



Minnesota Adult Mental Health Task Force

Preliminary Report

to

Local Mental Health Advisory Councils and their Local Adult Mental Health Task Forces

— January, 1994 —

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1. Introduction

Minnesota's Comprehensive Adult Mental Health Act, passed in 1987, defines a "system" of services for adults with mental illness, which should be operating in every county. A new state law, passed in 1993, provides a special opportunity for local mental health advisory councils (LACs) to help the goals of the Mental Health Act become fully realized. This report contains information that is intended to help LACs take advantage of this opportunity.

(Appendix A contains a copy of the new law. This report attempts to explain the meaning of the law in more common language, and to provide more guidance to LACs where the law may be too general.)

The new law requires that an adult mental health task force be formed at the state level to explore possible changes in the adult mental health system. This statewide task force will make recommendations to the legislature in January, 1995. These recommendations will be aimed at improving the coordination and funding of services to adults.

The new law also encourages, but does not require, LACs to form task forces. These *local* task forces would also develop recommendations, and would send these recommendations to the statewide task force by June, 1994. The local task forces would aim at identifying ways in which the coordination and funding of services could be improved in the local mental health system; in other words, they would identify practical solutions to local problems, such as access to services, barriers to funding, etc. The statewide task force would then incorporate these local recommendations into its own set of recommendations.

The recommendations that emerge from this combination of local and state efforts will represent a rare, if not unprecedented, merging of views among a wide variety of "stakeholders" in the adult mental health system. These stakeholders have often expressed opposing views in the past, but are now being asked to find their common ground, with the best interests of the client as the most important consideration in their efforts. It is the LACs and their local task forces that have the critical role of ensuring that the client focus is not lost, and that recommendations for change are grounded in the "real world" of everyday struggles to meet the needs of people with mental illness.

Finally, it is important to clearly state at the beginning of this report that the recommendations of LACs and their task forces do not have to address all aspects of the services system. An LAC might want to focus on a particular problem with case management, or with funding services for some group of clients, etc. A review of the entire local services system is not practical;

however, when the statewide task force receives recommendations from around the state, it can expect that many viewpoints and problem areas will be addressed.

2. How the LAC Can Form A Local Task Force

In forming a local task force, the goal is to assemble as many diverse viewpoints as possible from among people who are affected by the mental health system. The statewide task force strongly recommends that persons with mental illness and their family members be well represented, and that LAC members and county commissioners be included wherever possible.

Wherever a task force is formed by an LAC, the new law specifies that it must have certain types of members. Each local task force must include representatives of county medical assistance and mental health staff, and representatives of state and county public employee bargaining units (that is, union members). Some counties might not have a public employee bargaining unit, in which case only a state bargaining unit representative would be appointed.

In addition to the required representatives, the LAC can appoint others to its local task force, such as LAC members, county commissioners, persons with mental illness and their family members, law enforcement personnel, clergy, health services personnel, persons from minority cultural groups, and others, including "interested citizens."

In counties where it may be hard to find members from a wide range of groups, the state task force suggests that the LACs not spend too much time concerning itself with this issue, but move ahead with its work as soon as possible. In some cases, the LAC itself might serve as the task force, with the addition of the required groups named above.

Some LACs have well established ways of going about the business of creating task forces, committees, etc; while others might not. Appendix B contains some step-by-step suggestions for organizing a task force.

EXAMPLE: Membership of Local Task Force

- ▶ Persons with mental illness
- ▶ Family members of persons with mental illness
- ▶ LAC members
- ▶ Persons from minority cultural groups
- ▶ Sheriff
- ▶ Service providers
- ▶ Public health nurse
- ▶ Minister
- ▶ State employee union representative (R)
- ▶ County employee union representative (R)
- ▶ County medical assistance staff (R)
- ▶ County mental health staff (R)
- ▶ Interested citizens

(R) = Required in law

Appendix C contains instructions for obtaining representatives from the bargaining units.

3. How Your Local Task Force Might Conduct Business

The law governing local adult mental health task forces does not specify how such a task force should carry out its work. With the goal being creation of a number of recommendations for changes to the mental health system, some sort of process for reaching agreement among diverse viewpoints is needed. Leadership, decisionmaking style, and work allocation are important considerations. For most task forces, the traditional "board" structure might work best, with decisions made by majority vote among board (task force) members. Decisions typically take the form of a "motion," and are preceded by an information gathering process and a discussion among board members.

(In cases where task forces are large, subcommittees can be formed to attend to the basic work of the task force, such as gathering information and putting together draft recommendations for approval by the full task force.)

Besides the expertise of the task force members themselves, there are many others in the community who are experienced with the mental health system. The Minnesota Department of Human Services, the State Mental Health Advisory Council, the statewide adult mental health task force, and associations of advocates and provider organizations also have individuals who are knowledgeable in this area. (See Appendix D for a list of names and addresses). Local task forces might want to call in outside experts from these other sources to present information on specific issues.

The task force might want to write out a "workplan," such as the one shown in the example on the next page. This can be helpful for maintaining focus and keeping on schedule.

4. What Kind of Results Are Expected

The law states that local task forces may make recommendations for changes in their adult mental health systems. According to the law, the recommended changes should:

- ensure that services to adults are *adequately funded* to meet client needs,
- ensure that *planning* for services, case management, service delivery, and payment for services involves *coordination* of all affected agencies, providers, and funding sources; and

- *maximize available funding* by making full use of all available sources, including medical assistance.

The italicized words are key to understanding the kinds of recommendations that the local task force might produce. *Funding* and *coordination of planning* activities are the areas specified in the law for local task force attention; however, this does not mean that the local task force cannot address other areas as well.

EXAMPLE: Local Task Force Workplan

Major Task	Subtask	Result	By (Date)	By Whom
1. Record and distribute minutes of meetings		Minutes	ongoing	Joe Smith
2. Identify problems in local services system, or opportunities for improvement	1. Identify people who can be interviewed	List of people to be interviewed	February	full task force
	2. Conduct interviews	List of problems and recommended solutions	March	full task force
	3. Discuss input from people interviewed	Additional problems and recommended solutions	April	full task force
	4. Conduct site visits to discuss problems with clients and staff	Additional problems and recommended solutions	April	Milly, Sam, Judy
	5. Discuss results of site visits	Additional problems and recommended solutions	May	full task force
3. Develop recommendations for the LAC	1. Review and discuss all identified problems and recommended solutions		May	full task force
	2. Select those recommendations to forward to the LAC	Report on selected recommendations	May	full task force
	3. Present report to the LAC	Copies of report	May	Judy, Jim

Local task forces should feel free to identify for the state task force any important problems they see with adult services. Although recommendations for how these problems might be solved are

also important, identifying the problems comes first, and if a task force and its LAC cannot recommend a solution, they should report the problem nevertheless. Local task forces may not wish to limit themselves to "problems," but also report any "opportunities" that they see for improving services.

In developing recommendations, local task forces might want to think in terms of such things as: a) barriers to accessing services, or to moving from one type of service to another; b) "holes" or "cracks" in the system that result in clients not getting what they need or falling out of the system; c) poor quality of service, resulting from inadequate funding or coordination among involved parties; etc. The personal experiences of persons with mental illness and family members, of planners and providers, can be a good source of this kind of information. Some of this information might be available in county mental health plans, which include a section on identified unmet needs.

The state task force is especially interested in problems and recommendations as viewed from the perspective of the individual client. What stands in the way of a client getting the services he or she needs? What factors might be discouraging some clients from continuing services? Local task forces might want to focus on particular client groups, such as persons from minority cultures or persons with the most severe or chronic forms of illness.

The next page shows some examples of recommendations that a local task force might produce. The format of the examples is not a required format. The LAC/local task force can format its report any way it chooses. Note that the examples focus on problems related to planning and funding, as mentioned in the law. Local task forces need not restrict themselves to these two areas, however.

The more specific the recommendations are, the more helpful they will be to the statewide task force. For instance, in the first example, the recommendation is not as specific as it is in the third example.

Finally, local task forces and LACs might identify problems that they wish to attempt to solve immediately, without waiting for changes to take place at the state level. It might be that a state-level solution is not practical or necessary. LACs are encouraged to pursue local solutions. Information related to these kinds of efforts could be included in the report to the statewide task force.

EXAMPLE:

Problem: When one of our clients is placed in a residential treatment facility, they must be sent out of county, since our county has no facility. When this happens, the client has to change his or her case manager, and this can create a lot of problems with the client's service plan, not to mention adding to the emotional stresses of the client.

Recommendation: Make it easier for clients to keep their original case manager.

EXAMPLE:

Problem: Some of our county's medical assistance (MA) clients, who are in need of our employability program for persons with serious and persistent mental illness, are not enrolled because they would then become ineligible for MA benefits. Other funding sources do not provide the range of medical and mental health benefits needed by most of the people in this group of clients.

Recommendation: Create a single source of payment for all mental health and health services to adults with SPML, with benefits at least equal to what MA now offers.

EXAMPLE:

Problem: Far too often, our adult clients are discharged from inpatient and residential treatment without a clear understanding of what their options are in terms of community services. It is apparent that staff in some treatment programs have not been kept up to date on developments in community support programs.

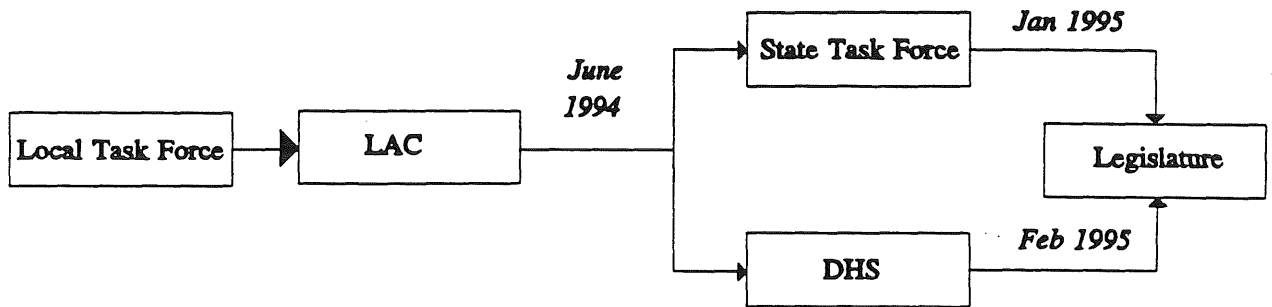
Recommendation: All providers that develop treatment plans for our clients should follow the same set of guidelines, requiring that the client's case manager, CSP worker, and family members be in contact with the client and the provider when the plan is put together. The case manager should have to sign the plan and should get a copy.

5. What Sources of Information and Assistance Are Available

Some sources of information and assistance for local task forces are listed in Appendix D of this report. Printed material, including Minnesota's Adult Comprehensive Mental Health Act, the Department of Human Services' *Annual Report to the Legislature* and Prevalence Estimation Tables, the State Mental Health Advisory Council's *1992 Report to the Governor and the Legislature*, and the League of Women Voters' *How Are We Serving Minnesota's Mentally Ill*, are available from the Minnesota Department of Human Services. A complete listing of this material is located in Appendix E, with a telephone number to call.

6. How You Should Report Your Recommendations

The diagram below shows how the task force's report of recommendations should be passed on to the LAC, and from there on to the statewide task force and to the Department of Human Services. Note the due dates in the diagram.



The LAC approves the report of the local task force and incorporates its recommendations into its own report, which it sends on to the statewide task force and to the Department of Human Services (DHS). The LAC may add ideas and recommendations of its own to those of the task force.

The statewide task force will incorporate the recommendations of the LACs into its own report to the legislature. DHS will make its own report to the legislature, which describes the recommendations of the LACs and the statewide task force, and the Department's own recommendations.

The reports of the statewide task force and the Department of Human Services will be sent to

each LAC as well as to the Legislature.

7. What Happens Then?

Although it is not yet clear exactly what form the state task force's recommendations will take, it is likely that some will be recommendations for changes in the Mental Health Act, or in other legislation affecting mental health services. Recommendations for changes in state rules affecting mental health services are also likely. Legislation and rules being developed as part of health care reform could be targeted.

It is usually not possible to predict what will happen in the legislature as a result of recommendations. Certainly, recommendations for changes in the mental health system that have been agreed to by a wide range of stakeholders will carry much more weight than recommendations from narrower viewpoints might carry, and when these recommendations are supported by knowledgeable people at the local level, chances of success can only be improved.

The state task force on adult mental health thanks all those dedicated people around the state who give unselfishly of their time and effort to improve services to those with mental illness.

Appendices

Appendix A

**Minnesota Statutes Establishing State and Local
Adult Mental Health Task Forces**

2 Sec. 48. [ADULT MENTAL HEALTH SERVICES AND FUNDING.]

3 Subdivision 1. [STATEWIDE TASK FORCE.] The commissioner of

4 human services shall convene a task force to study and make
5 recommendations concerning adult mental health services and
6 funding. The task force shall consist of the commissioners of
7 health, jobs and training, corrections, and commerce, the
8 director of the housing finance agency, two members of the house
9 of representatives, and two members of the senate. The task
10 force shall also include persons diagnosed with mental illness,
11 family members of persons diagnosed with mental illness, mental
12 health professionals, county social services personnel, public
13 and private service providers, advocates for persons with mental
14 illness, and representatives of the state advisory council
15 established under Minnesota Statutes, section 245.697, and of
16 the local advisory council established under Minnesota Statutes,
17 section 245.466, subdivision 5. The task force must also
18 include public employee representatives from each of the state
19 regional treatment centers that treat adults with mental
20 illness, the division of rehabilitative services, and county
21 public employee bargaining units whose members serve adults with
22 mental illness. Public employee representatives must be
23 selected by their exclusive representatives. The commissioner
24 of human services shall contract with a facilitator-mediator
25 chosen by agreement of the members of the task force. The task
26 force shall examine all possible county, state, and federal
27 sources of funds for adult mental health with a view to
28 improving methods of coordinating services and maximizing all
29 funding sources and community support services, and increasing
30 federal funding. Programs to be examined shall include, but not
31 be limited to, the following: medical assistance, title XX
32 social services programs, jobs and training programs,
33 corrections programs, and housing programs. The task force may
34 consult with experts in the field, as necessary. The task force
35 shall make a preliminary report and recommendations on
36 coordination of services and funding sources by January 1, 1994.

1 to facilitate the development of local protocols and procedures
2 under subdivision 2. The task force shall submit a final report
3 to the legislature by January 1, 1995, with its findings and
4 recommendations. Once this report has been submitted, the task
5 force will expire.

6 Subd. 2. DEVELOPMENT OF LOCAL PROTOCOLS AND
7 PROCEDURES.] (a) By January 1, 1994, each local adult mental
8 health advisory council established under Minnesota Statutes,
9 section 245.466, subdivision 5, may establish a task force to
10 develop recommended protocols and procedures that will ensure
11 that the planning, case management, and delivery of services for
12 adults with severe mental illness are coordinated and make the
13 most efficient and effective use of available funding. The task
14 force must include, at a minimum, representatives of county
15 medical assistance and mental health staff and representatives
16 of state and county public employee bargaining units. The
17 protocols and procedures must be designed to:

18 (1) ensure that services to adults are adequately funded to
19 meet the adult's needs;

20 (2) ensure that planning for services, case management,
21 service delivery, and payment for services involves coordination
22 of all affected agencies, providers, and funding sources; and

23 (3) maximize available funding by making full use of all
24 available funding, including medical assistance.

25 (b) By June 1, 1994, each council may make recommendations
26 to the statewide task force established under subdivision 1
27 regarding the feasibility and desirability of existing or
28 proposed methods of service delivery and funding sources to
29 ensure that services are tailored to the specific needs of each
30 adult and to allow where feasible greater flexibility in paying
31 for services.

32 (c) By June 1, 1994, each local advisory council may report
33 to the commissioner of human services the council's findings and
34 the recommended protocols and procedures. The council may also
35 recommend legislative changes or rule changes that will improve
36 local coordination and further maximize available funding.

1 Subd. 3. [FINAL REPORT.] By February 15, 1995, the
2 commissioner of human services shall provide a report to the
3 legislature that describes the reports and recommendations of
4 the statewide task force under subdivision 1 and of the local
5 advisory councils under subdivision 2, and provides the
6 commissioner's recommendations for legislation or other needed
7 changes.

Appendix B

Suggested Steps in Forming a Local Task Force

The following step-by-step process can be followed to establish a local task force.

- [1] The LAC calls or writes all "stakeholders" (agencies and individuals that can be affected by changes in the system of care), inviting them to recommend potential members. Appendix C contains instructions for obtaining representatives from the bargaining units (unions).
- [2] The LAC selects a "balance" of representation from among the stakeholder groups, ensuring that the required representation is included, and that persons with mental illness and family members are included in sufficient numbers.
- [3] The LAC approves the appointments to the task force; drafts a brief letter of appointment; and mails a letter to each appointed member, signed by the chairperson of the LAC. (The LAC might want to request use of the county's clerical support and letterhead to prepare and mail appointment letters.)
- [4] If an appointed representative declines membership, the LAC selects a substitute from the list of potential members and sends a letter of appointment.
- [5] The LAC organizes the first meeting of the task force, and creates an agenda for the meeting that includes items for electing leadership, reviewing membership, and developing a workplan.
- [6] If the task force feels that membership is not yet balanced, it requests that the LAC appoint more members from identified stakeholder categories.
- [7] The task force develops and approves a workplan (see example in text), perhaps with the help of some of the resources named in this report and its appendices.
- [8] The task force carries out the workplan.
- [9] The task force submits its recommendations to the LAC.
- [10] The LAC submits the recommendations to the statewide task force and to the Department of Human Services, by June 1, 1994. (Depending upon the way in which the LAC and the county board conduct business, recommendations may first have to be seen by the county board before being sent to the statewide task force, or the county board can simply be sent a copy of the recommendations.)

Section 6 in the text describes how local task force recommendations are passed on to LACs and to the statewide task force.

In counties where LACs are small, and task forces perhaps even smaller, the above steps can be kept simple. Where LACs are large and the service systems complex, the LACs and local task forces might create subcommittees to carry out these steps and to work on the various tasks of the workplan. The above steps are, of course, only suggestions; LACs and task forces might choose to follow some other approach.

Appendix C

Instructions for Obtaining Bargaining Unit (Union) Representatives

The following people can be contacted to help you identify task force representatives from county and state public employee (union) bargaining units.

County public employee (union) bargaining units

METRO AREA

**Tom Hennessey, Director
AFSCME Council #14
267 Lafayette Road
St. Paul, Minnesota 55107
(612) 291-0333**

GREATER MINNESOTA

**John Georgi, Director
AFSCME Council #65
118 Central Avenue
Nashwauk, Minnesota 55769
(218) 885-3242**

ST. LOUIS COUNTY and LAKE COUNTY

**Mary Thuer, Director
AFSCME Council #96
211 West 2nd
Duluth, Minnesota 55802
(218) 722-0577**

State public employee (union) bargaining units

METRO AREA (need contact only one)

**Tom Beer
AFSCME Council #6
265 Lafayette Road
St. Paul, Minnesota 55107
(612) 291-1020**

**Jane Settlemire
MAPE
411 Main
St. Paul, Minnesota 55102
(612) 227-6457**

**Sandi Blaeser
Middle Management Association
525 Park Street, Suite 333
St. Paul, Minnesota 55103
(612) 222-3811**

**Linda Lang
Minnesota Nurses Association
1295 Bandana Square, Suite 140
St. Paul, Minnesota 55108
(612) 646-4807**

GREATER MINNESOTA

Northern Minnesota

**Roger Dahlquist
AFSCME Local 1092
1025 Folz Boulevard
Moose Lake, Minnesota 55767
(218) 485-8153**

Central Minnesota

**Rolf Hage
AFSCME Local 701
P.O. Box 182
New London, Minnesota 56273
(612) 354-4502**

Southern Minnesota

**Dean Steiner
AFSCME Local 786
420 North Rice Street
Box 173
Kasota, Minnesota 56050
(507) 931-4604**

Appendix D

Some Contacts for Locating Additional Information

In addition to county social and human services agencies, and local providers of mental health services, the organizations and persons listed below are good places to start a search for needed information or expertise.

- ▶ State Mental Health Advisory Council
 - Bruce Weinstock (612) 297-4163

- ▶ Minnesota Statewide Consumer Network
 - Shirley Sopkiewicz (612) 776-3183
 - Jan Pettus

- ▶ Alliance for the Mentally Ill
970 Raymond Ave., #105
St. Paul, MN 55114-1146
 - John Whalen, Exec. Dir (612) 645-2948

- ▶ Minnesota Psychological Association
1740 Rice St., Suite 220
St. Paul, MN 55113
 - Rebecca Moeller, Exec. Dir. (612) 489-2964

- ▶ Minnesota Indian Mental Health Advisory Council
 - Norby Blake (612) 296-7558

- ▶ Minnesota Association of Community Mental Health Programs
1821 University Ave., W., Suite #375-South
St. Paul, MN 55104-2804

- Ron Brand, Exec. Dir. (612) 642-1903

- ▶ Ombudsman's Office for Mental Health

- Roberta Opheim (612) 296-0941

- ▶ Mental Health Association of Minnesota
2021 E. Hennepin Ave, #412
Minneapolis, MN 55413-2726

- Kathy Kelso, Exec. Dir. (612) 331-6840

- ▶ Minnesota Association of Mental Health Residential Facilities
Route 3, Box 400
Hinckley, MN 55037

- Peggy Vincent, Pres. (612) 384-7416

- ▶ Mental Health Law Project of Minnesota
Kickernick Building, Suite 300
430 1st Ave. N.
Minneapolis, MN 55401

- Patricia Siebert (612) 332-1441

- ▶ Adult Mental Health Task Force

Mental Health Topic Area	Name	Phone
Treatment alternatives	John Whalen	612-645-2948
Professional standards	John Whalen	612-645-2948
Community support programs	Jim Gruba	218-728-4491

Mental Health Topic Area	Name	Phone
Housing	Jim Gruba	218-728-4491
Consumer perspectives	Kris Flaten	612-649-0838
Consumer perspectives	Kevin Ferris	218-827-3296
Commitment process	Corky Borg	612-231-7812
Employment	Claire Courtney	612-296-0219

- Minnesota Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

Mental Health Topic Area	Name	Phone
Local Advisory Council Support	Michael Stetzler	(612) 282-5879
Consumer Issues	Michael Stetzler	(612) 282-5879
Funding	John Zakelj	(612) 296-4426
Planning	Jeff Tenney	(612) 297-4667
Community support programs	Richard Seurer	(612) 297-4568
Case management	Dan Myhre	(612) 296-8980
Housing services	David Schultz	(612) 296-9860
Integrated services	Lorraine Felland	(612) 296-2697
Moose Lake Transfer Project	Sharon Autio	(612) 297-3510
Anoka/Moose Lake Alternatives	Sandie Brown	(612) 297-4284
Employability	Virginia Selleck	(612) 296-7528
Research	Jerry Storck	(612) 296-1858
Data/Computer systems	Gary Mager	(612) 297-2096
State/local advisory councils	Bruce Weinstock	(612) 297-4163
Medical Assistance	Marcia Tippetery	(612) 296-7970

- ▶ County social services (human services) departments

- ▶ Regional offices of the Division of Rehabilitation Services, Department of Jobs and Training

Appendix E
Informational Documents

The following materials can be obtained from the Minnesota Department of Human Services. Call Patti Luther of the Mental Health Division at (612)-296-4497.

- ▶ *1994 Mental Health Report to the Legislature (after Feb. 15, 1994).*
- ▶ *1993 Mental Health Report to the Legislature.*
- ▶ *Estimates of the Prevalence of Mental Illness and Emotional Disturbance in Minnesota Counties.*
- ▶ *State Mental Health Advisory Council's 1992 Report to the Governor and the Legislature.*
- ▶ *League of Women Voters' How Are We Serving Minnesota's Mentally Ill.*
- ▶ *President Clinton's Health Security Act.*
- ▶ *County Mental Health Services Utilization Tables (Informational Bulletin #93-53C).*
- ▶ *RTC Factbook.*

Appendix F

State Mental Health Task Force Members

**ADULT MENTAL HEALTH TASK FORCE
MEMBERSHIP LIST**

Maria R. Gomez, Commissioner
Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155.....(612) 296-2710

The Honorable Don Samuelson, Chair
Senate Health Care and Family Services
Finance Division
1018 Portland Avenue
Brainerd, Minnesota 56401.....(612) 296-4875

The Honorable Sheila Kiscaden
Minnesota State Senate
724 11th Street Southwest
Rochester, Minnesota 55902.....(612) 296-4848

The Honorable Stephanie Klinzing
Minnesota House of Representatives
10511 209th Avenue Northwest
Elk River, Minnesota 55330.....(612) 296-5063

The Honorable Kay Brown
Minnesota House of Representatives
10714 Timberland Drive
Northfield, Minnesota 55057.....(612) 296-4229

Atashi Acharya
Maternal and Child Health Division
Department of Health
717 Delaware Street S.E.
Minneapolis, Minnesota 55440-9441.....(612) 623-5140

Norena Hale
Assistant Commissioner
Department of Jobs and Training
390 North Robert Street
St. Paul, Minnesota 55101.....(612) 296-1451

Claire Courtney
Department of Jobs and Training
390 North Robert Street
St. Paul, Minnesota 55101.....(612) 296-0219

Dana Baumgartner
Department of Corrections
300 Bigelow Building
450 N. Syndicate
St. Paul, Minnesota 55104.....(612) 642-0248

Thomas Hagen
Research Analyst
Department of Commerce
133 E. 7th Street
St. Paul, Minnesota 55101.....(612) 297-7058

Monte Aaker, Director
Research Division
Minnesota Housing Finance Agency
400 Sibley Street
Suite 300
St. Paul, Minnesota 55101.....(612) 296-9952

Roberta Opheim, Ombudsman
Office of the Ombudsman for Mental Health
and Mental Retardation
Suite 202, Metro Square Building
7th and Robert Streets
St. Paul, Minnesota 55101-2115.....(612) 296-0941

Shirley Sopkiewicz, Interim Chair
Minnesota State-Wide Consumer Network
508 Petit
St. Paul, Minnesota 55101.....(W).(612) 724-3661

Jan Pettus
2819 South 8th Street
Minneapolis, Minnesota 55454.....(612) 341-4557

Emma Westrom
Route 1, Box 72
Elbow Lake, Minnesota 56531.....(281) 685-4771

Dorothy Kettner
43 Lakeview Estates
Fergus Falls, Minnesota 56537.....(218) 739-2589

Paula Childers
Vail Place
1412 W. 36th Street
Minneapolis, Minnesota 55408.....(612) 823-4607

Ellis Dye
1305 Fairmont
St. Paul, Minnesota 55105.....(612) 696-6402

Debbie Schraw
531 North 22nd
Duluth, Minnesota 55806.....(218) 723-2310

Erica Buffington
3800 Huntington Avenue South
St. Louis Park, Minnesota 55416.....(612) 224-5445

John Whalen, Executive Director
Alliance for the Mentally Ill of Minnesota
970 Raymond Avenue, Suite #105
St. Paul, Minnesota 55114-1146.....(612) 645-2948

Bea Vennes
Alliance for the Mentally Ill of Minnesota
8221 Amsden Road
Bloomington, Minnesota 55438.....(612) 944-1519

Kathy Kelso, Executive Director
Mental Health Association of Minnesota
2021 E. Hennepin Avenue #412
Minneapolis, Minnesota 55413-2726.....(612) 331-6840

William Conley
114 Mackubin
St. Paul, Minnesota 55102.....(612) 228-9458

Cindy Hart
951 Homestead Lane
Chanhassen, Minnesota 55317.....(612) 496-3009

Tom Bounds
120 Lakeview Drive
Grand Rapids, Minnesota 55744.....(218) 326-4837

Gerry Schmidt
1623 Sherwood Court
North Mankato, Minnesota 56003.....(507) 389-8362

Kris Flaten
1043 Hague Avenue
St. Paul, Minnesota 55104.....(612) 649-0838
(612) 698-9443

Barbara Flanigan
League of Women Voters
550 Rice Street, Suite 201
St. Paul, Minnesota 55103.....(612) 374-2892

Pat Bugenstein
10757 Hopkins Circle
Bloomington, Minnesota 55420.....(612) 888-5309

Frank Schiefelbein
74208 - 360 Street
Kimbill, Minnesota 55353.....() N/A

Kevin Ferris
35 Garden Circle
Babbitt, Minnesota 55706-1225.....(218) 827-3296

Robert Butler, Chief Operating Officer
Human Services Incorporated in Washington County
7066 Stillwater Boulevard North
Oakdale, Minnesota 55128.....(612) 777-5222

Mary Pollard
3119 South Highway #101
Wayzata, Minnesota 55391.....(612) 449-0638

C. Nick Johnston, Jr., Ph.D.
Director
Central Minnesota Mental Health
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