20	$8,000	10	$4,000	$461	0	.0%
78	TRAVERSE	5,453	10	$3,000	0	$0	$550	0	.0%
79	WABASHA	19,063	20	$2,882	0	$0	$151	0	.0%
80	WADENA	14,152	0	$0	0	$0	$0	0	.0%
81	WASECA	18,793	30	$7,320	7	$1,708	$480	1	.5%
82	WASHINGTON	117,206	0	$0	0	$0	$0	1	2.8%
83	WATONWAN	11,953	(SEE FARIBAULT, MARTIN & WATONWAN AT BOTTOM)						
84	WILKIN	8,506	15	$10,000	5	$3,000	$1,528	0	.0%
85	WINONA	46,079	50	$86,705	30	$20,736	$2,332	1	1.1%
86	WRIGHT	60,688	10	$5,000	5	$5,000	$165	0	.0%
87	YELLOW MEDICINE	13,310	0	$0	0	$0	$0	0	.0%
	FARIBLT-MART-WATN	56,060	0	$0	0	$0	$0	0	.0%
	LINCOLN-LYON-MURR	44,900	0	$0	0	$0	$0	0	.0%
	TOTAL	4,133,334	6,259	$3,364,539	580	$113,088	$841	19 COUNTIES	38.1%

NOTE:* THE NUMBER OF PERSONS AND COSTS ARE TAKEN FROM CSSA PLANS FOR 1985. THE FIGURES ARE FOR 'CASE MANAGEMENT' SERVICES FOR MENTALLY ILL ADULTS & EMOTIONALLY DISTURBED CHILDREN. THE NUMBER OF PERSONS MAY COUNT SOMEONE MORE THAN ONCE IF THEY ARE RECEIVING MORE THAN ONE SERVICE.

** THE INDICATION OF NEED IS FROM A SURVEY OF COUNTIES BY THE PROGRAM EVALUATION RESOURCE CENTER. A COUNTY IS LISTED AS HAVING A NEED IF THEY INDICATED NEEDING NEW OR ADDITIONAL SERVICES FOR CASE MANAGEMENT SERVICES.