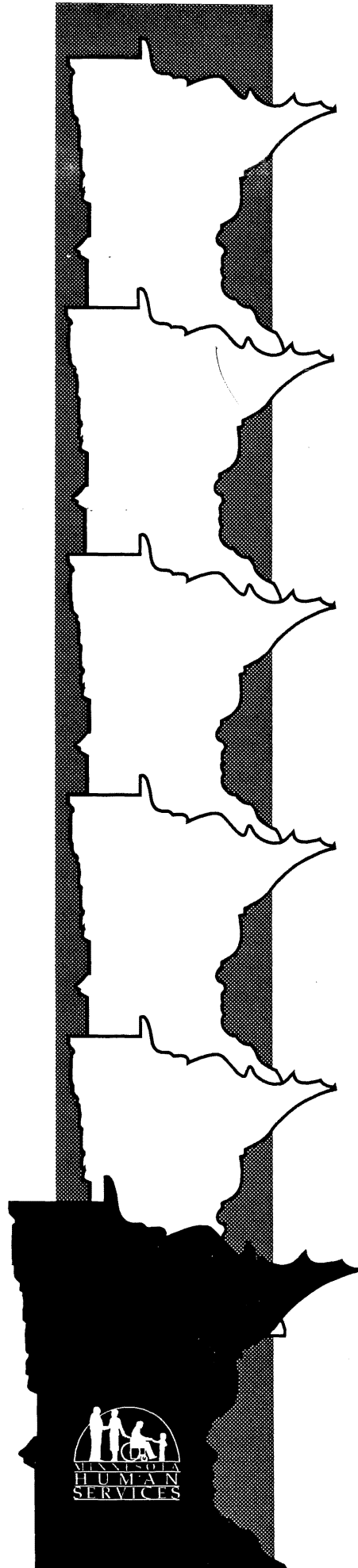


Fact Book: Minnesota State Operated Residential and Related Programs and Services

**Department of Human Services
State of Minnesota**

January 1995



Fact Book: Minnesota State Operated Residential and Related Programs and Services January 1995

*This report is issued in compliance with
Minnesota Statutes, section 246.06*



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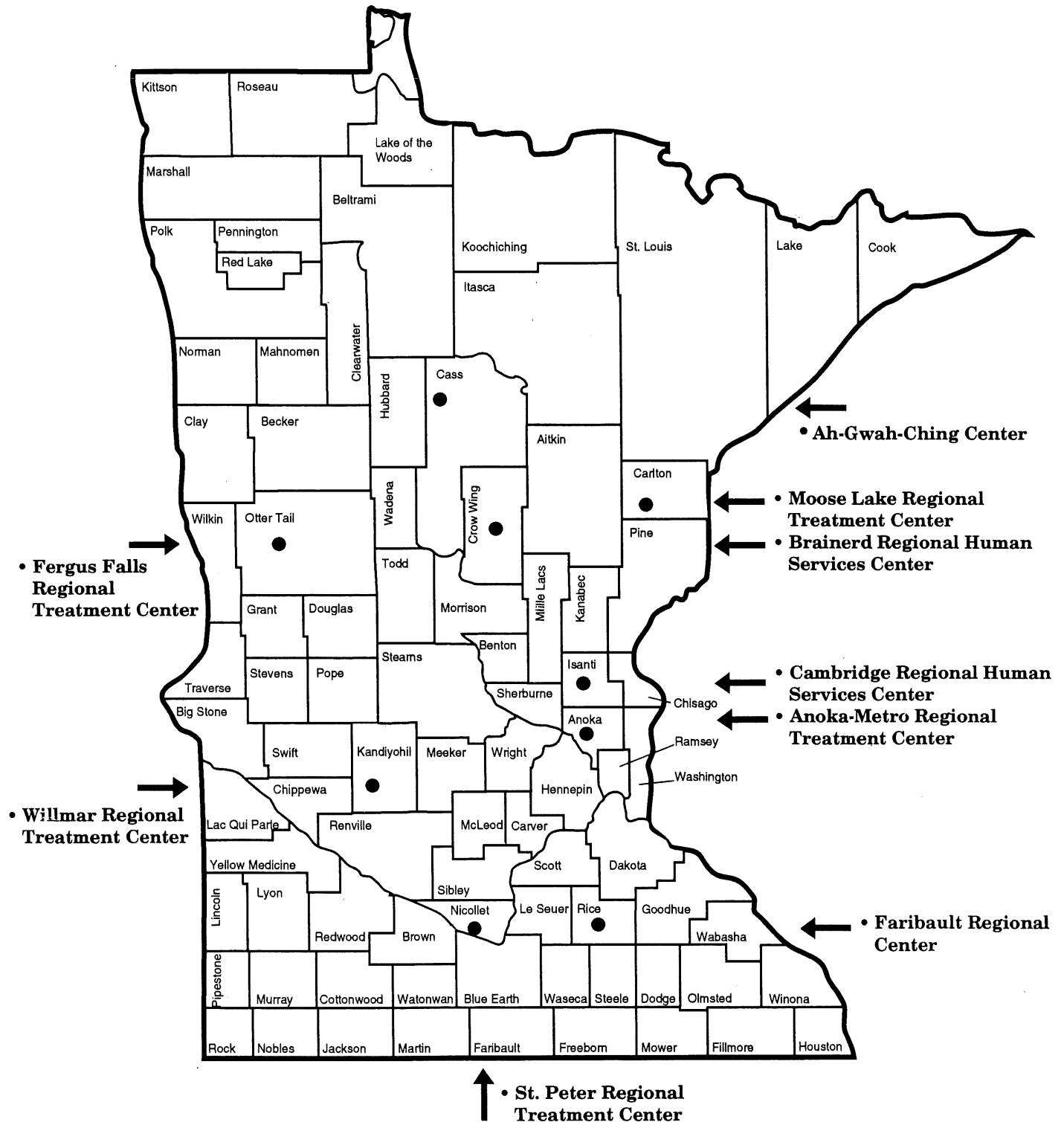
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State Operated Residential and Related Programs and Services Overview



OVERVIEW

The Department of Human Services (DHS) provides active treatment programs for persons with mental illness, developmental disabilities, chemical dependency and for elderly persons who have complex medical conditions and challenging behaviors which require a nursing home setting. The objective for all programs is to provide a foundation for successful reintegration into community life. Individuals receiving care are assisted, in the least restrictive setting for the shortest length of stay possible, to make documented progress toward personal habilitative or rehabilitative goals.

Mental health, developmental disabilities and chemical dependency programs are provided through regional treatment centers (RTC) in Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar. St. Peter also operates the Minnesota Security Hospital (MSH), a forensic psychiatric program. The Anoka-Metro Regional Treatment Center (AMRTC) provides mental health and chemical dependency programs. Regional centers in Cambridge and Faribault provide programs to serve persons with developmental disabilities. The Ah-Gwah-Ching Center (AGCC), near Walker, includes both a free standing nursing facility and the Lakeside Chemical Dependency Program. A second nursing facility, Woodhaven Senior Community (WSC), is operated on the Brainerd campus.

From the time the first state hospital opened at St. Peter with 50 mentally ill individuals in December 1867, until 1960 when the population in state hospitals peaked at 16,335, there was constant annual growth in the number of persons residing in state hospitals. With the advent of psychotropic medications and the establishment of community based alternatives, the population in the state-operated RTCs has been reduced to an average daily census of 2,517 in FY94.

The Department has worked to meet standards of care that are considered fundamental to operating an efficient, effective, and quality organization. The six multi-disciplinary RTCs that hold hospital licensure, have received full, three-year accreditation by the Joint Commission on Accreditation of Healthcare Organizations under hospital standards. All programs are certified by the U.S. Department of Health and Human Services, Health Care Financing Agency and meet requirements for state licensure by the Minnesota Departments of Health and Human Services.

Mental Health Programs

The Department operates six inpatient mental health programs which serve persons experiencing acute and chronic episodes of mental illness. Over 60 percent of individuals admitted are diagnosed as schizophrenic, and a number of them carry multiple diagnoses. In FY94 the average daily census for persons receiving mental

health services was 1,272. Programs generally operate near or at capacity, with waiting lists at some facilities.

Developmental Disabilities Programs

The Department provides an array of residential, training and habilitation, medical and other support services to assist individuals with developmental disabilities to function as independently as possible. Over the last three decades, the average daily census has steadily dropped to a level in FY94 of 773 individuals.

Beginning in 1986, with legislative authorization, the Department developed seven pilot State Operated Community Services (SOCS) offering residential services in seven homes with four persons in each home who moved out of the regional centers. Legislation enacted in 1989 and 1990 authorized the development of 15 SOCS homes throughout the state to provide housing for 90 individuals of the RTCs. Five SOCS day-training and habilitation programs were authorized to provide services to persons leaving the regional centers. In addition the Department, in conjunction with Cambridge Regional Human Services Center (CRHSC) and Faribault Regional Center (FRC), established two pilot community health clinic projects to provide training, technical assistance, and professional health services specializing in services to individuals with developmental disabilities. In 1993 the legislature authorized the development of additional SOCS in residential and day training and habilitation as well as the first community based crisis respite services. These services will serve approximately 160 persons in residential settings, 400 persons in day training and habilitation services and 200 individuals in crisis out reach and respite services.

Nursing Home Programs

The Department performs a limited role as a direct provider of nursing home care to elderly persons who are medically fragile or clinically challenging, exhibit severe or challenging behaviors, or require treatment for an underlying mental illness in addition to nursing care. In FY94 the average daily census of nursing home programs was 279.

Nursing care services are currently provided at Ah-Gwah-Ching Center in Walker and at the Woodhaven Senior Community, which is part of the Brainerd Regional Human Services Center (BRHSC).

Chemical Dependency Programs

The Department operates eight chemical dependency programs. The programs provide specialized services to meet the needs of a varied clientele. Individuals being served in DHS programs are more likely to have numerous prior treatment experiences and present serious mental health issues, are more likely to be unemployed, less

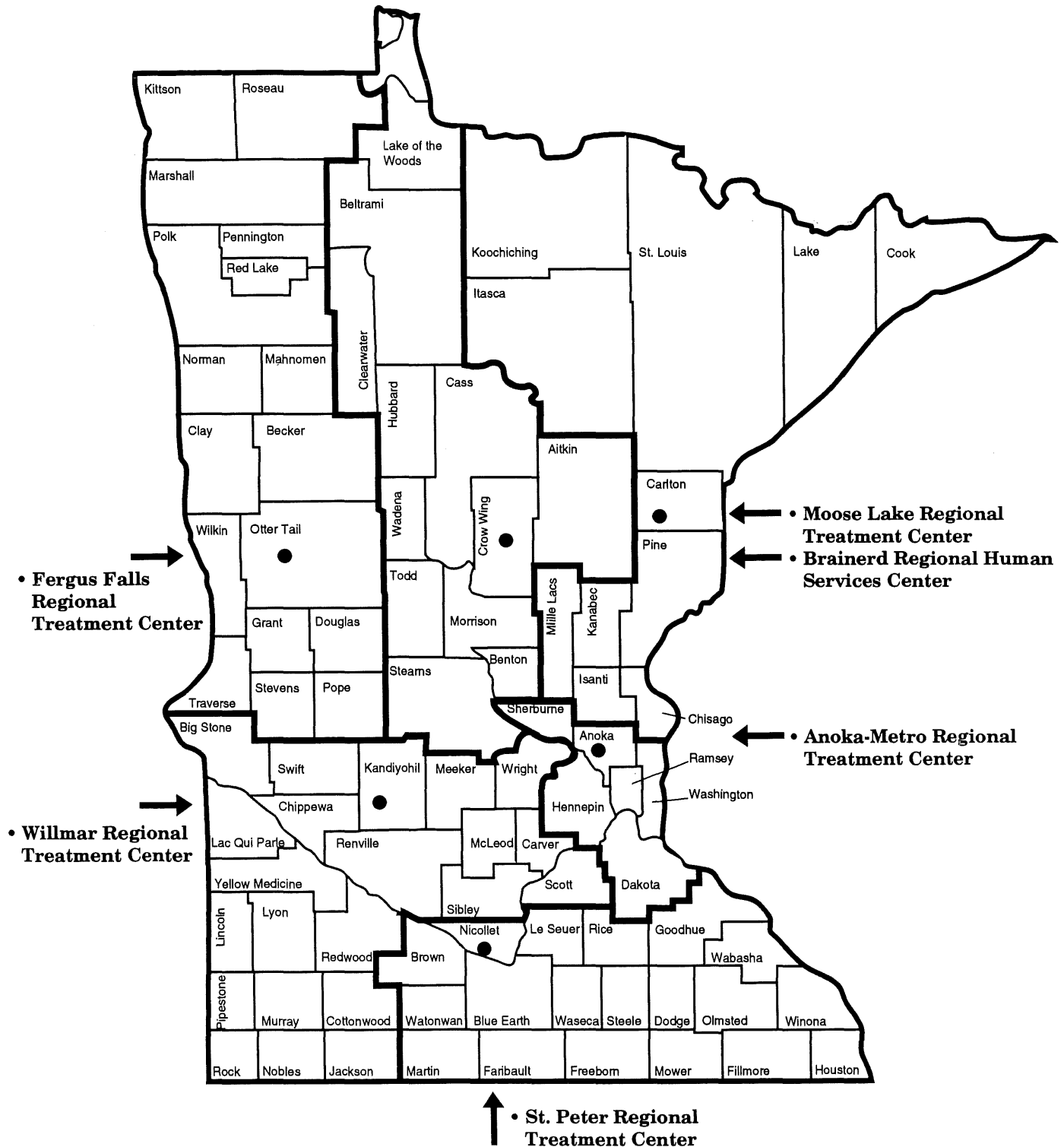
well-educated and more likely to be physically disabled than individuals of private sector programs.

On January 1, 1988, the Consolidated Chemical Dependency Treatment Fund (CCDTF) took effect, resulting in chemical dependency programs operated by the state being treated as enterprises in direct competition with private sector providers. The average daily census was maintained at 193 for FY94 but has reached 216 for the first quarter of FY95.

Financial Operations

Expenditures for all state-operated residential and related programs and services totaled \$233,373,463 for FY94. The Legislature appropriates funds to operate mental health, developmental disabilities (including state-operated community service programs - Intermediate Care Facilities for the Mentally Retarded, ICF/MR and Day Training and Habilitation programs, DT&H) and nursing home programs. Reimbursements from fees for these services are deposited into the State General Fund. Chemical Dependency and community waiver services programs are supported by revenues from collections.

Mental Health Receiving Areas



MENTAL HEALTH PROGRAMS

The State of Minnesota first began providing care for its citizens with mental illness in 1867 when it opened the Minnesota Hospital for the Insane at St. Peter. In the next fifty years, "hospitals for the insane" were opened at Rochester, Fergus Falls, Anoka and Hastings. In 1911 the Asylum for the Dangerously Insane opened on the St. Peter Hospital campus. This forensic program, known today as the Minnesota Security Hospital, was renamed through a contest involving the individuals living at the facility.

Modern inpatient psychiatric treatment bears little resemblance to the course of treatment in these early years. Many of the facilities were self-contained communities raising their own food on their vast acreage through labor provided by those living at the facilities. For some the protective environment, good nutrition and wholesome outdoor activities comprised a treatment regimen that brought relief from psychiatric symptoms. Others remained confined for long years with little or no hope of recovery.

The RTC mental health population dropped from 10,093 in 1960 to 1,268 in 1984. This decline is directly attributed to the development of new psychotropic drugs in the 1950's. Antidepressants, anti-anxiety drugs and major tranquilizers allowed a number of individuals to return to their home communities. Advances in chemical therapy continue to mark significant progress in treating severe mental illness. Most recently, clozapine has proved to have remarkable efficacy on many individuals with schizophrenia who had previously not responded to therapy. As the etiology of mental illness is further explored and antidotes to chemical imbalances discovered, the treatment of mental illness will continue to evolve.

Inpatient mental health services are currently provided to adults with mental illness through a network of RTCs located in Anoka, Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar. The RTCs at Brainerd and Willmar also provide special services to emotionally disturbed adolescents throughout the State. The Minnesota Security Hospital at St. Peter maintains a nationally recognized forensic psychiatric program. Brainerd will be opening the Minnesota Neurorehabilitation Hospital, a 12-bed unit providing treatment to individuals with traumatic brain injuries. The Minnesota Sexual Psychopathic Personality Treatment Center will open in Moose Lake in 1995.

All mental health programs in the RTCs are accredited by the Joint Commission on Accreditation of Healthcare Organizations. All programs are also certified by the Health Care Financing Administration as Medicare/Medicaid providers, and licensed by the Minnesota Departments of Health and Human Services.

The system will enter a new phase in 1995. Anoka Metro Regional Treatment Center will begin to move its transitional units into the community. Also, community based mental health service alternatives will be established, and operated under State

auspices, in northeastern Minnesota in conjunction with the closure of the Moose Lake Regional Treatment Center.

Adolescent Mental Health Services

The RTCs at Brainerd and Willmar admit adolescents, ages 12-17, with severe emotional disturbance. A secure program for boys is available at Willmar. Specialized adolescent treatment services in these statewide programs offer a comprehensive approach to the long-standing multiple problems facing adolescents who have exhausted community alternatives and cannot be treated in the community. The goal of the adolescent treatment programs is to prevent future out of home placements by equipping each adolescent with the skills to cope with debilitating problems in order to be a self-sufficient and productive individual in the community, with family, peers, and school or employment situations.

Forensic Services

The State currently operates a forensic program at the Minnesota Security Hospital in St. Peter. A new specialized forensic facility will open in Moose Lake in 1995 to treat sexual psychopaths. Individuals served in the forensic program are usually committed under one of two special categories: 1) Mentally Ill and Dangerous (MI&D), or 2) Psychopathic Personality (PP).

The Mentally Ill and Dangerous category is an indeterminate commitment, meaning the commitment is in effect indefinitely, without need for annual re-hearing until such time that the person is discharged from the commitment. Persons are committed MI&D as a result of being found mentally ill and exhibiting behavior which is a danger to the public. Currently, 54 percent of the MSH population (142 individuals) are committed as MI&D. The primary method of treatment for individuals committed as MI&D is the use of psychotropic medications to alleviate the mental illness. These individuals are required to receive approval from a Special Review Board and the Commissioner of the Department of Human Services for transfer or provisional discharge.

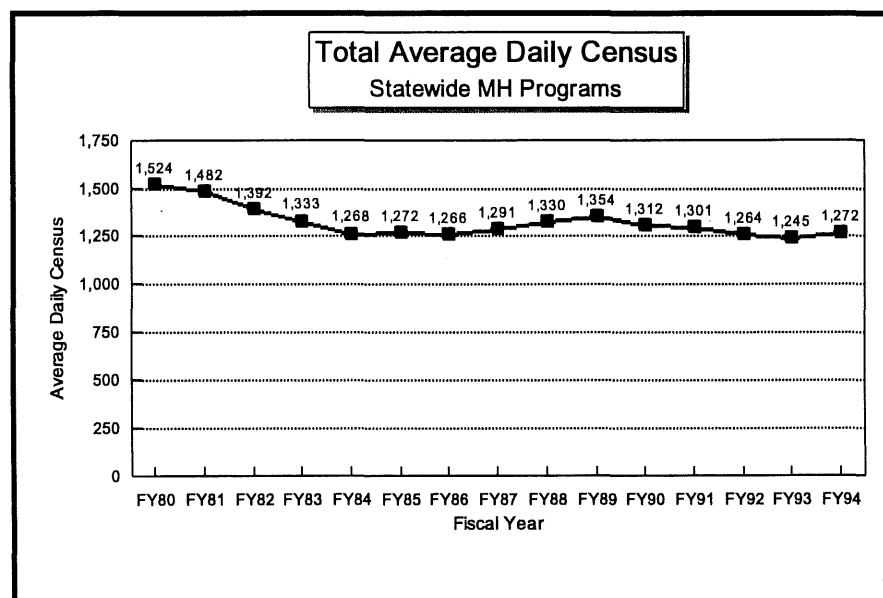
The Psychopathic Personality category is also for indeterminate commitment which mirrors the legal processes of the MI&D commitment. Currently 25 percent of the MSH population (67 individuals) are committed as PP. The primary method of treatment is group therapy and educational classes, focused mainly in the areas of relapse prevention, chemical dependency treatment and victim empathy. The PP commitment statutes have been under legal scrutiny during the past year, and the statute was amended by a special legislative session in 1994, to include language which broadens the scope of the statute.

Neurorehabilitation Services

With the closure of Moose Lake Regional Treatment Center by June 30, 1995, the Legislature provided for the relocation of services to persons with traumatic brain injuries to Brainerd. Brainerd Regional Human Services Center will open the 12-bed Minnesota Neurorehabilitation Hospital in January, 1995. Assessment and neurorehabilitation treatment will be provided to individuals with a history of brain injury and comorbid psychiatric or chemical dependency issues.

Census

The total average daily census for MH programs was 1,272 for FY94. This figure has been stable since 1984. Minnesota Security Hospital consistently has a waiting list of 10-15 persons. The Anoka-Metro Regional Treatment Center serves the metropolitan area which includes nearly half the population of the State. The number of committed individuals generally exceeds AMRTC's capacity necessitating the diversion of some individuals to other RTCs.



Statewide Coordination

The Residential Program Management Division (RPMD) provides policy coordination and program development assistance to the RTCs. In addition, staff of RPMD administer both the Interstate Compact on Mental Health, and the Special Review Board. The Special Review Board makes recommendations on the transfer or release of persons committed to the Commissioner as MI&D, PP, or as a sex offender. In FY93

RPMD conducted 92 hearings before the Special Review Board. In FY94, 100 hearings were held. All transfers of these individuals within the Department or interagency (Corrections, University Hospital or Veteran's Hospital) are monitored and approved by staff within the Division.

The RPMD also maintains a permanent Central Patient Registry, recording all individuals admitted to state-operated treatment facilities. The Division responds to a variety of requests for information, including requests from law enforcement officials doing a background checks. The 1994 Legislature also directed that when a court civilly commits an individual to a non-state operated program, the court shall report the commitment to the Commissioner of Human Services for purposes of providing this information for firearm background checks. In FY94 RPMD processed 15,940 requests for information on persons applying for a permit to purchase or carry a handgun.

Jarvis Hearings

In 1988 the Minnesota Supreme Court issued an opinion, in the case of Jarvis v. Levine, 418 N.W.2d 139 stating that a committed mentally ill person who is competent can refuse treatment with neuroleptic medication. The Court also stated that judicial approval is required prior to treating an individual who is determined to be incompetent, except in an emergency.

The Minnesota Commitment Act § 253B.03 was amended to incorporate the procedural requirements from Jarvis v. Levine. The amendment also allows for the consent of a guardian ad litem, rather than judicial review, for treatment with neuroleptic medication when the committed mentally ill individual is incompetent, but does not object or refuse treatment.

The requirements that arose out of the Jarvis v. Levine decision have changed the way care is provided to some committed individuals. Specifically, the added procedures have resulted in an increase in cost to the state and county.

In FY94 there were approximately 650 Jarvis hearings held for individuals committed to the RTCs. In all but a few isolated cases, the hearings resulted in a court order for treatment with neuroleptic medication. The cost to the State for these hearings is estimated at over \$450,000 for FY94. Counties experienced increased costs related to holding a second hearing on the Jarvis matter at a date after the commitment hearing.

Increasingly counties have been combining the Jarvis hearing with the initial commitment hearing. Combining the Jarvis hearing with the initial commitment hearing results in more efficient treatment of individuals, as well as significant cost savings to the State and county.

Characteristics of Individuals Served

Individuals treated in the State's network of inpatient mental health programs generally have a higher level of physical and psychiatric disability than those in community programs. These individuals tend to have fewer adaptive living skills, are more prone to violence and require more skilled nursing care than individuals being treated in community-based facilities. Most have had prior admissions to RTCs. Eighty-five percent of the RTC MH population are committed, most with a primary diagnosis of schizophrenia. Profiles of individuals receiving services in RTCs reflect their need for intensive psychiatric treatment in a highly structured environment.

Table 1 - Profile of Individuals in Minnesota RTCs Receiving MH Services

	Adult N=902	Geriatric N=161	Forensic N=181	System Average N=1,244
SEX				
Female	42.2%	52.2%	9.9%	38.8%
Male	57.8%	47.8%	90.1%	61.2%
AGE				
18 - 20 years	2.4%	0.0%	1.1%	1.9%
21 - 34 years	36.3%	0.0%	40.9%	32.2%
35 - 44 years	31.0%	0.0%	39.2%	28.2%
45 - 64 years	30.3%	0.0%	16.6%	24.4%
65 years or more	0.0%	100.0%	2.2%	13.3%
Mean Age	39.5	74.0	37.6	43.7
RACE				
White	89.5%	97.6%	81.6%	89.4%
Black	5.1%	1.2%	9.4%	5.2%
Hispanic	1.2%	0.0%	2.8%	1.4%
American Indian	3.0%	0.6%	3.9%	2.8%
Asian/Pacific Islander	0.6%	0.0%	0.6%	0.5%
Biracial	0.6%	0.6%	1.7%	0.7%
PRIMARY DIAGNOSIS				
Deferred	0.8%	1.2%	1.1%	0.9%
OBS-SUBS-Alcohol	0.5%	4.3%	0.0%	1.0%
OBS-SUBS-Drugs	0.0%	0.6%	2.8%	0.5%
OBS-Other	7.3%	41.6%	6.7%	11.7%
Schizophrenia	63.6%	51.5%	63.6%	62.1%
Affective Disorder	19.5%	18.0%	13.2%	18.4%
Other Psychosis	4.1%	3.1%	4.0%	3.9%
Alcohol Abuse	14.4%	6.2%	7.3%	12.3%
Drug Abuse	12.1%	0.0%	29.3%	13.1%
MR - DD	3.9%	1.2%	4.0%	3.5%
Personality Disorder	15.5%	3.1%	42.6%	17.8%
Impulse Condition Disorder	0.4%	0.0%	0.6%	0.4%
Anxiety/Hysteria/Phobia	1.0%	0.6%	0.6%	0.9%
Other Neuroses	2.6%	0.0%	4.0%	2.4%
Sexual Deviations/Disorder	0.3%	0.6%	8.9%	1.6%
Non-Psychotic Mental Disorder	7.7%	2.4%	6.7%	6.9%
Problem not due to Mental Disorder	3.2%	0.0%	3.4%	2.8%

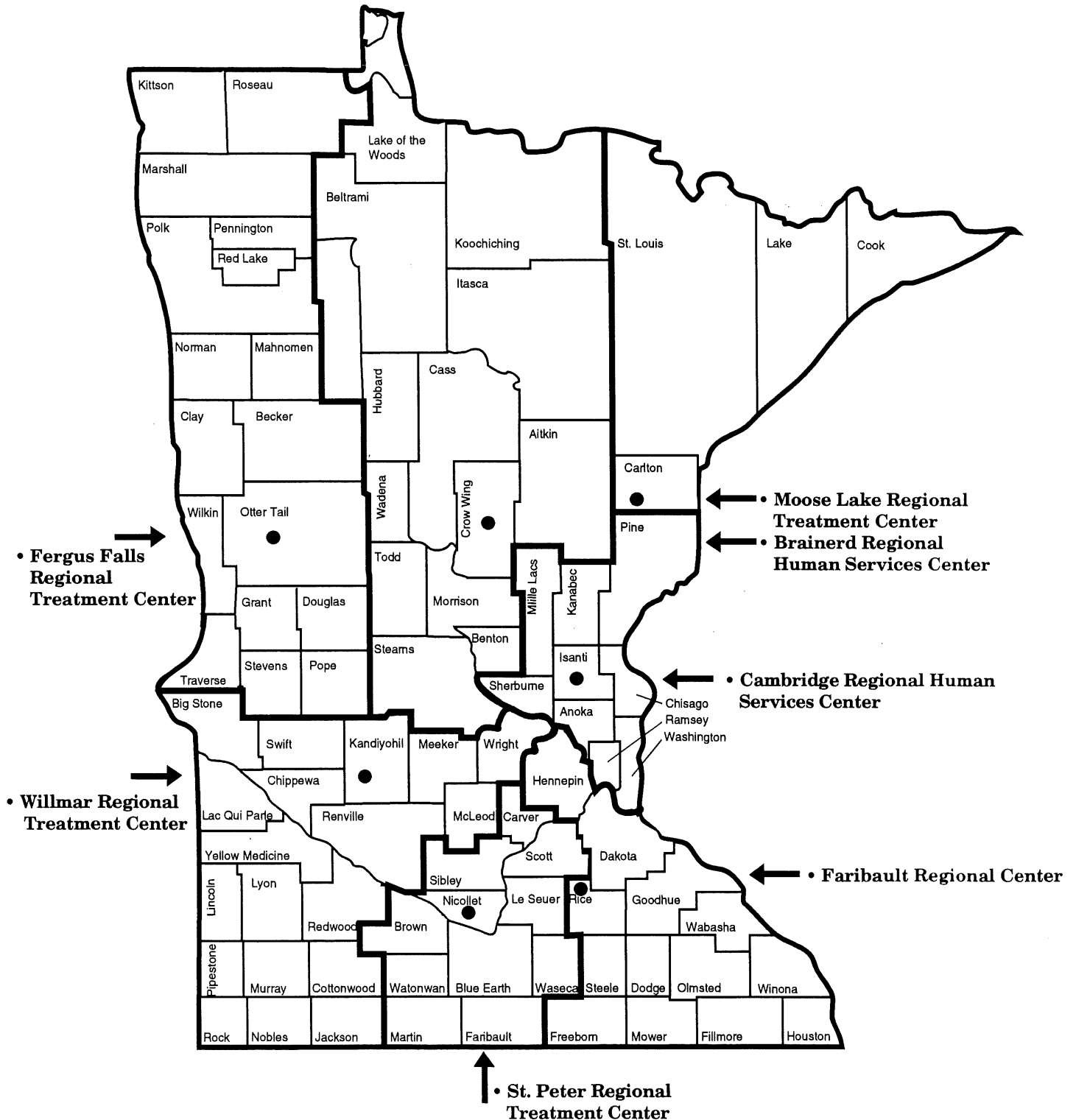
Source: DHS Survey of Adults with Mental Illness in Minnesota's Regional Treatment Centers, 1991. This survey is currently being updated. Results are scheduled to be published late FY95.

Summary

Mental health inpatient programs operated by the RTCs have had a relatively stable average daily population since 1984. The number of committed individuals referred for admissions has resulted in a waiting list in the Metro area. Funds appropriated by the Legislature to fund community based services for individuals with special requirements at AMRTC are helping to open needed beds for committed individuals. Most RTCs are experiencing an increased number of admissions; however, the average length of stay has decreased.

The RTCs play a unique role in the treatment of some persons with mental illness. For many the stabilization, intensive treatment, and preparation for community living is an essential step in their recovery.

Developmental Disabilities Receiving Areas



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DEVELOPMENTAL DISABILITIES PROGRAMS

The State of Minnesota established its first program to serve persons with mental retardation in 1881 following a two-year experimental program under the administration of the Minnesota Deaf School at Faribault. The Faribault program served the entire State until the mid-1950s, with a peak population of 3,355 in 1955. In 1925 the Cambridge School and Hospital for Mentally Deficient and Epileptics was opened. These two programs, housing large populations of persons with mental retardation, continued to be the only state-operated programs until the late 1950s. Lake Owasso Annex was established as a program for children in 1955 and later transferred to Ramsey County.

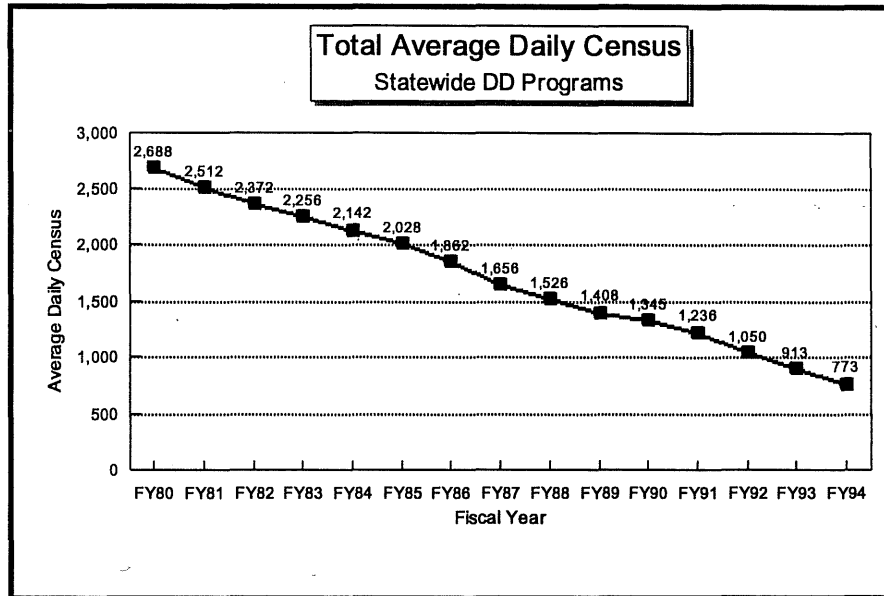
Over the next two decades, the State continued to regionalize its services to persons with mental retardation or developmental disabilities by establishing the Brainerd School and Hospital in 1958. Units were opened at the St. Peter Hospital in 1968 and at Fergus Falls, Moose Lake and Rochester in 1969. The last hospital-based unit to open was at Willmar in 1973.

In 1972, six mentally retarded residents in state-operated programs brought suit against the Department of Human Services because they were not receiving a minimal level of habilitation and because they were committed to state institutions rather than being served in the community. The Welsch case had a dramatic impact on services provided to persons with developmental disabilities, particularly those who lived in state facilities. The Department entered into a consent decree in 1980 that stipulated the reduction in the state hospital population from 2,650 to 1,850 by July 1, 1987. The decree set staffing ratios, established procedures for use of major tranquilizers and certain behavior management techniques, and set program standards in a number of areas. The Welsch case was ultimately settled in 1987. The transition into services that support individuals in community settings continued.

Census

Regional Treatment Center Programs for individuals with developmental disabilities (DD) continues to experience a planned reduction in census as community based services develop. The average daily census dropped from 1,050 in FY92 to 773 in FY94. This reduction included the closure of the DD program at the Moose Lake Regional Treatment Center. The June 30, 1995 RTC Developmental Disabilities Programs population is projected to be approximately 464. A plan for development of community based services, including state-operated community services (SOCS), in the Faribault Regional Center catchment area has resulted in the planned closure of that facility no sooner than June 30, 1998.

By the end of the 1994-1995 biennium the state-operated community services system will be operating services in residential settings for approximately 286 individuals; in day training and habilitation settings for approximately 270 individuals, and a crisis respite capacity of 16 beds.



Characteristics of Individuals Served

Persons with developmental disabilities, who receive services from the network of state developmental disabilities programs, frequently have multiple disabilities of varying severity. The Minnesota Department of Health, as a part of its annual quality assurance review, rates each individual on a number of traits. These ratings, last done in 1994, indicate evaluations of current skill levels, not potential levels. Comparative data from 1980 indicates that residents in state-operated programs require more intensive care than they have in the past, particularly in the areas of behavior management, mobility and self care. Specific treatment programs are designed to meet the needs of each individual.

Table 2 - Profile of Individuals in Minnesota RTCs Diagnosed with Mild, Moderate, Severe, Profound or Unspecified Mental Retardation. Numbers may include individuals in disability programs other than DD.

	BRHSC N=109	CRHSC N=156	FRC N=236	FFRTC N=98	MLRTC N=31	SPRTC N=59	WRTC N=60	Total N=749
SEX								
Female	45.0%	32.7%	34.3%	37.8%	48.4%	25.4%	36.7%	36.0%
Male	55.0%	67.3%	65.7%	62.2%	51.6%	74.6%	63.3%	64.0%
AGE								
Under 18	7.3%	2.6%	0.0%	0.0%	0.0%	1.7%	21.7%	3.5%
18 - 21	5.5%	5.8%	0.4%	2.0%	0.0%	8.5%	0.0%	3.1%
22 - 29	15.6%	16.4%	6.8%	10.2%	0.0%	10.2%	0.0%	10.0%
30 - 39	31.2%	35.9%	36.4%	25.5%	3.2%	30.5%	15.0%	30.6%
40 - 49	22.9%	26.3%	26.3%	30.6%	16.1%	15.3%	20.0%	24.6%
50 - 59	6.4%	9.6%	16.5%	14.3%	12.9%	0.0%	10.0%	11.3%
60 and Older	11.0%	3.2%	13.6%	17.3%	67.7%	33.9%	33.3%	17.0%
GUARDIAN								
Public	49.5%	57.1%	83.5%	51.0%	19.4%	35.6%	43.3%	59.1%
Private	39.4%	22.4%	14.4%	37.8%	19.4%	37.3%	36.7%	26.6%
Free Agent	5.5%	14.1%	1.3%	5.1%	16.1%	15.3%	8.3%	7.3%
Unknown	5.5%	6.4%	0.8%	6.1%	45.2%	11.9%	11.7%	6.9%
SELF PRESERVATION								
Independent	0.0%	4.5%	0.4%	1.0%	16.1%	20.3%	3.3%	3.7%
Intermittent Supervision/ Assistance	2.8%	21.2%	9.3%	13.3%	19.4%	30.5%	28.3%	15.0%
Constant Supervision/ Assistance	45.0%	24.4%	7.6%	32.7%	41.9%	15.3%	35.0%	24.0%
Physical Assistance	52.3%	50.0%	82.6%	53.1%	22.6%	33.9%	33.3%	57.3%

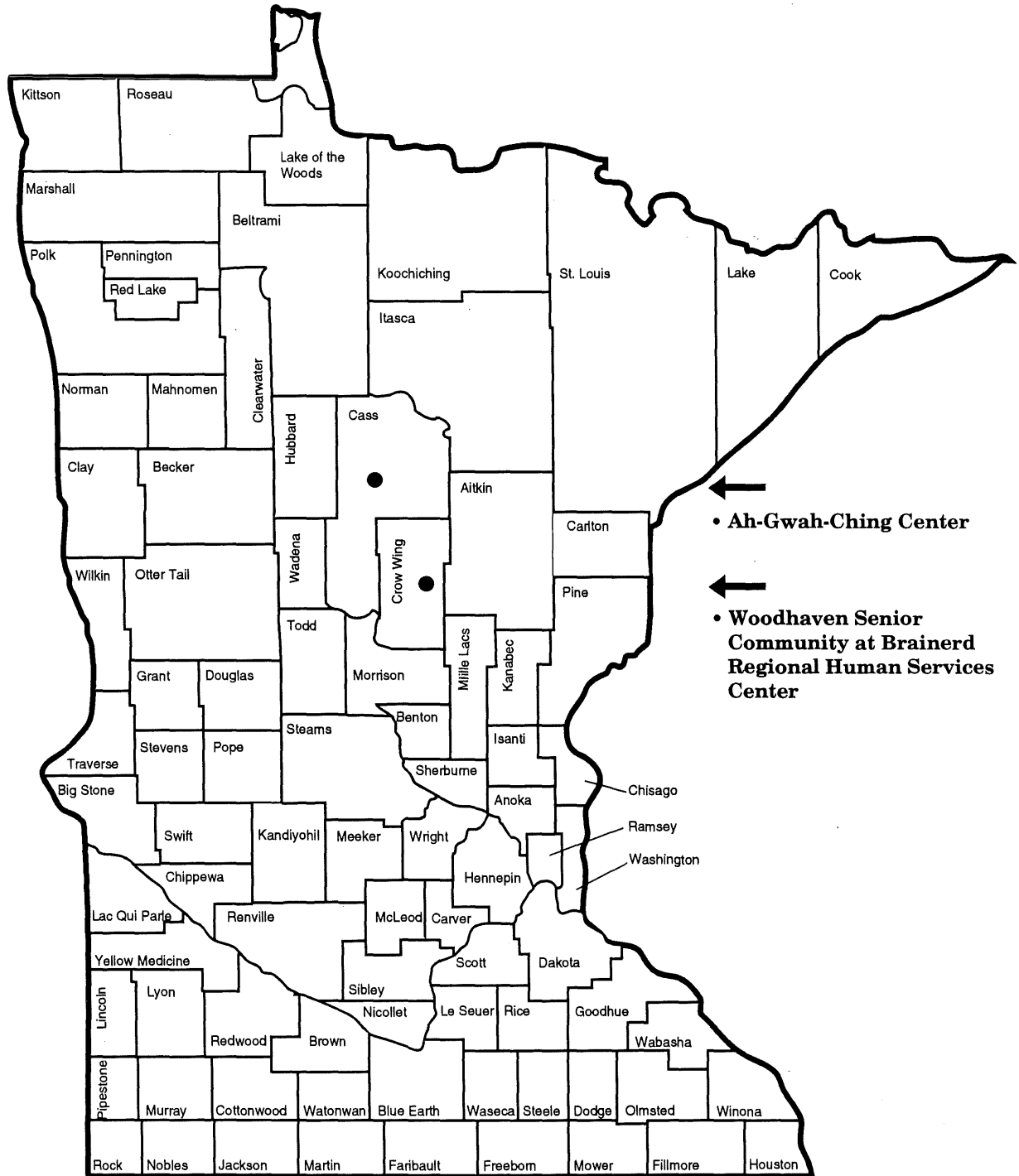
Source: Quality Assurance and Review, 1994

Summary

There has been a reversal in the last three decades of expanding institutional programs to serve persons with developmental disabilities to a major thrust toward community-based programming. The remaining population now residing in regional centers tends to have multiple disabilities, be less mobile than in the past, and present challenging behaviors that require intensive supervision and programming. The Department has reduced the RTC census by more than two thirds since 1980. Since enabling legislation in 1989, 1990, and 1993 efforts were launched to develop community-based group homes, day training and habilitation programs and two community health clinics to bring services to the community.

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Nursing Facilities Receiving Areas



**Nursing facilities receive admissions
from the entire state**

1. The first part of the document is a list of the names of the persons who have been appointed to the various positions of the Board of Directors of the Corporation.

NURSING HOME PROGRAMS

The State of Minnesota began providing nursing home care in the early 1960s through the conversion of two tuberculosis sanitariums (Ah-Gwah-Ching and Oak Terrace, formerly Glen Lake) built near the turn of the century. Elderly residents were admitted from state mental health programs when they could no longer benefit from active treatment and the nursing facilities began to receive referrals from other sources as their reputation for handling challenging problems grew.

Today Ah-Gwah-Ching Center is a 343-bed facility providing services to a geriatric population from the entire State who are clinically challenging, exhibit severe or challenging behaviors, or require treatment for an underlying mental illness in addition to nursing care. In August of 1989 the Brainerd Regional Human Services Center opened a 28-bed nursing facility called the Woodhaven Senior Community.

Per legislative directive, Oak Terrace Nursing Home closed operations June 30, 1991. The leased property has been transferred back to Hennepin County and subsequently demolished.

State nursing facilities exist to serve those persons who, in addition to needing nursing care, require special mental health services. Often individuals are admitted from community nursing homes because of challenging behaviors. Table 3, below, compares the case mix of individuals at Ah-Gwah-Ching Center with the statewide average case mix of individuals in community nursing homes. Approximately 88.5 percent of individuals at Ah-Gwah-Ching Center fall into case mix categories B, E, H, and J (which indicates a significant behavioral component to their health care needs) compared to 40.2 percent in community nursing homes.

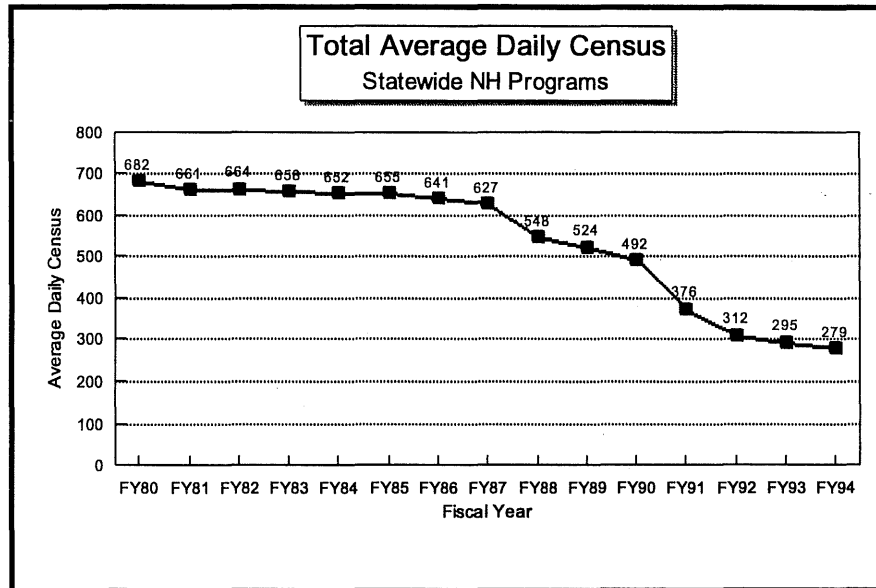
Table 3 - Case Mix Classification Comparison

Case Mix Classification	Ah-Gwah-Ching Center	Community Nursing Homes
A = Low ADL	4.1%	16.3%
B = Low ADL Behavior	25.1%	7.2%
C = Low ADL Special Nursing	0.0%	0.9%
D = Medium ADL	1.2%	10.3%
E = Medium ADL Behavior	35.4%	8.1%
F = Medium ADL Special Nursing	0.4%	1.4%
G = High ADL	0.4%	16.2%
H = High ADL Behavior	3.3%	8.7%
I = Very High ADL (Eating 3-4)	2.9%	5.1%
J = Very High ADL Severe Neurological Impairments/3+ Behavior	24.7%	16.3%
K = High ADL Special Nursing	2.5%	9.5%

Source: Ah-Gwah-Ching Center and the Minnesota Department of Health statistics.

Census

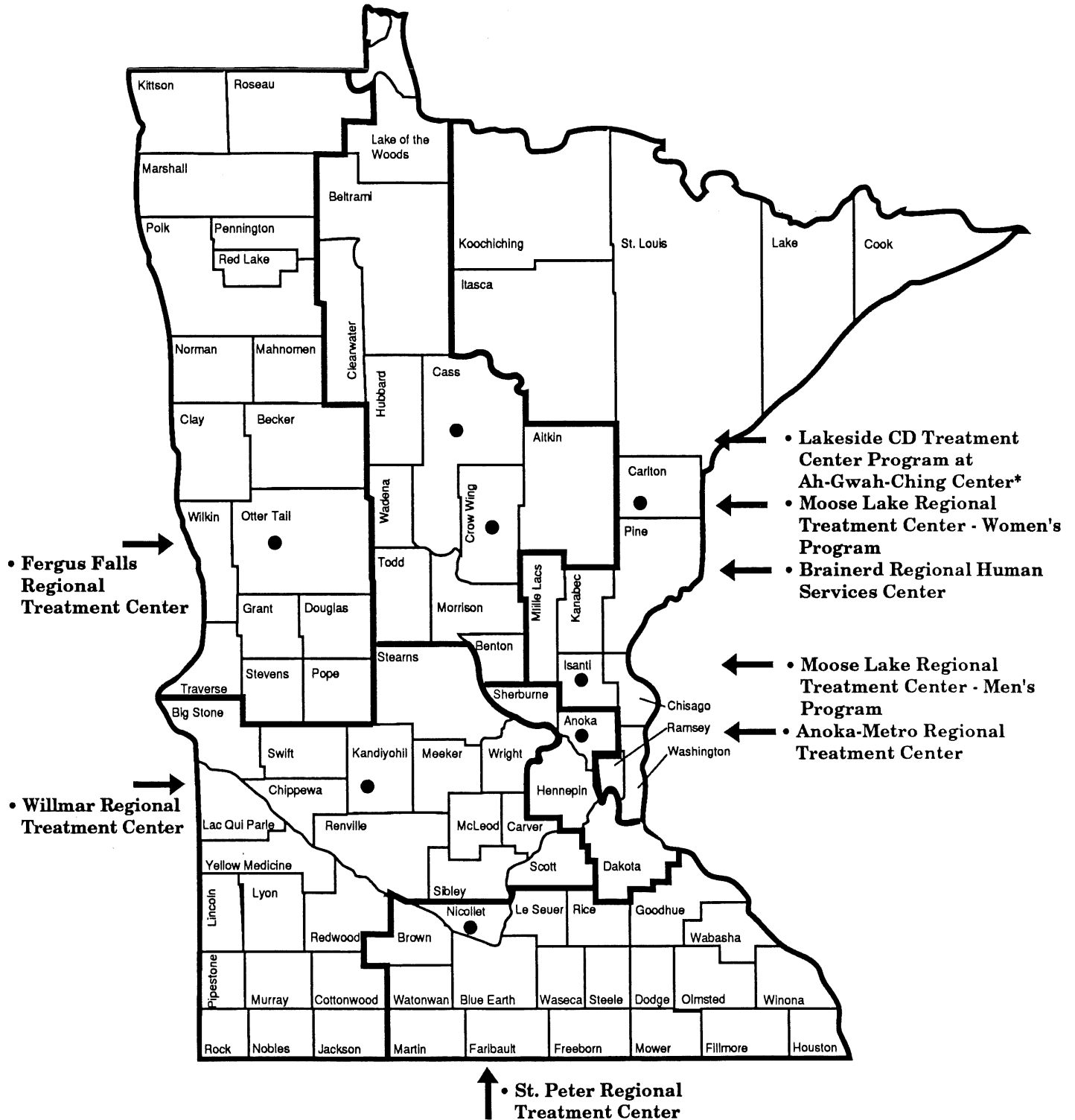
The population at Ah-Gwah-Ching Center during FY94 was relatively stable, with an average daily census of 251. The Woodhaven Senior Community at Brainerd with an average daily census of 28, and is operating at its maximum capacity.



Summary

It is the mission and purpose of the state-operated nursing facilities to provide services to geriatric individuals whose special needs are clinically and behaviorally challenging beyond the resources of the community facilities. Both the individuals and the services in the state nursing facilities are atypical in nature and scope compared to the usual nursing home population. In addition to inpatient treatment, state facilities have been important resources in providing teaching and consultation to community facilities in a variety of ways.

Chemical Dependency Receiving Areas



***Serves entire state**

1. The first part of the document is a list of the names of the persons who were present at the meeting.

CHEMICAL DEPENDENCY PROGRAMS

Chemical dependency (CD) services have been provided by the Minnesota Department of Human Services since 1912, when the only program which treated chemical dependency was the Willmar State Hospital. By the 1950s Willmar was internationally recognized for developing the "Minnesota Model" of primary treatment for persons suffering alcohol and drug addictions. This model continues to be the most prevalent therapeutic approach to treating chemical dependency today.

By the mid-1950s several other state-operated facilities were offering chemical dependency services; with more facilities providing services as they became multi-purpose centers in the early 1970s. Since then, a wide range of specialized and traditional primary and extended inpatient programs have been developed to treat all types of chemical dependencies. These programs are described in the specific facility sections of this report.

Regional programs are now located at Ah-Gwah-Ching, Anoka, Brainerd, Cambridge, Cloquet, Fergus Falls, St. Peter and Willmar. The programs located at Cambridge and Cloquet were formerly located at Moose Lake. Collectively these programs are known as the Minnesota Regional Treatment Network and serve the entire state. The regional centers provide an array of inpatient and outpatient services.

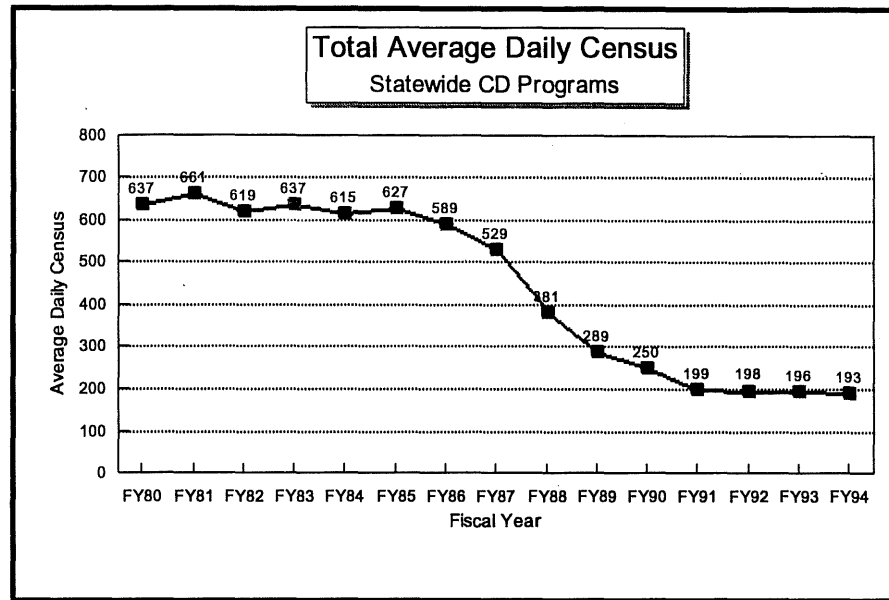
The Network has a statewide licensed bed capacity of 441. The staff complement as of July 1, 1994 was 173. The average daily census has gradually increased to 216 for the first quarter of FY95. The number of outpatient service hours provided has also increased from approximately 857 hours for the month of September, 1993 to 1,122 hours for the month of September, 1994.

Prior to January 1, 1988, the state-operated chemical dependency programs were funded by direct legislative appropriations as part of the departmental funding for the operation of the RTCs. When the Consolidated Chemical Dependency Treatment Fund (CCDTF) was implemented, funding for the Network programs was changed from appropriation-based to a fee-for-service, marketplace basis. The Network was designated an enterprise fund, putting it in direct competition with private sector programs, both free-standing and hospital-based.

Census

The Network is a substantial participant in the provision of services to the citizens of Minnesota. In FY94 it accounted for 758 of 5,497, or 13.7 percent of all CCDTF primary inpatient treatment placements in the State. During the same time period, 44.8 percent or 764 of 1,702 statewide extended care admissions were to Network programs.

For the Network, a decline in average daily census began in 1986, two years prior to implementation of the CCDTF. The reductions have occurred primarily in the white, male population, which has been disproportionately represented in addiction treatment programs. However, treatment rates have increased for other groups, such as women, certain minorities, and disabled persons.



Characteristics of Individuals Served

Data from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) for CY93 indicates that individuals receiving services from the Network differ from the private sector in significant ways. The Network admits and retains a higher proportion of chronic, behaviorally aggressive individuals who require labor intensive programming and thus are more difficult and expensive to treat. Individuals admitted to the Network are more likely to have repeated prior treatment episodes, are less well-educated, more likely to have been incarcerated, to be unmarried, to have few community or family support systems, and to be unemployed. The clustering of these attributes in a significant number of individuals presents a very treatment resistant clientele.

Table 4 - Profile of Individuals in Minnesota RTCs Receiving CD Inpatient and Residential Services during CY93.

	AGCC N=36	AMRTC N=180	BRHSC N=381	FFRTC N=242	MLRTC N=354	SPRTC N=261	WRTC N=178	Total N=1,632
SEX								
Female	19.4%	32.2%	28.9%	31.0%	65.5%	31.0%	23.6%	37.1%
Male	80.6%	67.8%	71.1%	69.0%	34.5%	69.0%	76.4%	62.9%

Table 4 - Continued

	AGCC N=36	AMRTC N=180	BRHSC N=381	FFRTC N=242	MLRTC N=354	SPRTC N=261	WRTC N=178	Total N=1,632
RACE								
White	61.1%	81.7%	44.1%	76.0%	74.6%	89.3%	81.5%	71.3%
Black	2.8%	11.1%	0.3%	1.2%	9.9%	4.2%	9.0%	5.3%
Native American	33.3%	3.9%	55.1%	16.9%	13.6%	0.8%	6.2%	20.3%
Hispanic	0.0%	2.2%	0.0%	5.4%	0.6%	3.8%	3.4%	2.1%
All Other	2.8%	1.1%	0.5%	0.4%	1.4%	1.9%	0.0%	1.0%
AGE								
Under 18	0.0%	0.0%	1.3%	2.1%	0.6%	0.0%	0.0%	0.7%
18 - 24	0.0%	3.9%	18.6%	16.9%	13.6%	23.0%	10.7%	15.1%
25 - 34	25.0%	29.4%	39.1%	29.3%	35.9%	38.7%	35.4%	35.1%
35 - 44	16.7%	41.1%	26.0%	31.4%	27.7%	26.4%	35.4%	29.7%
45 - 54	30.6%	15.6%	8.9%	12.8%	15.0%	8.0%	14.0%	12.4%
55+	27.8%	10.0%	6.0%	7.4%	7.3%	3.8%	4.5%	6.9%
PRIMARY SUBSTANCE PROBLEM								
Alcohol	97.2%	67.8%	78.5%	43.0%	73.4%	71.3%	55.1%	67.6%
Cocaine	2.8%	2.8%	0.8%	0.0%	0.8%	1.1%	2.2%	1.2%
Crack	0.0%	10.0%	1.6%	0.0%	10.7%	2.7%	2.2%	4.5%
Marijuana	0.0%	2.8%	11.3%	2.9%	6.5%	10.7%	2.2%	6.7%
Heroin	0.0%	2.8%	0.0%	0.0%	0.8%	0.8%	29.2%	3.8%
Methadone	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.6%	0.1%
Other Opiates	0.0%	1.7%	0.3%	0.0%	0.8%	1.5%	6.2%	1.3%
PCP	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hallucinogens	0.0%	0.0%	0.3%	0.8%	0.0%	0.8%	0.0%	0.3%
Methamphetamine	0.0%	1.1%	1.6%	0.0%	2.3%	0.4%	0.6%	1.1%
Other Amphetamine	0.0%	0.0%	0.0%	0.0%	0.6%	0.4%	0.0%	0.2%
Other Stimulants	0.0%	0.0%	0.3%	0.0%	0.3%	0.4%	0.0%	0.2%
Benzodiazepines	0.0%	2.2%	0.0%	0.0%	0.8%	0.0%	0.6%	0.5%
Other Tranquilizers	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.2%
Barbiturates	0.0%	1.1%	0.3%	0.0%	0.3%	0.0%	0.0%	0.2%
Other Sedatives	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Inhalants	0.0%	0.0%	0.0%	0.0%	0.6%	0.4%	0.0%	0.2%
over-the-counter	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	7.2%	5.2%	53.3%	0.8%	9.6%	1.1%	11.8%

Source: Drug and Alcohol Abuse Normative Evaluation System (DAANES)

Table 5 - Sex, Race, Age and Primary Substance Problem of Individuals Receiving CD Services by Program Type for CY93

	RTC N=1,632	Hospital Based N=4,622	Free Standing N=6,786
SEX			
Female	37.1%	35.6%	28.1%
Male	62.9%	64.4%	71.9%
RACE			
White	71.3%	79.1%	64.9%
Black	5.3%	8.1%	19.8%
Native American	20.3%	5.2%	10.7%
Hispanic	2.1%	2.4%	3.4%
All Other	1.0%	5.2%	1.3%

Table 5 - Continued

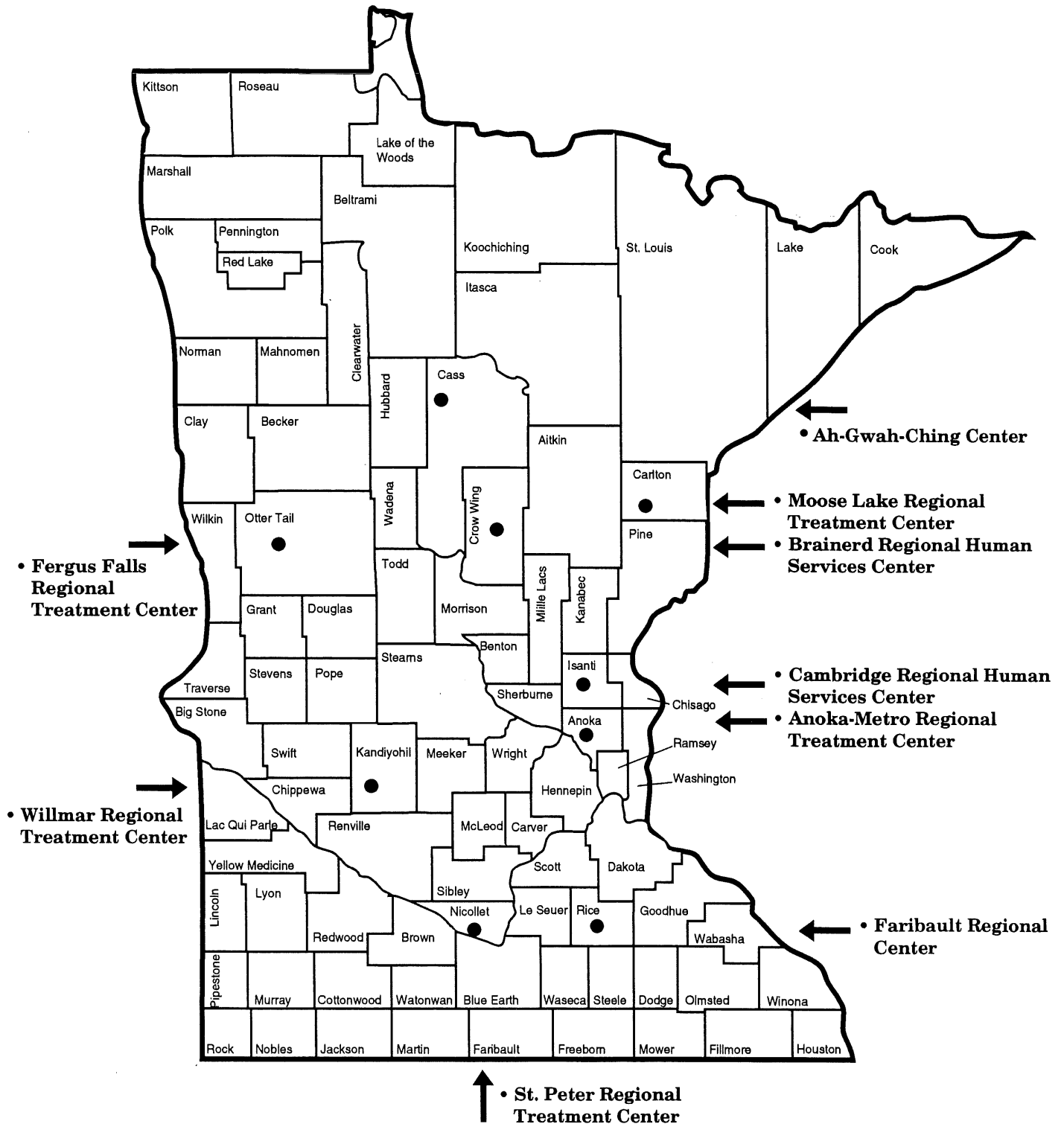
	RTC N=1,632	Hospital Based N=4,622	Free Standing N=6,786
AGE			
Under 18	0.7%	8.4%	8.7%
18 - 24	15.1%	12.7%	16.6%
25 - 34	35.1%	28.9%	35.5%
35 - 44	29.7%	26.7%	24.8%
45 - 54	12.4%	11.9%	8.8%
55+	6.9%	11.3%	5.6%
PRIMARY SUBSTANCE PROBLEM			
Alcohol	67.6%	65.4%	62.9%
Cocaine	1.2%	3.0%	5.4%
Crack	4.5%	6.3%	11.9%
Marijuana	6.7%	10.3%	11.4%
Heroin	3.8%	1.5%	1.4%
Methadone	0.1%	0.0%	0.1%
Other Opiates	1.3%	2.4%	1.0%
PCP	0.0%	0.0%	0.0%
Hallucinogens	0.3%	0.3%	0.4%
Methamphetamine	1.1%	0.8%	0.9%
Other Amphetamine	0.2%	0.3%	0.3%
Other Stimulants	0.2%	0.1%	0.1%
Benzodiazepines	0.5%	1.0%	0.4%
Other Tranquilizers	0.2%	0.1%	0.0%
Barbiturates	0.2%	0.3%	0.1%
Other Sedatives	0.1%	0.2%	0.1%
Inhalants	0.2%	0.5%	0.4%
over-the-counter	0.0%	0.1%	0.1%
Other	11.8%	7.2%	3.2%

Source: DAANES

Summary

The Minnesota Regional Treatment Network is a statewide system of therapeutic programs that offer quality services to residents of Minnesota. In many rural areas of the State, the Network makes it possible for family members and concerned persons to participate in the treatment process. The Network has developed specialty programs for hearing impaired persons that has attracted national attention. Other programs speak specifically to the needs of women, and others that are sensitive to the cultural differences of the American Indian Community. It serves seriously mentally ill persons who display assaultive and violent behaviors. The Network continues to reach out to underserved and difficult-to-serve populations while maintaining impressive scores on objective measures of success.

State Operated Residential and Related Programs and Services Financial Operations

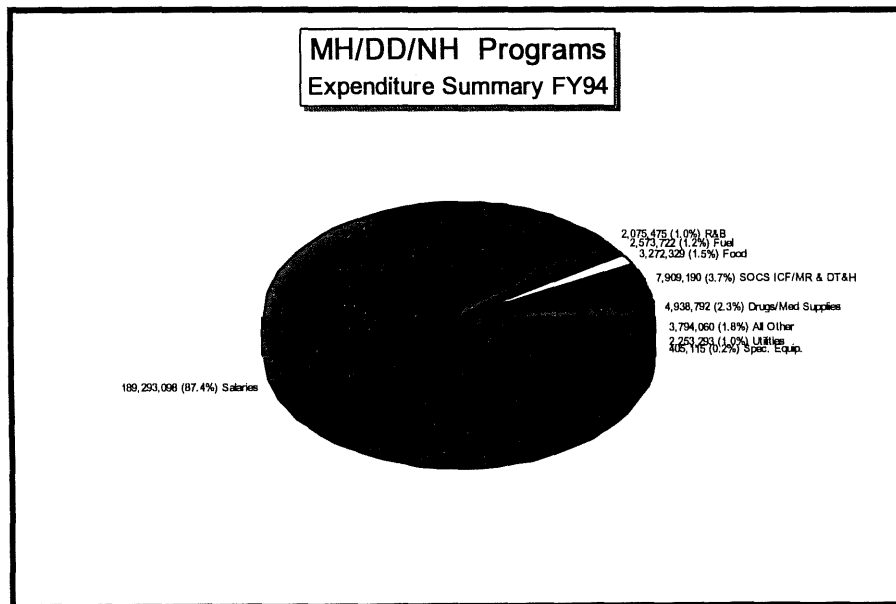


FINANCIAL OPERATIONS

Services provided by state-operated residential and related programs and services are funded in different ways. A single appropriation from the Legislature supports mental health (MH), developmental disabilities (DD - includes state-operated community service programs - Intermediate Care Facilities for the Mentally Retarded, ICF/MR and Day Training and Habilitation programs, DT&H) and nursing home (NH) programs. The chemical dependency programs and community waiver services programs are treated like private enterprises and operate on a fee-for-service basis through shared services agreements.

Mental Health, Developmental Disabilities, and Nursing Home Programs

The total amount of actual expenditures for services for mental health, developmental disabilities and nursing home programs was \$221,206,436 in FY93 and \$216,515,074 in FY94. FY94 salaries represented \$189,293,098 or 87.4 percent for these three programs.



The cost to the State of operating mental health, developmental disabilities and nursing home programs is offset by collections for services rendered. In FY93 the Department recovered \$152,303,248 or 68.9 percent of expenditures. Collections for FY94

represented 63.3 percent of expenditures or \$136,986,949 (figures include the state share of Medical Assistance). Non-reimbursable expenditures generally represent the cost of care for persons who are medically indigent but receiving services which are not eligible for reimbursement from Medicare, Medical Assistance or other sources. Reimbursements for these three programs are deposited into the State General Fund.

Table 6 - Summary of MH/DD/NH Program Expenditures and Collections

	<u>FY93</u>	<u>FY94</u>
Expenditures:		
Salaries	\$195,053,316	\$189,293,098
Current Expense	17,177,021	16,832,196
Repairs & Betterments	2,862,933	2,075,475
Special Equipment	308,295	405,115
SOCS ICF/MR & DT&H	<u>5,804,871</u>	<u>7,909,190</u>
Total	\$221,206,436	\$216,515,074
Collections:		
Entitlements	\$129,258,007	\$111,476,601
Third Party Receipts	13,547,598	13,516,424
Individual Payers	4,166,370	4,000,844
SOCS ICF/MR & DT&H	<u>5,331,273</u>	<u>7,993,080</u>
Total	\$152,303,248	\$136,986,949

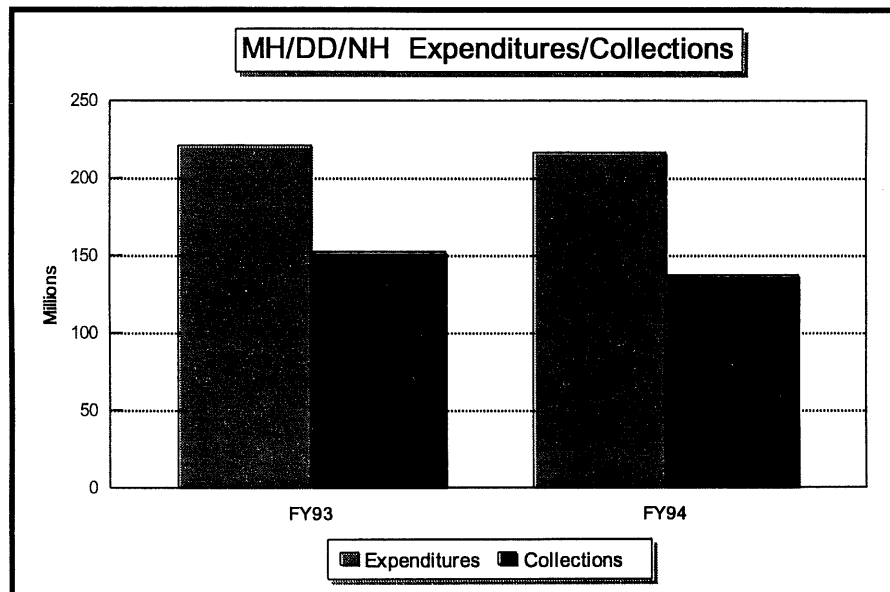


Table 7 - FY93 Summary of Expenditures for MH/DD/NH Programs

	Salaries	Current Expense	Repairs & Betterments	Special Equipment	SOCS ICF/MR & DT&H	Total
AGCC	11,531,476	1,357,116	232,901	32,080		13,153,573
AMRTC	18,100,711	2,046,756	228,428	14,712		20,390,607
BRHSC	22,999,475	2,056,918	360,379	66,911	24,907	25,508,590
CRHSC	18,971,355	1,291,948	376,425	19,330	826,004	21,485,062
FRC	29,677,956	2,295,234	368,933	20,586	3,067,788	35,430,497
FFRTC	18,359,901	1,548,253	250,038	50,002		20,208,194
MLRTC	17,250,909	1,517,837	170,489	15,618	1,523,248	20,478,101
OTNH & RSH	271,686					271,686
SPRTC	22,130,142	3,176,807	492,216	58,290		25,857,455
MSH	11,817,406					11,817,406
WRTC	23,942,299	1,886,152	383,124	30,766	362,924	26,605,265
Subtotal:	195,053,316	17,177,021	2,862,933	308,295	5,804,871	221,206,436
Systemwide Expenses	3,602,716	681,228	53,876	7,370	362,815	4,708,005
Total:	<u>\$198,656,032</u>	<u>\$17,858,249</u>	<u>\$2,916,809</u>	<u>\$315,665</u>	<u>\$6,167,686</u>	<u>\$225,914,441</u>

Table 8 - FY94 Summary of Expenditures for MH/DD/NH Programs

	Salaries	Current Expense	Repairs & Betterments	Special Equipment	SOCS ICF/MR & DT&H	Total
AGCC	11,618,854	1,381,398	134,164	41,327		13,175,743
AMRTC	18,452,946	1,908,290	92,646	42,584		20,496,466
BRHSC	22,294,521	1,879,936	331,796	64,962		24,571,215
CRHSC	17,580,172	1,336,603	205,726	22,352	917,603	20,062,456
FRC	26,773,140	2,088,899	444,647	46,792	4,557,176	33,910,654
FFRTC	17,965,405	1,541,192	195,958	28,314		19,730,869
MLRTC	15,019,344	1,342,264	142,727	47,394	2,043,980	18,595,709
OTNH & RSH	111,041					111,041
SPRTC	22,027,267	3,404,153	327,808	74,575		25,833,803
MSH	13,488,976					13,488,976
WRTC	23,961,432	1,949,461	200,003	36,815	390,431	26,538,142
Subtotal:	189,293,098	16,832,196	2,075,475	405,115	7,909,190	216,515,074
Systemwide Expenses	1,544,428	109,495	26,397	0	3,492	1,683,812
Total:	<u>\$190,837,526</u>	<u>\$16,941,691</u>	<u>\$2,101,872</u>	<u>\$405,115</u>	<u>\$7,912,682</u>	<u>\$218,198,886</u>

- NOTE: 1) Salaries include: RTC Program Salaries, General Support, Regional Laundry, Patient Pay, Consultants, Student Workers, and Worker's & Unemployment Compensation
2) Current Expense includes: All Other, Food, Fuel, Utilities, Drugs & Hosp/Med Supplies, and Regional Laundry Supplies
3) Repairs & Betterments includes: Repairs and Betterments, Special Projects and Resident Furniture
4) SOCS ICF/MR & DT&H includes: Residential and Day Program Salary and non-salary costs
5) OTHN & RSH = Oak Terrace Nursing Home and Rochester State Hospital

Chemical Dependency Programs

Chemical dependency programs in the State health care system are operated as "enterprise funds." This means that they must generate revenue based on services rendered to cover operating expenses. In FY93 total operating costs were \$11,211,090. In FY94 this amount increased to \$11,439,673. During this same time period, service revenue was \$10,958,892 in FY93 and \$11,545,672 in FY94.

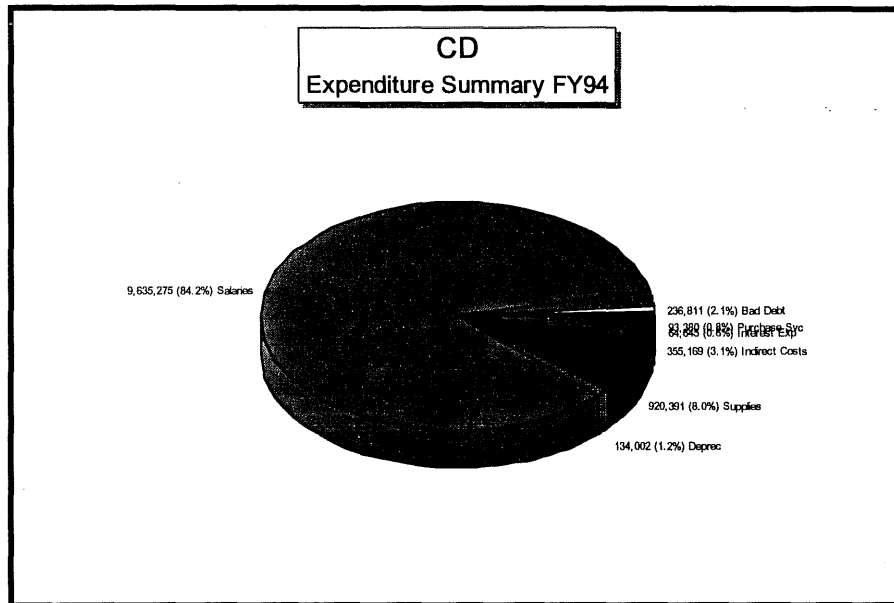
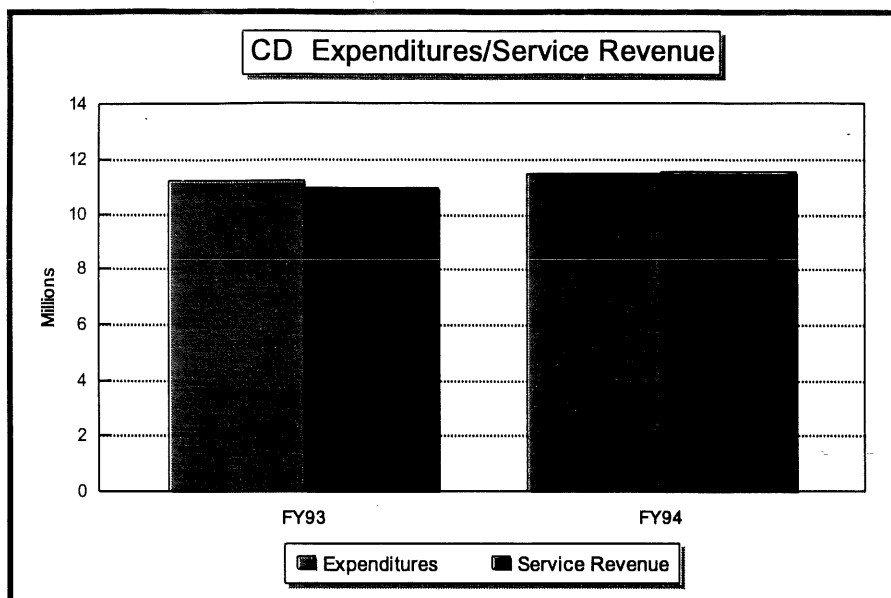


Table 9 - Summary of CD Program Expenditures and Service Revenue

	<u>FY93</u>	<u>FY94</u>
Expenditures:		
Interest Expense	\$ 72,575	\$ 64,645
Bad Debt Expense	111,927	93,380
Purchased Services	160,917	236,811
Salaries	9,407,343	9,635,275
Depreciation	141,299	134,002
Supplies and Materials	922,148	920,391
Indirect Costs	<u>394,882</u>	<u>355,169</u>
Total	\$11,211,091	\$11,439,673
 Service Revenue:	 \$10,958,892	 \$11,545,672



The complexity of operating an "enterprise" while remaining a public agency has made balancing the budget within the fund difficult. Private sector facilities rely on the Consolidated Chemical Dependency Treatment Fund (CCDTF) for only a small percent of revenue, and are able to charge higher rates to non-CCDTF users. In contrast state-operated programs serve individuals for whom the CCDTF is almost exclusively the only source of funding.

The following two pages contain Financial Statements for the RTC CD Network for FY94.

Community Waiver Services Programs

An emerging component of the system budget involves the state-operated community waiver services programs for developmentally disabled persons which have been operated through shared services agreements. These programs must generate revenue based on services rendered to cover operating expenditures rather than rely on legislative appropriations. Waiver services sites are being developed and phased into use over the 1994-1995 biennium. By June 30, 1995, the following development will have occurred: 39 4-bed residential services sites; four crisis services sites; and, eight day training and habilitation sites. These sites are in addition to the seven 4-bed pilot residential services sites operated by Cambridge Regional Human Services Center and Faribault Regional Center since 1986.

Chemical Dependency Program Enterprise Funds
Financial Statement for the 1994 Fiscal Year
Operating Statement
For the Twelve Months Ending 6/30/94

	Anoka	Brainerd	Fergus Falls	Moose Lake	St. Peter	Willmar	Ah-Gwah-Ching	Total
Operating Revenue:								
Patient Service Revenue	\$1,813,763	\$1,693,968	\$3,019,506	\$2,009,688	\$1,194,793	\$1,238,162	\$575,792	\$11,545,672
Operating Expenses:								
Interest Expense	\$11,763	\$12,627	\$10,929	\$9,340	\$5,035	\$4,338	\$10,613	\$64,645
Bad Debt Expense	\$4,906	\$15,751	\$40,960	\$13,118	\$13,060	\$5,585	\$0	\$93,380
Purchase Services	\$20,191	\$15,687	\$21,302	\$134,129	\$15,196	\$25,316	\$4,990	\$236,811
Salary and Fringe Benefits	\$1,537,841	\$1,363,512	\$2,354,397	\$2,004,496	\$960,752	\$982,290	\$431,987	\$9,635,275
Depreciation	\$17,524	\$21,944	\$13,125	\$24,334	\$26,505	\$12,958	\$17,612	\$134,002
Supplies and Materials	\$137,367	\$109,540	\$228,964	\$193,032	\$101,627	\$77,046	\$72,815	\$920,391
Indirect Costs	\$62,283	\$38,201	\$111,342	\$64,784	\$26,106	\$31,876	\$20,577	\$355,169
Total Operating Expense	\$1,791,875	\$1,577,262	\$2,781,019	\$2,443,233	\$1,148,281	\$1,139,409	\$558,594	\$11,439,673
Operating Income/(Loss)	\$21,888	\$116,706	\$238,487	(\$433,545)	\$46,512	\$98,753	\$17,198	\$105,999
Non-Operating Revenue/(Expense):								
Add: Investment Income	\$3,916	\$4,721	\$9,229	\$3,024	\$2,447	\$5,102	\$1,540	\$29,979
Income/(Loss) before Operating Transfers	\$25,804	\$121,427	\$247,716	(\$430,521)	\$48,959	\$103,855	\$18,738	\$135,978
Operating Transfers In/(Out)		(\$115,000)	(\$260,000)	\$425,000		(\$50,000)		\$0
Net Change to Retained Earnings for the Year	\$25,804	\$6,427	(\$12,284)	(\$5,521)	\$48,959	\$53,855	\$18,738	\$135,978
Unreserved Retained Earnings								\$0
Prior Period Adjustment	\$65,479	\$36,406	\$99,076	\$168,759	\$71,836	(\$49,000)		\$392,556
Retained Earnings Unreserved (7/1/93)	\$17,568	\$249,894	\$316,478	\$36,266	\$97,735	\$272,329	\$51,398	\$1,041,668
Retained Earnings Unreserved (6/30/94)	\$108,851	\$292,727	\$403,270	\$199,504	\$218,530	\$277,184	\$70,136	\$1,570,202

Chemical Dependency Program Enterprise Funds
Financial Statement for the 1994 Fiscal Year
Operating Statement
For the Twelve Months Ending 6/30/94

	Anoka	Brainerd	Fergus Falls	Moose Lake	St. Peter	Willmar	Ah-Gwah-Ching	Total
Assets:								
Cash	\$121,728	\$106,409	\$423,169	\$81,838	\$159,885	\$120,967	\$52,824	\$1,066,820
Accounts Receivable - Patients	\$372,520	\$378,149	\$622,480	\$491,382	\$277,134	\$300,935	\$110,899	\$2,553,499
Intra Fund Receivable								\$0
Total Assets:	\$494,248	\$484,558	\$1,045,649	\$573,220	\$437,019	\$421,902	\$163,723	\$3,620,319
Liabilities:								
Current Liabilities:								
Accounts Payable	\$265,458	\$89,774	\$468,745	\$262,116	\$161,120	\$88,376	\$71,424	\$1,407,013
Interfund Payable - Other								\$0
Intra Fund Payable								\$0
Compensated Absences Payable	\$69,231	\$61,942	\$100,008	\$71,666	\$35,285	\$34,471	\$16,176	\$388,779
Total Current Liabilities:	\$334,689	\$151,716	\$568,753	\$333,782	\$196,405	\$122,847	\$87,600	\$1,795,792
Non-Current Liabilities:								
Compensated Absences Payable	\$50,708	\$40,115	\$73,626	\$39,934	\$22,084	\$21,871	\$5,987	\$254,325
Total Non-Current Liabilities:	\$50,708	\$40,115	\$73,626	\$39,934	\$22,084	\$21,871	\$5,987	\$254,325
Total Liabilities:	\$385,397	\$191,831	\$642,379	\$373,716	\$218,489	\$144,718	\$93,587	\$2,050,117
Fund Equity:								
Unreserved Retained Earnings	\$108,851	\$292,727	\$403,270	\$199,504	\$218,530	\$277,184	\$70,136	\$1,570,202
Total Fund Equity:	\$108,851	\$292,727	\$403,270	\$199,504	\$218,530	\$277,184	\$70,136	\$1,570,202
Total Liabilities and Fund Equity:	\$494,248	\$484,558	\$1,045,649	\$573,220	\$437,019	\$421,902	\$163,723	\$3,620,319

Staffing - All Programs

The regional treatment centers health care network operates 24 hours per day and 365 days per year. Health care is one of the most labor intensive, regulated industries in the nation and this is reflected in the budget share of state-operated services going toward salaries.

On July 1, 1994, state-operated residential facilities, including community intermediate care facilities for the mentally retarded, had 4,537.18 full-time equivalent (FTE) positions providing care and support services to an average daily census of 2,607. Salary and fringe benefits represented 90.2 percent of total expenditures for all programs.

As of July 1, 1994, an additional 148 FTE positions were assigned to state-operated community waiver services programs which were funded through shared services agreements. These services include residential and day training and habilitation services for persons with developmental disabilities.

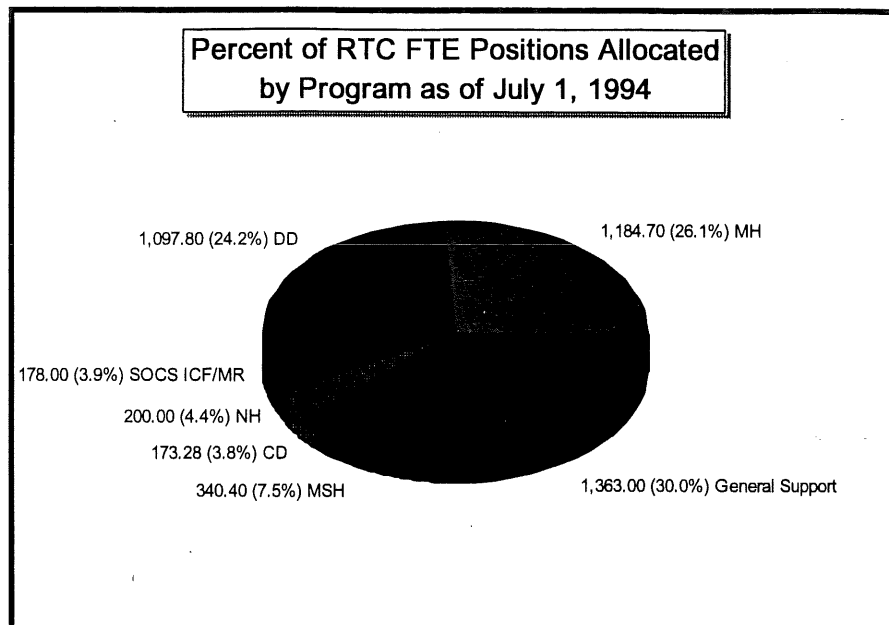
Table 10 - Number of Positions in Full-Time Equivalents (FTEs) by Program Type as of July 1, 1994

<u>Facility</u>	<u>MH</u>	<u>DD</u>	<u>SOCS ICF/MR & DT&H</u>	<u>NH</u>	<u>CD</u>	<u>MSH</u>	<u>General Support</u>	<u>Total</u>
AGCC	0.00	0.00	0.00	180.50	11.00	0.00	117.20	308.70
AMRTC	271.00	0.00	0.00	0.00	32.00	0.00	166.70 *	469.70
BRHSC	134.50	166.00	0.00	19.50	23.14	0.00	175.75	518.89
CRHSC	0.00	244.60	20.25	0.00	0.00	0.00	119.70	384.55
FRC	0.00	411.60	106.75	0.00	0.00	0.00	176.00	694.35
FFRTC	119.00	136.50	0.00	0.00	29.00	0.00	147.20	431.70
MLRTC	150.80	0.00	41.50	0.00	34.64	0.00	100.00	326.94
SPRTC	187.50	84.20	0.00	0.00	19.50	340.40 **	202.45	834.05
WRTC	<u>321.90</u>	<u>54.90</u>	<u>9.50</u>	<u>0.00</u>	<u>24.00</u>	<u>0.00</u>	<u>158.00</u>	<u>568.30</u>
Total	1,184.70	1,097.80	178.00	200.00	173.28	340.40	1,363.00	4,537.18 ***

* Includes 36.5 Statewide FTEs

** Includes 73.4 FTEs for the Psychopathic Personality Unit at MSH

*** Does not include 148 FTEs assigned to state-operated community waiver services program funded through shared services agreements



Major Capital Projects

The Legislature has authorized projects within the state-operated services system to provide for a 100-bed psychopathic personality facility at Moose Lake, a 50-bed addition to the Minnesota Security Hospital in St. Peter, and residential living and program remodeling at Brainerd Regional Human Services Center to accommodate 75 individuals as the Moose Lake Regional Treatment Center proceeds toward closure in June, 1995. Consolidation and restructuring of the Anoka Metro Regional Treatment Center campus is authorized which will include construction to replace 150 psychiatric beds on campus as well as acquisition of two 16-bed apartment units in the Twin Cities Metropolitan area for state-operated pre-discharge programs for persons with mental illness.

Funding for purchase, remodeling or construction of up to 43 4-bed homes for state-operated community waiver services programs for persons with developmental disabilities is available. Other remodeling and air conditioning projects at Cambridge and St. Peter were also authorized.

The detail of the 1993 and 1994 capital improvement authorizations by the Legislature for the system is located in Appendix II.

Volunteer Services

Volunteers play an important role in state-operated residential facilities assisting with monitoring of individuals, recreational activities, clerical tasks, teaching and other

services. All of the contributions of time and effort by the volunteers are valuable and necessary. Their help not only enhances the lives of the individuals, but forges critical links to the community.

During CY 1993, an estimated 178,157 hours of service, with a cash value of \$1,927,653 was donated by volunteers. The total dollar value of all volunteer services, i.e., cash contributions, in-kind donations and volunteer hours, is estimated at \$2,655,799. But another value, the caring and interest of the volunteers, cannot be measured.

Table 11 - Estimated Volunteer Hours for CY93

Facility	One-to-One	Supportive Services	Client Contact	Other	Total Hours
AGCC	8,359	799	2,442	1,064	12,665
AMRTC	29,389	7,985	559	412	38,345
BRHSC	9,347	0	0	0	37,531
CRHSC	7,628	100	125	0	7,853
FRC	15,415	6,397	5,161	0	26,973
FFRTC	0	995	2,002	0	2,996
MLRTC	4,136	1,497	1,346	3,102	10,081
SPRTC	0	9,653	23,441	0	33,094
WRTC	<u>5,786</u>	<u>559</u>	<u>2,275</u>	<u>0</u>	<u>8,620</u>
Totals:	80,059	27,985	37,351	4,578	178,157

NOTE: BRHSC did not break down volunteer hours other than One-to-One

Table 12 - Estimated Contributions CY93

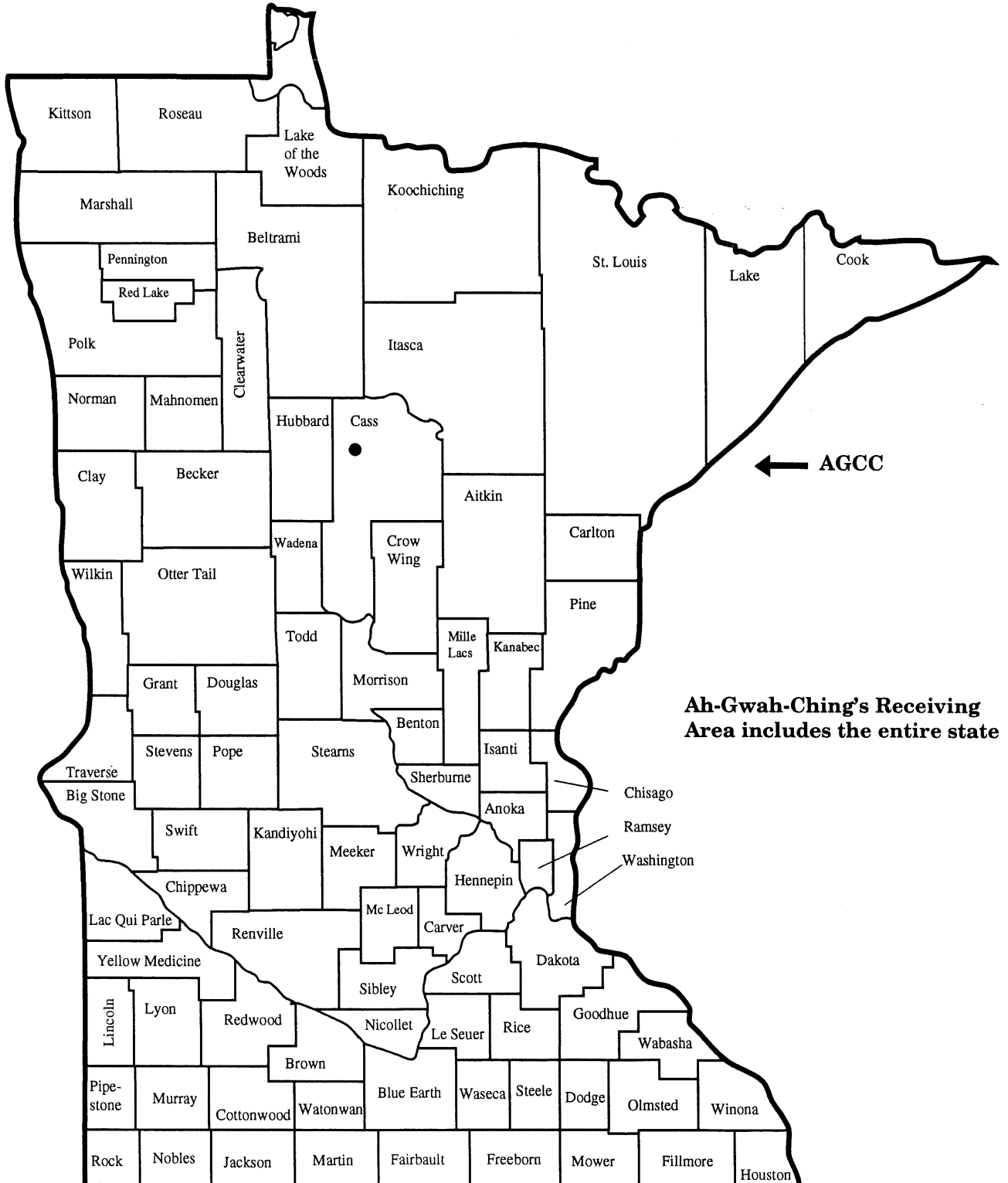
Facility	Cash	New Goods	Used Goods	In-Kind	Total
AGCC	\$ 5,981	\$ 7,385	\$ 2,715	\$ 0	\$ 16,081
AMRTC	13,893	79,574	48,896	1,022	143,385
BRHSC	21,335	13,349	4,968	28,861	68,513
CRHSC	26,237	85,300	0	350	111,887
FRC	22,826	4,606	15,511	21,954	64,896
FFRTC	11,545	4,800	1,250	15,050	32,645
MLRTC	4,923	29,895	6,845	214	41,877
SPRTC	41,513	45,079	115,108	4,102	205,802
WRTC	<u>11,654</u>	<u>29,761</u>	<u>0</u>	<u>1,644</u>	<u>43,059</u>
Totals:	\$159,907	\$299,748	\$195,293	\$73,197	\$728,145

Table 13 - Estimated Total Contributions and Cash Value of Volunteer Hours for CY93

Facility	Total Contributions	Cash Value of Volunteer Hrs	Total
AGCC	\$ 16,081	\$ 137,030	\$ 153,111
AMRTC	143,385	414,893	558,278
BRHSC	68,513	406,080	474,593
CRHSC	111,887	84,964	196,851
FRC	64,896	291,848	356,744
FFRTC	32,645	32,417	65,062
MLRTC	41,877	109,076	150,953
SPRTC	205,802	358,077	563,879
WRTC	<u>43,059</u>	<u>93,268</u>	<u>136,327</u>
Totals:	\$728,145	\$1,927,653	\$2,655,799

NOTE: Cash value of volunteer hours computed at \$10.82 per hour

Ah-Gwah-Ching Center and Lakeside Chemical Dependency Treatment Center

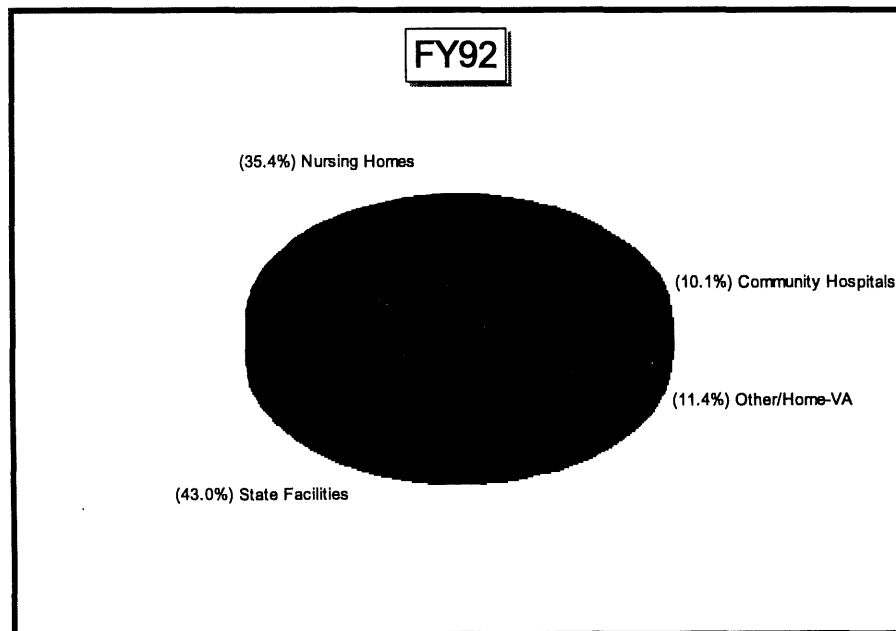


AH-GWAH-CHING CENTER

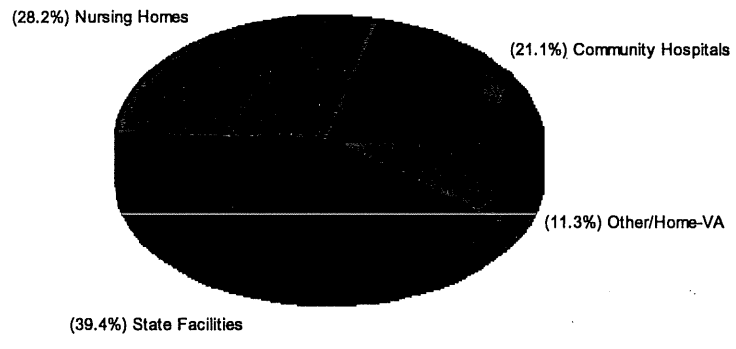
Ah-Gwah-Ching Center (AGCC), located three miles south of Walker in northern Minnesota, opened in 1907 as the "Minnesota Sanitarium for Consumptives." The primary purpose of the facility was to treat persons with tuberculosis.

In 1962 the Sanitarium was converted to a state nursing facility with the majority of individuals admitted from state hospitals. These individuals were determined to be unresponsive to treatment and therefore considered inappropriate for placement in the state hospitals. Consequently, until 1982 AGCC essentially provided only maintenance, supervision, and protection for individuals, although in the least restrictive environment possible. Since 1982 a planned and concentrated approach has been developed to provide a quality, cost-effective alternative for psychogeriatric individuals. As these services evolved, the Center has received more and more referrals from community nursing homes, hospitals, and the Veterans Administration. Today the majority of the Center's referrals come from non-state operated facilities.

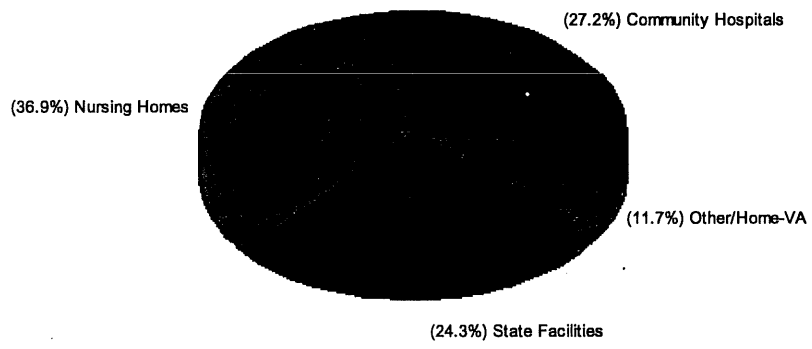
Source of Admissions



FY93



FY94



Nursing Home Program

AGCC is currently a 343-bed facility accepting referrals from across the entire state. Services are provided for a geriatric population who have problem behaviors which make them difficult to serve in community nursing homes or other community facilities. Behavior problems include physical and verbal assaultiveness, and sexually and socially inappropriate behaviors. The services provided by AGCC include behavior management, rehabilitation, and nursing home care.

AGCC is specifically structured to give nursing home care to elderly persons with behavior problems. For that reason, AGCC is designated as a nursing facility with Institution of Mental Diseases (IMD) status. An IMD is defined as "an institution that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services." AGCC historically has served as a back-up resource to community nursing homes for residents with severe behavior problems which cannot be handled in another setting. Recently, the Center also serves as a referral source for residents transferred to it as a result of the closure of the Moose Lake Regional Treatment Center. In addition to inpatient services, the Center provides education, training and consulting services to many long-term care and other providers who need assistance in the area of behavior management. As an IMD, AGCC is in a better position to continue to provide back-up service for individuals 65 and over with mental illness. AGCC is a vital link providing an uninterrupted continuum of care for the geriatric population in Minnesota.

Chemical Dependency Program

Lakeside Chemical Dependency Treatment Center was opened in 1983. It is a 40-bed, Rule 35 chemical dependency treatment center located in a free-standing unit on the AGCC campus. This program provides both inpatient and outpatient treatment for chronically chemically dependent individuals throughout the state. Its goal is to help chemically dependent individuals who have been unsuccessful in previous treatment programs.

Table 14 - AGCC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
NH Program:		
Salaries	\$11,531,476	\$11,618,854
Current Expense	1,357,116	1,381,398
Repairs & Betterments	232,901	134,164
Special Equipment	32,080	41,327
Total	\$13,153,573	\$13,175,743

Table 14 - Continued

	<u>FY93</u>	<u>FY94</u>
CD Program:		
Interest Expense	\$ 10,334	\$ 10,613.
Bad Debt Expense	0	0
Purchased Services	2,260	4,990
Salaries	486,761	431,987
Depreciation	14,573	17,612
Supplies & Materials	61,468	72,815
Indirect Costs	<u>26,757</u>	<u>20,577</u>
Total	\$602,153	\$558,594

Table 15 - AGCC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>NH</u>	<u>CD</u>	<u>Total ADC</u>	<u>CD Outpt.</u>
FY80	351		351	
FY81	328		328	
FY82	330		330	
FY83	326		326	
FY84	319	20	339	
FY85	322	24	346	
FY86	318	18	336	
FY87	296	27	323	
FY88	240	23	263	
FY89	249	25	274	
FY90	257	27	284	0
FY91	252	22	274	131 hrs
FY92	252	18	270	255 hrs
FY93	250	13	263	523 hrs
FY94	251	17	268	173 hrs

NOTE: As of December, 1990, CD Outpt. units are expressed as the total number of Outpatient services hours provided during the fiscal year.

Table 16 - AGCC Admissions by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>NH</u>	<u>CD</u>	<u>Total</u>
FY90	56	114	170
FY91	62	91	153
FY92	79	72	151
FY93	71	52	123
FY94	103	74	177

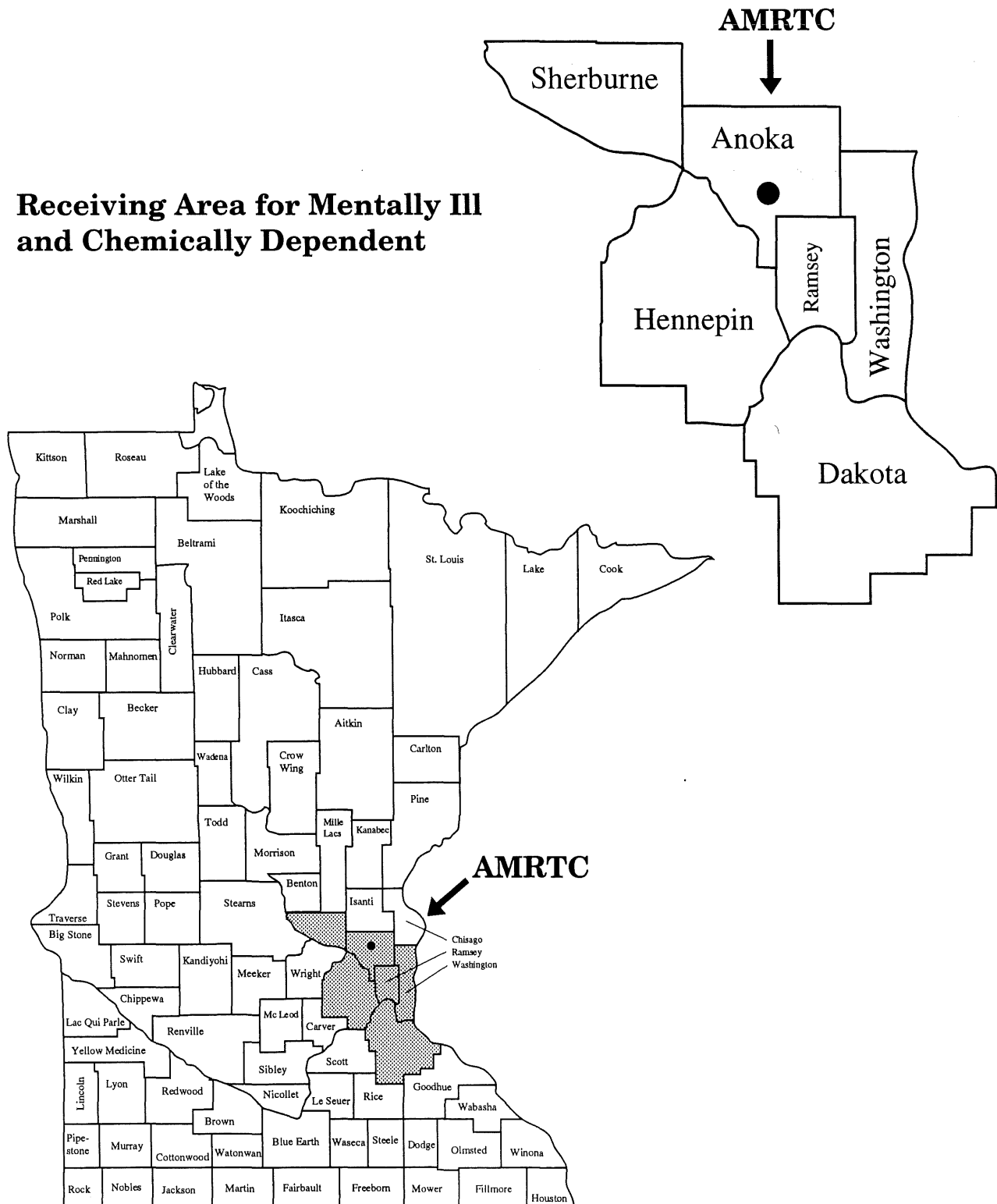
Table 17 - AGCC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>NH</u>	<u>CD</u>	<u>Total</u>
FY90	32	120	152
FY91	43	82	125
FY92	19	76	95
FY93	50	64	114
FY94	43	75	118

NOTE: Discharges do not include deaths

Anoka - Metro Regional Treatment Center

**Receiving Area for Mentally Ill
and Chemically Dependent**



ANOKA-METRO REGIONAL TREATMENT CENTER

The Minnesota State Insane Asylum at Anoka opened in 1900. It was the fourth hospital built in Minnesota to care for persons with mental illness. Following much competition between the towns of Hastings and Anoka for location of the new facility, the Legislature finally accorded each town an institution designated "transfer asylums," as opposed to the existing "receiving" hospitals at St. Peter, Rochester, and Fergus Falls. By June 1930 the population had risen to 1,060. It continued to increase to a maximum population in 1954 of 1,500 individuals, 1,000 of whom were women.

In 1948 Anoka was designated as the center for treatment of tuberculosis among the mentally ill. Eventually, individuals with tuberculosis were relocated from cottage areas into the "main" building, then renamed the Burns Building. In 1951 the hospital's name was changed to Anoka State Hospital when it changed status from a "transfer" hospital to a "receiving" hospital with the construction and occupancy of the Miller Building. In December 1967 the tuberculosis treatment center was closed. In December 1986 the hospital's name was changed by a Governor's Executive Order to the Anoka-Metro Regional Treatment Center (AMRTC) to better reflect the emerging mission of the facility.

The AMRTC provides primarily inpatient care and related treatment, and rehabilitation services for mentally ill citizens of Anoka, Dakota, Hennepin, Ramsey, Sherburne, and Washington counties, and inpatient and detoxification services for any chemically dependent person in Minnesota through a Host County contract with Anoka County Social Services.

Mental Health Program

The Mental Health Treatment Program includes seven units designed to provide active psychiatric treatment through inter-disciplinary treatment teams. At present 98 percent of the individuals are admitted to the program under court orders, primarily civil commitments. Almost all of the individuals are admitted directly from community hospital mental health units where they have received acute care prior to court commitment.

All hospital units take direct admissions to increase continuity of care and provide maximum use of available bed space. Treatment plans are developed with each individual based on their unique abilities and needs. A Centralized Service Program (CSP) provides a wide range of therapeutic opportunities to individuals off the treatment units. The CSP is designed to permit individuals to experience treatment in a manner that more closely resembles the delivery of treatment in the community. In line with this philosophy, AMRTC in 1995 will move one of its units into apartment settings in the community. These transition units will provide the opportunity for individuals to develop

and practice independent living skills that will be necessary for them to live successfully in the community.

AMRTC provides a number of specialized mental health treatment services to meet the unique needs of persons with dual diagnosis, persons who pose serious danger to others or themselves and persons who have been committed as Mentally Ill, who exhibit antisocial behavior. Outpatient services are also provided when deemed appropriate by the treatment team and county case manager that such services would assist the individual with transition and successful re-integration into the community.

Bonding authorized by the 1994 Legislature included \$37 million to construct, remodel, furnish and equip new residential, program and ancillary service facilities for AMRTC. This included authority for the construction of 150 psychiatric hospital beds, ancillary service facilities, and site improvements on the Anoka campus.

In an effort to better meet the needs of the metropolitan area, AMRTC has established contractual relationships with three community psychiatric hospital programs to treat those persons whose treatment can be completed in under 45 days. This service provides greater continuity of care for individuals and also provides the community and AMRTC the opportunity to pilot new relationships and partnerships in delivering treatment to persons with mental illness.

Chemical Dependency Program

The chemical dependency treatment programs provide a structured therapeutic environment for persons with chemical dependency, primarily alcoholism. Services consist of diagnostic and overall needs assessment; supportive health care services; group, individual and family counseling; education; aftercare planning; referrals and follow-up.

AMRTC is certified to provide chemical dependency treatment to individuals who are on Methadone maintenance.

In February 1993, the Chemical Dependency unit established a 12-bed, sub-acute detoxification unit. The program serves the Anoka County area under a contractual agreement. Individuals in the Detox program also receive education on chemical dependency, chemical assessments and information on AA meetings. Referrals are also made for housing assistance, Rule 25 assessment for CD treatment, mental health and medical services, and civil commitments.

Table 18 - AMRTC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
MH Program:		
Salaries	\$18,100,711	\$18,452,946
Current Expense	2,046,756	1,908,290
Repairs & Betterments	228,428	92,646
Special Equipment	<u>14,712</u>	<u>42,584</u>
Total	\$20,390,607	\$20,496,466
CD Program:		
Interest Expense	\$ 13,756	\$ 11,763
Bad Debt Expense	25,107	4,906
Purchased Services	40,186	20,191
Salaries	1,544,599	1,537,841
Depreciation	20,493	17,524
Supplies & Materials	145,626	137,367
Indirect Costs	<u>65,265</u>	<u>62,283</u>
Total	\$1,855,032	\$1,791,875

Table 19 - AMRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>CD</u>	<u>Total ADC</u>	<u>CD Outpt.</u>	<u>Detox</u>
FY80	280	82	362		
FY81	240	80	320		
FY82	228	78	306		
FY83	224	81	305		
FY84	237	79	316		
FY85	234	79	313		
FY86	235	78	313		
FY87	240	79	319		
FY88	236	67	303	2	
FY89	233	63	296	2	
FY90	230	59	289	3	
FY91	231	39	270	215 hrs	
FY92	231	35	266	79 hrs	
FY93	235	20	255	0 hrs	1
FY94	239	20	259	0 hrs	7

NOTE: As of December, 1990, CD Outpt. units are expressed as the total number of Outpt. services hours provided during the fiscal year.

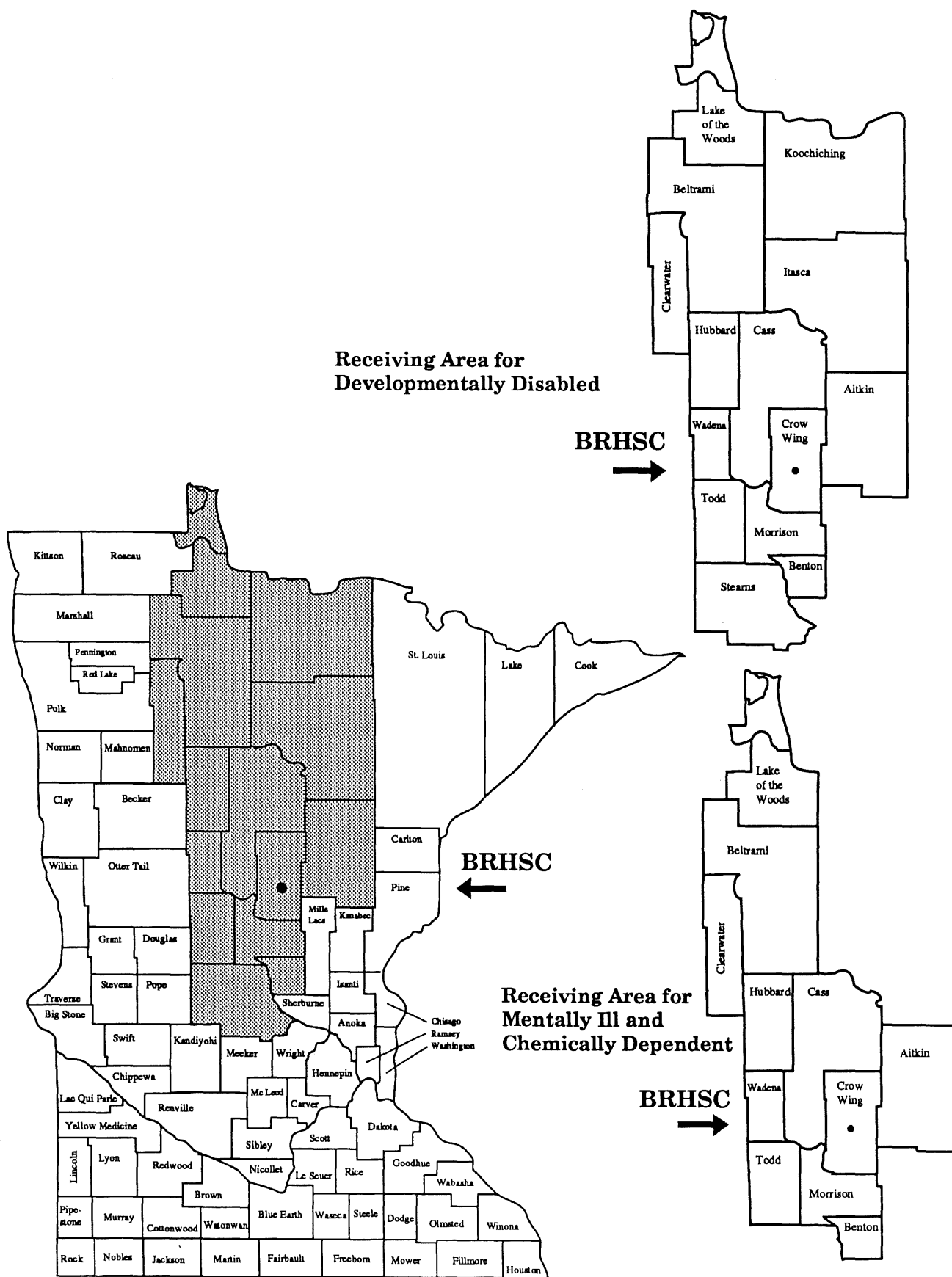
Table 20 - AMRTC Admissions by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>CD</u>	<u>Total</u>	<u>Detox</u>
FY90	324	825	1,149	
FY91	317	379	696	
FY92	413	322	735	
FY93	475	175	650	315
FY94	463	178	641	733

Table 21 - AMRTC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>CD</u>	<u>Total</u>	<u>Detox</u>
FY90	317	813	1,130	
FY91	303	384	687	
FY92	409	326	735	
FY93	455	173	628	314
FY94	453	187	640	738

Brainerd Regional Human Services Center



BRAINERD REGIONAL HUMAN SERVICES CENTER

Brainerd Regional Human Services Center (BRHSC) began providing services as the Brainerd State School and Hospital in June 1958, when 88 individuals transferred from the Cambridge and Faribault State Hospitals to the new facility. Initially the entire campus was devoted to serving the developmentally disabled citizens of a 28-county region.

In January 1971 Brainerd became a multi-disability campus, with the addition of regional programs for chemically dependent and mentally ill persons. The chemical dependency (Aurora) program has developed a specialty unit for Native Americans (Four Winds) which has brought considerable recognition. The mental health program (Timberland) has developed both acute and long-term programs. Both programs serve committed individuals who are referred for evaluation and treatment, as well as on a voluntary bases for persons seeking help for personal problems.

In response to a growing need for services to meet the needs of the rapidly expanding elderly population, a new program, Woodhaven Senior Community (WSC), was opened on the BRHSC campus in August, 1989.

In 1985, Brainerd State Hospital was renamed Brainerd Regional Human Services Center by Executive Order of the Governor to reflect the facility's role as a regional resource. BRHSC is accredited by the Joint Commission on Accreditation of Healthcare Organizations, certified by the U.S. Department of Health and Human Services, Health Care Finance Administration, and licensed by the Minnesota Departments of Health and Human Services.

Based on the belief that every person is capable of improvement, BRHSC staff provide active treatment toward maximizing individual self-dependence, growth, and development. Whenever possible the goal is to return individuals to the community with the ability to cope with their disabilities and to successfully function in society.

Mental Health Program

The Timberland Mental Health Programs provide active inpatient psychiatric services to adolescents and adults through an interdisciplinary team approach. The adult program currently serves a 12-county catchment area in north central Minnesota. The adolescent program serves the entire state. The programs have a total of 124 licensed beds, 80 in the adult program and 44 in the adolescent program. With the closure of the Moose Lake Regional Treatment Center, Timberland Adult program's licensed beds will increase by 60 beds.

Dependent upon an individual's needs, the individual is admitted to the crisis or acute section of the admission program for assessment, stabilization, treatment planning and treatment implementation. For those individuals requiring additional treatment, transfer to the Rehabilitation program may occur. Individuals transferred to the Rehabilitation program have frequently experienced multiple attempts to live in the community and require considerable support. During FY94, 357 individuals were admitted; 179 on a 72-hour emergency hold order. Individuals with severe and persistent mental illness receive psychiatric, medical, behavioral and vocational services.

The Adolescent program is licensed to serve emotionally disturbed individuals, ages five to seventeen. The program primarily serves individuals, ages eleven or older, who previously have had an array of mental health services. During FY94, 83 adolescents were admitted. The average length of stay was 93 days.

Neurorehabilitation Hospital

BRHSC will open the Minnesota Neurorehabilitation Hospital (MNH), a 12-bed unit, on January 3, 1995. Assessment and neurorehabilitation treatment is provided to individuals with a history of brain injury and comorbid psychiatric or chemical dependency issues. The Hospital will serve the entire state.

Developmental Disabilities Program

The BRHSC Developmental Disabilities Service currently provides residential and medical services and habilitation training to over 100 individuals. The area of service consists of a 14-county area in north central Minnesota. The majority of admissions are for temporary crisis care up to 90 days in length.

Lakes Area Residential Communities (LARC), the on-campus residential portion of services, is located in three residential buildings, consisting of seven living areas. Each area has 15 utilized beds that are licensed by the Minnesota Department of Health. Although the overall number of individuals with developmental disabilities LARC served has declined over the years as a result of community development, LARC admitted more individuals during FY94 than any one of the previous five years. Of those admitted, 93% exhibited problems of severe aggression, assaultiveness or inappropriate sexual behavior upon admission.

During FY94, the average length of stay for individuals discharged from LARC was just over nine years.

Nursing Home Program

In response to a growing need for services to meet the needs of the rapidly expanding elderly population, a nursing facility, Woodhaven Senior Community, was opened on BRHSC's campus in August, 1989. Woodhaven Senior Community is a health care resource for elderly persons with disruptive behaviors which, in combination with health care needs, make them undesirable candidates for admission to private nursing homes. Ages range from 64 to 93 with an average age of 77 years.

Woodhaven Senior Community is a 28-bed nursing facility licensed by the Minnesota Department of Health, certified as a Medicare and Medicaid provider and accredited by the Joint Commission on Accreditation of Healthcare Organizations. Admission criteria provide for admission of elderly persons who are medically fragile and exhibit severe or challenging behaviors or require treatment for an underlying mental illness.

All applicants for admission must be screened prior to admission by the county in which they live. This screening includes special procedures for persons with mental illness or those who are developmentally disabled and applying for nursing home admission. Persons applying for admission to WSC must have been discharged from or determined not acceptable for admission to a non-state owned nursing home in order to be eligible.

Woodhaven Senior Community provides 24 hour licensed nursing care and rehabilitation services in a supportive environment. Specialized professional services are provided by BRHSC specialists.

Chemical Dependency Program

All chemical dependency services are housed in the Peterson Building. Two chemically dependent treatment units operate specialized treatment programs which are designed to meet an individual's treatment needs. The Aurora Unit provides 28-day residential primary treatment, 96-hour outpatient primary treatment, 60-day extended care residential treatment, and 48-hour outpatient extended care treatment. In addition the Aurora Unit provides chemical abuse/chemical dependency services to Crow Wing County Jail inmates. The Four Winds Lodge Unit provides specialty primary residential and extended care residential treatment to meet the unique cultural needs of Native Americans. This program has been recognized for outstanding contributions made to Minnesota's Native Americans. BRHSC also operates an outpatient program located on the Ojibwa Indian Reservation.

Approximately 97 percent of individuals admitted to the programs are determined as "Public Pay". Over 50 percent of the individuals being treated for CD have been incarcerated during the last six months preceding admission. Nearly all north central counties utilize the programs to provide affordable and accessible services for the

"most difficult to place" segments of the population. The treatment programs and staff members reflect the experience in serving a population where only 25 percent are living with a spouse/partner and children, 90 percent are unemployed, and 35 percent have less than a high school education. Many individuals, particularly those in the residential extended care treatment programs, are individuals in the advanced stages of chemical dependency. These individuals are likely to have secondary deterioration conditions in most areas of their lives. Most of the individuals have exhausted community hospitals and are also medically indigent.

Table 22 - BRHSC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
MH/DD/NH Programs:		
Salaries	\$22,999,475	\$22,294,521
Current Expense	2,056,918	1,879,936
Repairs & Betterments	360,379	331,796
Special Equipment	66,911	64,962
SOCS ICF/MR & DT&H	<u>24,907</u>	<u>0</u>
Total	\$25,508,590	\$24,571,215
CD Program:		
Interest Expense	\$ 14,811	\$ 12,627
Bad Debt Expense	5,179	15,751
Purchased Services	12,910	15,687
Salaries	1,265,388	1,363,512
Depreciation	23,960	21,944
Supplies & Materials	123,649	109,540
Indirect Costs	<u>50,645</u>	<u>38,201</u>
Total	\$1,496,542	\$1,577,262

Table 23 - BRHSC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>MH Adol (TACP)</u>	<u>DD</u>	<u>NH (WSC)</u>	<u>CD</u>	<u>Total ADC</u>	<u>CD Outpt.</u>
FY80	60		440		43	543	
FY81	65	36	360		47	508	
FY82	74	35	328		49	486	
FY83	78	41	311		49	479	
FY84	65	37	287		60	449	
FY85	57	37	261		69	424	
FY86	64	35	239		63	401	
FY87	69	37	206		52	364	
FY88	72	38	182		51	343	6
FY89	72	33	170		43	318	0
FY90	75	21	164	19	35	314	4
FY91	76	22	158	27	29	312	1,829 hrs
FY92	74	18	144	28	29	293	4,969 hrs
FY93	73	19	131	27	35	285	2,145 hrs
FY94	75	19	107	28	35	264	4,002 hrs

NOTE: As of December, 1990, CD Outpt. units are expressed as the total number of Outpt. services hours provided during the fiscal year.

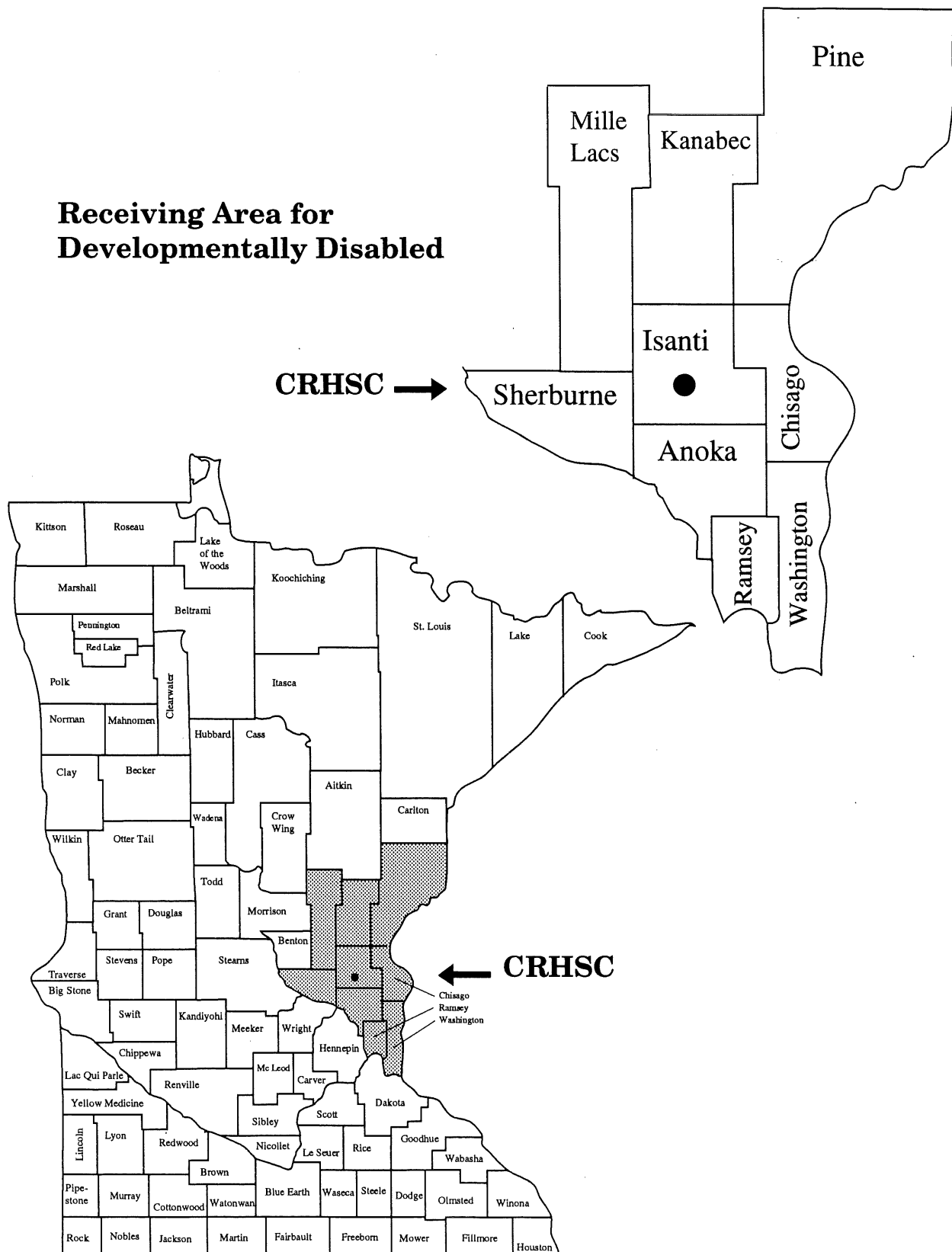
Table 24 - BRHSC Admissions by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>MH Adol (TACP)</u>	<u>DD</u>	<u>NH (WSC)</u>	<u>CD</u>	<u>Total</u>
FY90	330	73	6	32	368	809
FY91	336	53	18	9	306	722
FY92	347	67	14	6	352	786
FY93	351	83	23	16	397	870
FY94	357	83	29	5	346	820

Table 25 - BRHSC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>MH Adol (TACP)</u>	<u>DD</u>	<u>NH (WSC)</u>	<u>CD</u>	<u>Total</u>
FY90	339	64	16	4	368	791
FY91	333	60	20	3	315	731
FY92	350	75	34	3	345	807
FY93	345	74	45	9	395	868
FY94	345	89	42	4	361	841

Cambridge Regional Human Services Center



CAMBRIDGE REGIONAL HUMAN SERVICES CENTER

Cambridge Regional Human Services Center (CRHSC) is licensed and certified to provide services to individuals with mental retardation and other developmental disabilities. The Center is located in Isanti County approximately 45 miles north of the Twin Cities. Its current receiving area consists primarily of nine counties: Anoka, Chisago, Isanti, Kanabec, Mille Lacs, Pine, Ramsey, Sherburne and Washington.

The function, services offered and population of the Center have changed dramatically since its establishment in 1925, when the initial purpose was to provide services to individuals with epilepsy. The population has steadily declined from its peak of 2,008 in 1961 to an average daily census of 168 in FY94. This decline in population is attributable to an increasing availability of programs in the community and to a commitment by the Center to promote community integration and to maximize each individual's ability to live and work in the least restrictive environment possible.

The CRHSC provides residential, habilitative, therapeutic and health care services to individuals with mentally retarded and developmental disabilities. The individuals served generally have additional functional problems such as severe physical disabilities, significant health problems, challenging behaviors, and/or mental illness. A significant number of admissions to CRHSC are committed through the judicial process. Over the past several years, CRHSC has realigned its services consistent with Department of Human Services' policy to support and maintain community integration. To accomplish this, CRHSC has augmented its on-campus services with several off-campus services and support activities including the operation of five state-operated community services (SOCS) group homes, the opening of a pilot community Health Clinic, the establishment of a Community Support Services Team, the opening of a Short-Term Admission Unit, and the development of community based day training and habilitation programs.

State-Operated Community Services (SOCS)

CRHSC has successfully operated and managed three Title XIX waived services homes since 1986. Each home provides services for four adults. The home located in Isanti County was designed to serve individuals with physical handicaps. The two homes in Ramsey County provide services to individuals who exhibit challenging behaviors. Nursing services have been provided on a consultative basis from CRHSC. Each home has been successful in obtaining a wide range of generic support services for the individuals it serves.

The 1989 Legislature authorized CRHSC to develop additional SOCS homes. These homes were designated to be ICF/MRs (intermediate care facility for the mentally retarded) serving six individuals each. Staff from the regional center worked closely

with various county social services staff in the planning and development of these homes. A SOCS for Pine County was constructed in Pine City, and began operation in July 1991. The Anoka County SOCS, located in Blaine, opened in September 1992. Both homes are in compliance with DHS Rule 34 and federal ICF/MR standards.

The Legislature supported the continued transition of individuals with developmental disabilities from large conjugate care facilities to smaller four-bed waiver homes in the community. CRHSC is currently involved in developing eight waiver homes and two day training and habilitation (DT&H) programs. All of these sites are expected to be operational by April, 1995.

Community Health Clinic

The 1989 Legislature authorized the Department of Human Services to expand the number and types of state-operated community services it provides within a region. In order to identify alternative approaches for supporting community placement within a decentralized system and to test the delivery of services, the Department initiated a Community Health Clinic Pilot Project at CRHSC. The Clinic was designed to provide direct services such as primary and specialized physician, dental, diagnostic, rehabilitative and psychological services to support individuals with developmental disabilities in SOCS, or other public or private programs who may otherwise not have access to such services. The Clinic supports the use of existing health services wherever available and appropriate, and provides training to community health and clinical service providers to improve existing community services. The Clinic also provides a means of intervening at early stages to maintain and support community placements, and minimize the need for individuals with developmental disabilities to be returned to an RTC.

Community Support Services Project

In March 1990 CRHSC began the operation of a pilot program initially called the Pre-Admission Evaluation Project. In 1992 the project was re-named the Community Support Services Project. This program was designed to evaluate persons at risk of admission to an RTC developmental disability program. When indicated, the project team members also provide crisis intervention for individuals in order to retain their community placements and avoid admission or return to an RTC. The team is comprised of a licensed psychologist and four behavior analysts. The services consist chiefly of consultation to an individual's interdisciplinary team, which includes diagnosis, evaluation, and the development and implementation of individualized program plans. The project was so successful that Community Support Services are now available in each RTC region.

Short-Term Admission Services

In February 1992 CRHSC began offering a service for individuals in need of short-term crisis services. These services are available to persons who have a primary diagnosis of mental retardation or related condition, who are currently residing in the community, and whose behavior puts them at risk of commitment to an RTC or admission to community psychiatric inpatient treatment as determined by their county social services agency. Short-term admission services are coordinated by staff from the Community Support Services Project.

The basic services provided in the six-bed assessment unit include multi-disciplinary assessments, development of comprehensive intervention plans, and transition services. Transition services consist of on-site consultation, program development, staff training, follow-up services and referral to appropriate community agencies.

The targeted length of stay on the short-term admission unit is less than 42 days.

Day Program Services

The vocationally based day program at CRHSC offers evaluation, program development and employment options to individuals they serve. The principal goal of the day program is to assist each individual to achieve the highest level of personal, economic and social independence possible through quality training and habilitation services.

One component of CRHSC's day program is the Rum River Ornamental Products and Services business, located in the industrial park area in Isanti. This vocational operation provides prime product manufacturing and community supported employment using entrepreneurial, mobile crew and single placement models. Rum River Ornamental Products and Services is licensed to serve 40 individuals. Wages are paid through the sale of products and services. The average biweekly payroll is \$1,300.

In June 1989 the Rum River program received a separate license under DHS Rule 38. It has also been incorporated as a non-profit business and is operated by a board of directors. Board members consist of professionals and business persons from the surrounding community. In the fall of 1994, the Rum River program received SOCS designation and now serves individuals residing in the community while continuing to serve individuals from the regional center.

The Four Star Products vocational program was developed at CRHSC to employ individuals who are physically and developmentally disabled. Some individuals require staff assistance to perform tasks, while others are able to perform using special adaptive jigs or other equipment. Individuals in this program make hand crafted items, complete packaging projects and perform some office services such as stapling and

shredding paper. Funds raised facilitate the purchase of additional program supplies and equipment and expanded employment.

Table 26 - CRHSC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
DD Program:		
Salaries	\$18,971,355	\$17,580,172
Current Expense	1,291,948	1,336,603
Repairs & Betterments	376,425	205,726
Special Equipment	19,330	22,352
SOCS ICF/MR & DT&H	<u>826,004</u>	<u>917,603</u>
Total	\$21,485,062	\$20,062,456

Table 27 - CRHSC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>DD</u>
FY80	527
FY81	510
FY82	509
FY83	503
FY84	483
FY85	459
FY86	406
FY87	368
FY88	335
FY89	302
FY90	295
FY91	262
FY92	219
FY93	192
FY94	168

Table 28 - CRHSC Admissions by Fiscal Year - 5 Year Period

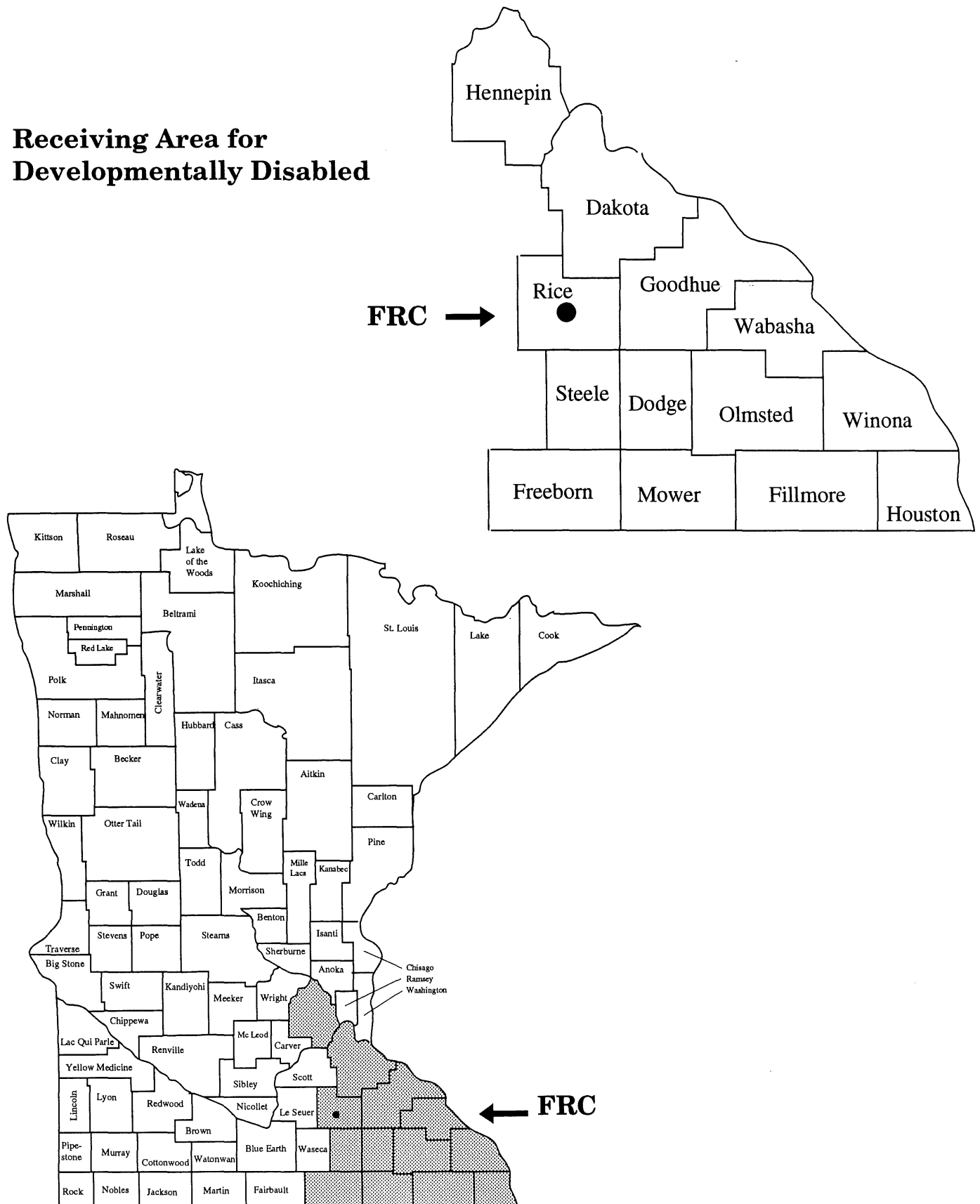
<u>Fiscal Year</u>	<u>DD</u>
FY90	21
FY91	28
FY92	55
FY93	71
FY94	48

Table 29 - CRHSC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>DD</u>
FY90	24
FY91	79
FY92	71
FY93	100
FY94	77

Faribault Regional Center

**Receiving Area for
Developmentally Disabled**



FARIBAULT REGIONAL CENTER

Faribault Regional Center (FRC) has a century-long history of providing services to persons with developmental disabilities. Established in 1881 following a two-year experimental program under the administration of the Minnesota Deaf School, it served the entire State until the mid-1950s with a peak population of 3,355 in 1955. In the last 35 years, the function, services offered and population of the Center has changed dramatically. The population has steadily declined from its peak to an average daily census of 281 during FY94. This decline in population is attributable to an increasing availability of programs in the community and to a commitment by the Center to meet the challenge of transitioning services to the community based model. Plans to further accelerate the downsizing of FRC are expected to result ultimately in the anticipated operation of all services from a community base by 1998.

FRC is certified by the US Department of Health and Human Services, licensed by the Minnesota Departments of Health and Human Services, and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Community-Based Programs

FRC is significantly enhancing its regional service component to assist individuals living in natural homes and a variety of public and private community facilities. The development of these community-based, training and habilitation services has become increasingly important in meeting the needs of persons with developmental disabilities. FRC provides community based transitional services, community and facility based residential and day program services, crisis services, health and habilitation services for individuals with developmental disabilities from Southeastern Minnesota including Hennepin, Dakota and Olmsted counties.

In meeting the community needs of individuals with developmental disabilities, FRC operates: waiver service homes; community ICF/MR homes; community day training and habilitation (DT&H) programs; community supported employment programs; vocational opportunities for more than 200 of the 260 individuals residing at the facility; community crisis support; behavioral programming expertise; assisted technology programs; integration programs; and a community health clinic.

FRC has established three licensed off-campus day program sites in the City of Faribault which serve 80 individuals. Currently, these individuals are involved in light manufacturing, hog farming, motel cleaning, janitorial services, city park maintenance, auto repair and various services involving local businesses and other individuals.

FRC is currently operating nine ICF/MR, six-bed homes in the cities of Lakeville (x2), Rochester, Austin, Kasson, Faribault, Bloomington and Eden Prairie (x2). These

homes are in addition to the four waiver services group homes FRC operates in Rochester, Dodge Center, Farmington and Faribault. FRC also operates four DT&H programs, one in Faribault, one in Austin and two in Hennepin County. FRC is scheduled to open a total of sixteen additional waiver homes in the counties of Dakota, Hennepin and Rice in FY95.

FRC is committed to transitioning itself from a localized program dependent on institutional based services to a valued supplier of services within the communities it serves.

Day Programs

In the day habilitation program, individuals are assisted in developing skills associated with self-care, domestic living, social interaction, employment skills and other skills areas necessary for community integrated living. The day program has a strong vocational training emphasis and currently provides work opportunities for individuals regardless of their functional level and/or degree of handicapping condition. Those services include work activity on campus and in three workshops located in the Faribault community and supported employment opportunities provided in local business establishments. Individuals participate in the day programs each weekday, and some supported employment assignments include weekend and evening work.

Community Support Services

Viable community support systems are critical in ensuring continued success of developmentally disabled individuals residing in both urban and rural communities. Both services and supports must be available, accessible and affordable within a decentralized system to meet the needs of medically and behaviorally challenging individuals. FRC operates a Community Health Clinic to provide medical, dental, diagnostic, habilitative and psychological services to support developmentally disabled individuals who may not otherwise have access to such services. The clinic supports health providers to improve existing community services. In addition, FRC also operates a crisis support team to provide crisis intervention services to assist individuals to retain their community placement and avoid admission or return to an RTC.

Table 30 - FRC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
DD Program:		
Salaries	\$29,677,956	\$26,773,140
Current Expense	2,295,234	2,088,899
Repairs & Betterments	368,933	444,647
Special Equipment	20,586	46,792
SOCS ICF/MR & DT&H	<u>3,067,788</u>	<u>4,557,176</u>
Total	<u>\$35,430,497</u>	<u>\$33,910,654</u>

Table 31 - FRC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>DD</u>	<u>NH</u>	<u>Total ADC</u>
FY80	807		807
FY81	774		774
FY82	772		772
FY83	747		747
FY84	709		709
FY85	668		668
FY86	627		627
FY87	545	34	579
FY88	514	33	547
FY89	481	34	515
FY90	469	34	503
FY91	438	32	470
FY92	372	32	404
FY93	323	18	341
FY94	281		281

As of Feb. 1, 1993, the Nursing Facility was Certified as an ICF/MR; therefore, the NH ADC is included in DD for FY94.

Table 32 - FRC Admissions by Fiscal Year - 5 Year Period

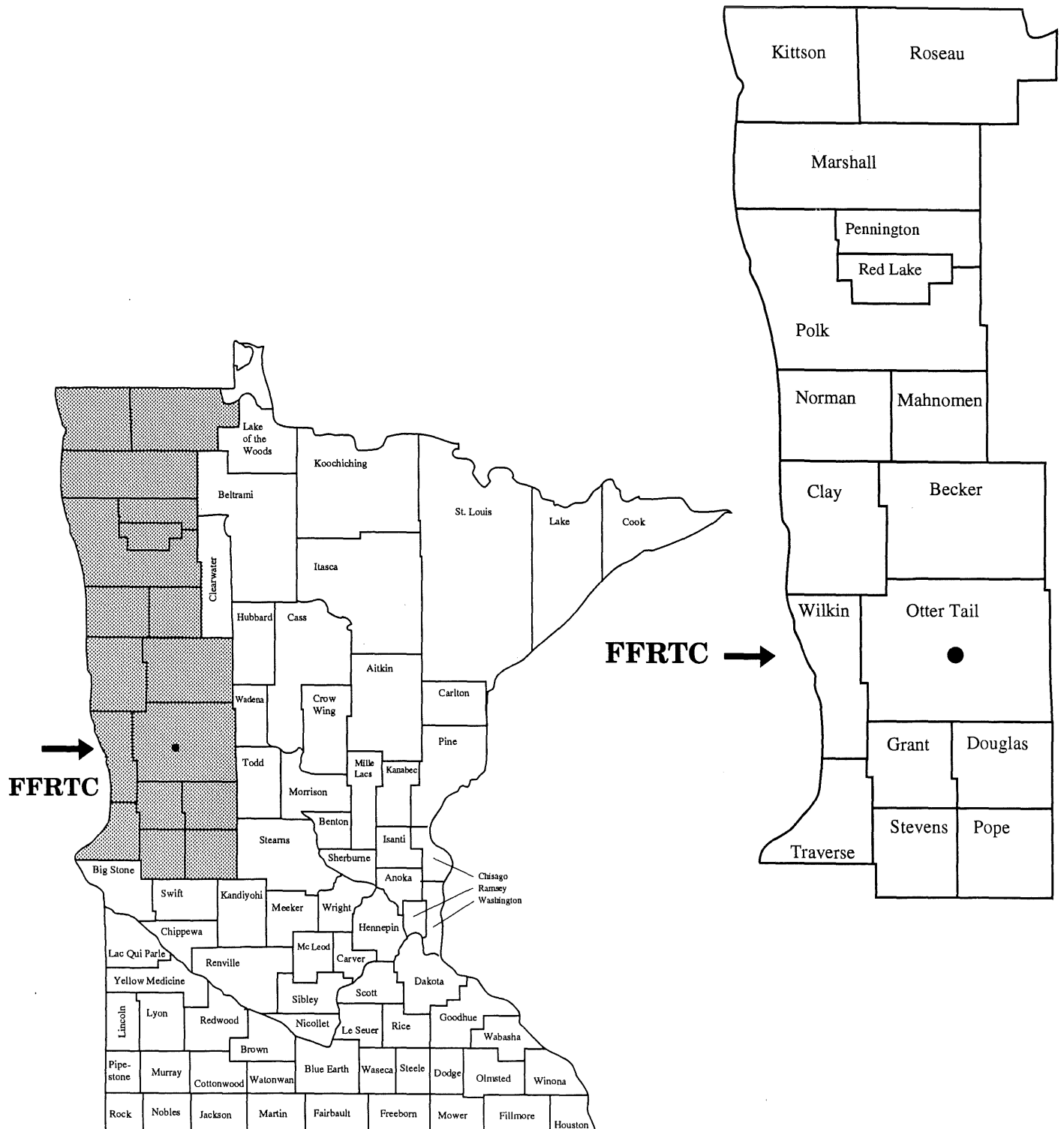
<u>Fiscal Year</u>	<u>DD</u>	<u>NH</u>	<u>Total</u>
FY90	11	0	11
FY91	7	0	7
FY92	8	1	9
FY93	12	0	12
FY94	29		29

Table 33 - FRC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>DD</u>	<u>NH</u>	<u>Total</u>
FY90	19	0	19
FY91	63	0	63
FY92	50	0	50
FY93	86	0	86
FY94	69		69

Fergus Falls Regional Treatment Center

Receiving Area for Mentally Ill, Developmentally Disabled and Chemically Dependent



FERGUS FALLS REGIONAL TREATMENT CENTER

The treatment services provided by Fergus Falls Regional Treatment Center (FFRTC) are licensed by the State of Minnesota and accredited by the Joint Commission on Accreditation of Healthcare Organizations. In 1969 FFRTC became a multi-disciplinary treatment campus when treatment programs were opened to treat persons with chemical dependency problems or with developmental disabilities, in addition to the existing mental health services.

Mental Health Program

The Mental Health Division (MHD) of FFRTC assists people to cope with stress in their lives and to find mental health through a program of individualized professional psychiatric treatment services. The MHD serves individuals who are eighteen years of age or older and operates five treatment programs designed to meet the needs of a diverse population.

The Admission and Crisis Center serves as the admissions unit for the Division and also provides crisis intervention treatment services for individuals experiencing an acute psychiatric episode. The Gateway and Hursh Units serve individuals whose mental illness is serious and persistent. Often treatment of these individuals is complicated by problems associated with chemical dependency or chemical abuse.

Many individuals are unable to cope with severe stress and they often exhibit significant behavior management problems. The Sporre Unit provides active psychiatric treatment services to a psychogeriatric population. These services are designed to meet the treatment needs of individuals who have behavioral problems which are complicated by medical problems and physical disabilities associated with the aging process. The Youngdahl Unit serves seriously and persistently mentally ill adults with significant cognitive impairments and behavioral problems which frequently make community placement more difficult.

The MHD emphasizes a holistic treatment approach which fosters development in all areas of the individual's life: physical, psychological, social, spiritual and emotional. Work with the families of clients is an essential element of the treatment process. The treatment techniques utilized by the division include individual psychotherapy, crisis intervention, a wide range of group therapy learning opportunities, family therapy and medication therapy.

Developmental Disabilities Program

The Developmental Disabilities Division provides residential, vocational and behavioral consultation services to a 17-county catchment area. The Division operates programs both on campus and in the community. The community development includes four residential service sites (three remain to open by the end of FY95) and one vocational program. Residential services include training in self-care skills, socialization and leisure/recreation. The Vocational Services Program provides for a variety of vocational training experiences. These experiences combine light assembly work, janitorial, grounds keeping and supported opportunities. Both programs provide employment opportunities for participation in community integration activities. Behavioral consultation/training is provided to aid community based providers in maintaining individuals in their programs.

Chemical Dependency Program

The Drug Dependency Rehabilitation Center (DDRC) assists people to develop a healthy life style free from chemical dependency through a program of individualized professional treatment, counseling and rehabilitation services. DDRC serves both adolescent and adults in its outpatient, primary and extended care programs. These services are flexible and can be modified to meet the changing needs of individuals and growing market demands. Chemical dependency treatment services are provided to individuals by applying the principles of Alcoholics Anonymous to a comprehensive program of physical, mental, social and spiritual rehabilitation.

DDRC operates five chemical dependency treatment programs. The Primary Program is a short-term program for adult and adolescent males and females. The Extended Care Program treats adult males and females who have prior treatment experience and who may have secondary mental illness problems. An additional extended care program is the Halt Program, a locked unit for individuals with a history of elopement from treatment. The New Life Outpatient Program consists of 4 weeks of treatment followed by 12 weeks of aftercare services. The Family Program is a 2 1/2-day, live-in program to educate family members and significant others about chemical dependency and its impact on the individual and the family. A 2-day DWI seminar is provided as a program for DWI offenders referred by the court.

DDRC is also involved in a cooperative arrangement with Clay County Social Services in the joint operation of an outpatient chemical dependency treatment program at Moorhead, Minnesota.

Accredited Academic Programs

FFRTC's Chaplaincy Department offers a Clinical Pastoral Education Program (CPE) in conjunction with the Association for CPE. The Student Live-In Program, in conjunction with the Fergus Falls Community College, provides dormitory space and meals for college students. In return, the students spend 20 hours per week working in supervised assignments throughout the hospital and earn college credits in sociology. FFRTC also offers various professional student internships in conjunction with area colleges and universities.

Table 34 - FFRTC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
MH/DD Programs:		
Salaries	\$18,359,901	\$17,965,405
Current Expense	1,548,253	1,541,192
Repairs & Betterments	250,038	195,958
Special Equipment	<u>50,002</u>	<u>28,314</u>
Total	\$20,208,194	\$19,730,869
CD Program:		
Interest Expense	\$ 11,480	\$ 10,929
Bad Debt Expense	81,465	40,960
Purchased Services	24,391	21,302
Salaries	2,145,573	2,354,397
Depreciation	12,683	13,125
Supplies & Materials	167,133	228,964
Indirect Costs	<u>107,122</u>	<u>111,342</u>
Total	\$2,549,847	\$2,781,019

Table 35 - FFRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>Total ADC</u>	<u>Detox</u>	<u>CD Outpt.</u>
FY80	129	278	143	550		
FY81	125	268	157	550		
FY82	113	268	166	547		
FY83	108	245	169	522		
FY84	98	231	140	469		
FY85	104	222	144	470		
FY86	99	200	136	435	3	
FY87	99	179	122	400	3	8
FY88	100	165	82	347	3	7
FY89	102	148	49	299	2	6
FY90	101	133	42	276	2	7
FY91	106	122	27	255	3	1,983 hrs
FY92	104	111	31	246	2	4,804 hrs
FY93	100	103	38	241	2	2,841 hrs
FY94	107	94	40	241	3	1,860 hrs

NOTE: As of December, 1990, CD Outpt. units are expressed as the total number of Outpt. services hours provided during the fiscal year.

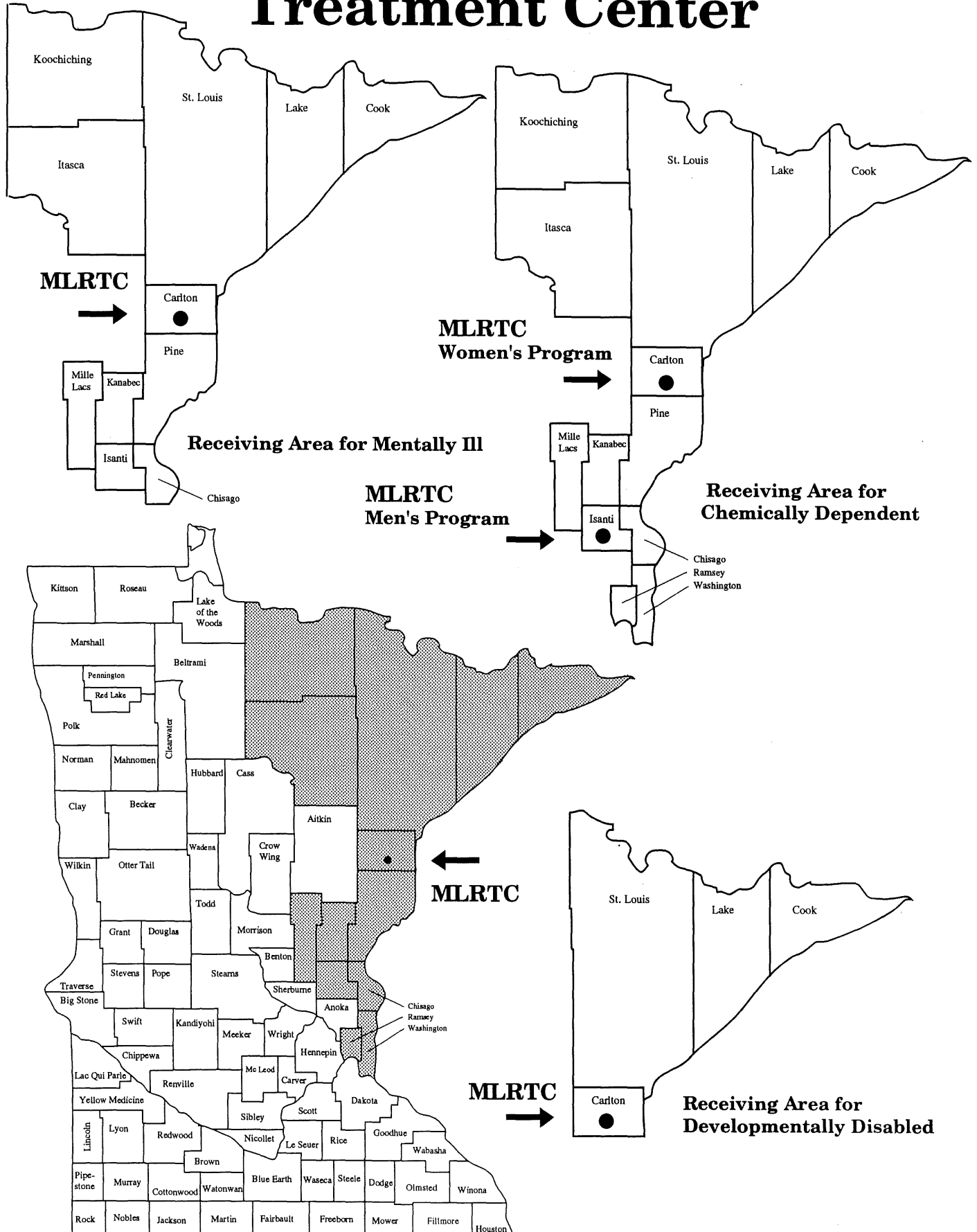
Table 36 - FFRTC Admissions by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>Total</u>	<u>Detox</u>
FY90	330	6	376	712	368
FY91	303	8	207	518	392
FY92	297	9	195	501	378
FY93	339	11	272	622	417
FY94	414	10	245	669	417

Table 37 - FFRTC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>Total</u>	<u>Detox</u>
FY90	314	21	464	799	294
FY91	320	13	297	630	318
FY92	328	18	280	626	320
FY93	357	18	328	703	360
FY94	398	18	317	733	360

Moose Lake Regional Treatment Center



MOOSE LAKE REGIONAL TREATMENT CENTER

Established by an Act of the Legislature in 1935, the Moose Lake Regional Treatment Center (MLRTC) opened in May of 1938, with its first admissions coming from individuals being transferred from other state facilities. In August, individuals were being admitted directly from probate courts. In the 1950s the departments of psychology, social service, rehabilitation, and chaplaincy became an integral part of the organization. The introduction of chemotherapy in the late 1950s made a more open facility a reality and minimized the need for restrictive measures.

Moose Lake Regional Treatment Center (MLRTC) serves mentally ill, chemically dependent and developmentally disabled individuals in Northeastern Minnesota. In each of the listed disabilities, highly specialized programs have been developed in response to the type of individuals coming to the Center. MLRTC provides a full range of community support services including technical assistance, crisis intervention, state operated residential and day program services, supported employment, consultation and training. More recently, the thrust has been to develop programs and services designed to meet each individual's needs while achieving and maintaining compliance with appropriate state and national program standards. MLRTC's programs are fully accredited by the Joint Commission on Accreditation of Healthcare Organizations and licensed by the Minnesota Departments of Health and Human Services.

MLRTC is scheduled to close effective July 95. The transition includes the following:

1. Conversion of existing campus to a 600-bed medium security prison to be operated by the Department of Corrections
2. Construction of a new facility which will treat 100 individuals committed as psychopathic personality.
3. Relocation of the men's Extended Care Chemical Dependency Program to Cambridge and the women's specialized CD program to Cloquet.
4. Placement of all individuals who are developmentally disabled into community based programs, both state operated and privately operated.
5. Development of community alternatives for persons with serious and persistent mental illness, including state-operated services.

Mental Health Program

Mental health community alternatives include an enhancement of community based programs and services such as case management, community support programs (CSP), mental health center programs, acute psychiatric hospital programs and residential programs (Rule 36). Legislation provided for an increased capacity at the Brainerd Regional Human Services Center for 60 psychiatric beds and a 12-bed specialized program for persons with traumatic brain injuries.

Other state-operated services being developed include a 15-bed acute care psychiatric unit in Eveleth, a residential treatment unit, and mobile crisis teams. The program focus of the hospital unit will be for persons who require hospitalization for longer than 45 to 60 days. The residential program will provide services to persons 1) who do not require hospitalization but need evaluation and/or stabilization; or 2) who require a structured transition program until ready to return to independent living. The crisis teams will work in collaboration with other mental health providers and law enforcement to assist individuals during crisis and, if appropriate, maintain the person in their present living environment (whether it is independent, residential, skilled nursing facility or other). These crisis teams will also work directly with persons who have a history of frequent hospital admissions.

Psychopathic Personality Program

The Courts have more frequently used the Psychopathic Personality Statute to commit repetitive sex offenders. As a result, the Minnesota Security Hospital (MSH) at St. Peter, has seen a dramatic rise in admissions in the past few years of men committed under this statute. The State has responded by creating a special facility for this population in Moose Lake.

During FY95, activities will concentrate on building construction and planning to facilitate the opening of the Minnesota Sexual Psychopathic Personality Treatment Center in September, 1995.

Building construction began in July, 1994 with the structure scheduled for substantial completion on August 15, 1995. The 100-bed facility is being constructed on a portion of the present grounds of the Moose Lake Regional Treatment Center. DHS staff have worked with architects and engineers to design a facility which will meet the treatment and security needs of this particular population. The facility will offer many self contained services in order to promote security.

The sex offender treatment program which has been developed by staff of the Minnesota Security Hospital will be offered at the new Moose Lake facility when it opens. During FY95, staff positions will be filled and training provided to those persons selected to work in this program.

Developmental Disabilities Program

The MLRTC Developmental Disabilities Program role as a provider of residential and day training and habilitation (DT&H) services in a regional treatment center setting has changed to providing these services in state-operated community-based settings. Currently, services for persons with developmental disabilities in Northeastern Minnesota provided by MLRTC occur across 15 work sites located in Moose Lake (one ICF/MR; one DT&H), Virginia (one ICF/MR; one DT&H), Cloquet (one Adult Foster Home), Esko (one Adult Foster Home) and Duluth (one ICF/MR; 2 DT&Hs; four Adult Foster Homes and two Adult Foster Crisis Homes).

In the nine group homes identified above, a wide array of services are provided. Persons with developmental disabilities in these group homes are functionally integrated into daily living situations aimed at enhancing their independence and increasing their quality of life. Specifically, these individuals participate in purchasing groceries, making their own meals, maintenance of the home and community integration.

The DD Program also provides crisis services to persons with developmental disabilities within two 4-bed Adult Foster Homes. The role of these two work sites is to provide both residential and outreach technical assistance to community based persons with developmental disabilities in an effort to help keep people from being institutionalized.

The four state-operated DT&Hs operated by the MLRTC DD Program currently serve 57 individuals from both state-operated residential and private provider sites. A major component of the DT&Hs involves supported employment situated at work sites in the community involving lawn mowing, janitorial, can collection and service work. Work projects are also contracted for in house work and include packaging, assembly, painting, paper shredding, stocking caps and clerical.

Chemical Dependency Program

The Chemical Dependency Program is designed to serve individuals not readily served in the private sector. The Program offers two types of extended care for men: the Stabilization Model designed for "fragile" chemically dependent individuals who have long term withdrawal issues, cognitive deficits, and/or need monitoring/evaluation to stabilize appropriate medication for mental disorders; and the Relapse Model designed to help male individuals who have not maintained sobriety after primary treatment. This program has been relocated onto the campus of the Cambridge Regional Human Services Center.

The Liberalis Program is designed for chemically dependent women who are vulnerable due to gender specific issues. All professional and direct-care staff are women, which is an important factor in creating a more trusting treatment climate. The program

focuses on recovery needs and self-learning behavioral changes, with emphasis on self strengths and independence. The educational component gives information on a variety of concerns a woman may encounter within her recovery. These include the development of healthy relationships, setting boundaries, assertiveness skills, eating disorders, grief and sexuality issues. An aftercare component helps these women to increase independence by learning how to mobilize personal and community resources. Liberalis offers both primary and extended-care programs with varying lengths of stay. This program has been re-located onto the premises of the Cloquet Memorial Community Hospital in Cloquet.

Table 38 - MLRTC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
MH/DD Programs:		
Salaries	\$17,250,909	\$15,019,344
Current Expense	1,517,837	1,342,264
Repairs & Betterments	170,486	142,727
Special Equipment	15,618	47,394
SOCS ICF/MR & DT&H	<u>1,523,248</u>	<u>2,043,980</u>
Total	\$20,478,101	\$18,595,709
CD Program:		
Interest Expense	\$ 14,113	\$ 9,340
Bad Debt Expense	175	13,118
Purchased Services	24,643	134,129
Salaries	1,938,231	2,004,496
Depreciation	36,760	24,334
Supplies & Materials	237,487	193,032
Indirect Costs	<u>76,147</u>	<u>64,784</u>
Total	\$2,327,556	\$2,443,233

Table 39 - MLRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>Total ADC</u>	<u>CD Outpt.</u>
FY80	150	133	174	457	
FY81	145	129	197	471	
FY82	163	122	185	470	
FY83	193	112	185	490	
FY84	169	107	159	435	
FY85	171	103	161	435	
FY86	164	96	157	417	
FY87	179	94	117	390	
FY88	196	83	74	353	
FY89	205	73	52	330	
FY90	196	70	46	312	1
FY91	197	69	46	312	370 hrs
FY92	184	52	46	282	268 hrs
FY93	172	40	46	258	295 hrs
FY94	140	18	38	196	0 hrs

NOTE: As of December, 1990, CD Outpt. units are expressed as the total number of Outpt. services hours provided during the fiscal year.

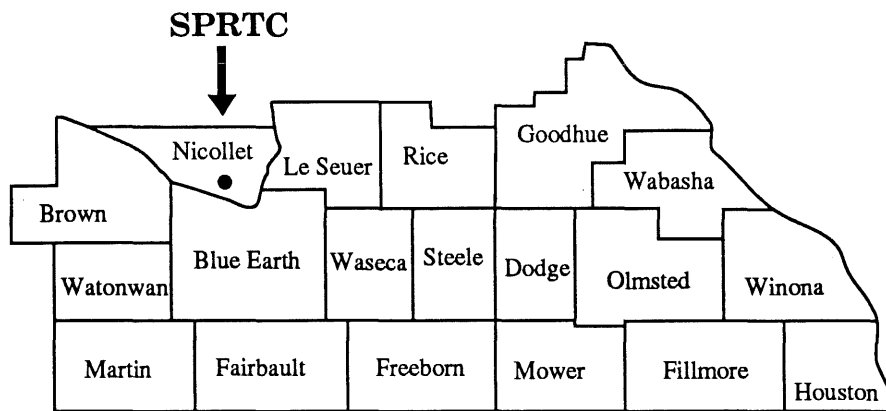
Table 40 - MLRTC Admissions by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>Total</u>
FY90	353	8	449	810
FY91	351	9	380	740
FY92	371	4	384	759
FY93	374	10	377	761
FY94	329	0	343	672

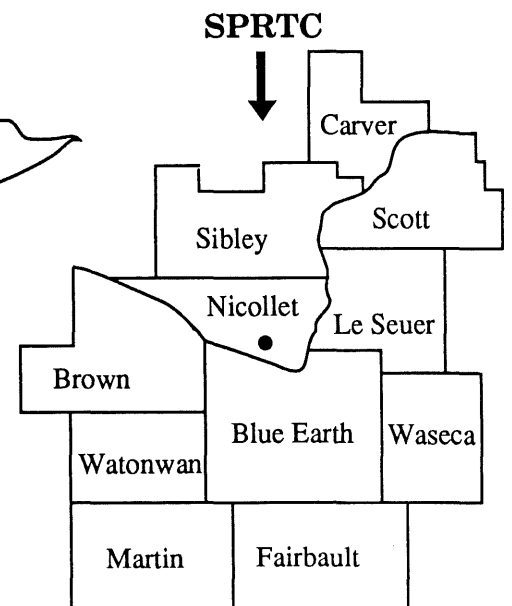
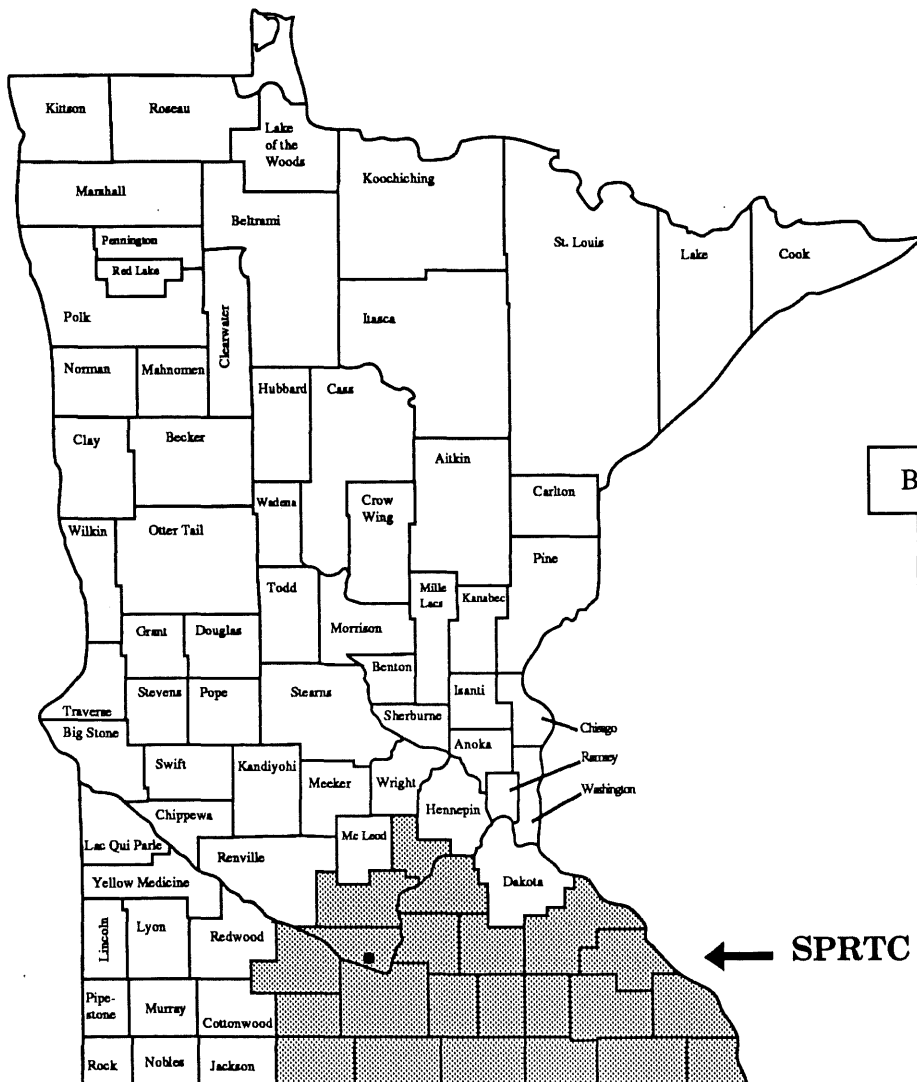
Table 41 - MLRTC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>Total</u>
FY90	359	12	464	835
FY91	342	12	380	734
FY92	382	20	395	797
FY93	367	18	386	771
FY94	375	35	340	750

St. Peter Regional Treatment Center and Minnesota Security Hospital



Receiving Area for Mentally Ill and Chemically Dependent



Receiving Area for Developmentally Disabled

The Minnesota Security Hospital receives clients from the entire state.

ST. PETER REGIONAL TREATMENT CENTER

St. Peter Regional Treatment Center (SPRTC) is Minnesota's largest regional treatment center, with a licensed bed capacity of 658. In the past decade, over 10,000 individuals have been admitted and treated. SPRTC consists of two main divisions: 1) Mental Health Division, and 2) Forensic Division.

The Mental Health Division, formerly known as the St. Peter State Hospital, opened in 1866 as Minnesota's first state psychiatric hospital. This division recently merged with two other programs and is now composed of: 1) Psychiatric Program; 2) Developmental Disabilities Program; and 3) Chemical Dependency Program.

Psychiatric Program

The Psychiatric Program has a licensed bed capacity of 176, admitting individuals from the 19 counties in Region IX and X. The Program provides modern, comprehensive psychiatric, psychological and rehabilitative services to mentally ill adults who are unable to be treated with existing community resources, yet are in need of short- or long-term care. There are several processes through which individuals are admitted: they may be legally committed by a county court, on court hold order, Rule 20 evaluation, admitted as an emergency hold from the community, voluntarily seek treatment by requesting admission, or be transferred from other state facilities.

The Psychiatric Program is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), licensed under DHS Rule 36 and by the Department of Health, certified by Health Care Facility Administration (HCFA) and by the US Department of Health and Human Services for Title XVIII and XIX.

Four units specialize in treating individuals with severe and/or persistent mental illness. Individuals are assigned to units based on their need for structured care and supervision. The fifth unit treats primarily psychogeriatric individuals with mental and physical problems and minimal self-care abilities.

The Psychiatric Program also offers comprehensive inpatient psychiatric and psychological services to individuals who are mentally ill and hearing impaired. A large number of direct care staff have been training in sign language, allowing individuals to be placed on most units, as the need arises.

Developmental Disabilities Program

The Developmental Disabilities (DD) Program, previously known as Minnesota Valley Social Adaptation Center, was established in 1968 to serve developmentally disabled

individuals from Region IX, plus Scott and Carver counties. This program has a licensed bed capacity of 128, is accredited by JCAHO, certified by HCFA, and licensed by the Department of Health and the Department of Human Services' Rules 34 and 38.

The Program is an integral part of Minnesota's DD service delivery system. It serves individuals who have a primary diagnosis of mental retardation and whose needs are complicated by additional physical, behavioral and/or psychiatric disabilities. Staff also work with community human services agencies and vendors to provide support services, to facilitate transition to community living and prevent re-admission to the DD Program. Crisis services, for up to 90 days, are also available. A Day Activity Program is available, as well as an excellent vocational training program, which focuses on facilitating community integration.

For the past several years, the Program has been reducing the size of its residential population. This is being accomplished through aggressive community placement, community support services, and gradual emergence of community-based treatment and residential options.

Chemical Dependency Program

The Chemical Dependency (CD) Program, also known as Johnson Chemical Dependency Center (JCDC), was established in 1970 and has a licensed bed capacity of 58. During the past decade, over 4,000 individuals from Region IX and X have been admitted and treated. The Program is fully accredited by JCAHO and licensed under DHS Rules 35 and 43.

The Program offers a wider array of AA-based chemical dependency and mental health programs for men and women 18 and older than any other CD treatment program in southern Minnesota. A multi-disciplinary treatment team assists individuals in identifying and accepting their substance abuse problems. Treatment options include the following:

The 28-day **Primary Program** - offers three phases of treatment: acceptance, family and re-entry, in a flexible format. The program specializes in treatment of multi-diagnosed and behavior-disordered individuals, as well as those with persistent CD problems. Individuals may enter or exit at the beginning or end of any phase depending upon their needs.

The **2 x 4 Program** - combines two weeks in-patient and four week out-patient treatment.

The **Women's Program** - addresses the special needs of females, and has inpatient, outpatient and extended care options.

The **Dual Diagnosis Program** - designed for individuals who have psychiatric and chemical dependency problems.

The **Outpatient Program** - provides individualized treatment services for those in need of intensive CD treatment, but who are able to continue living in the community.

The **Extended Care Program** - available for individuals who have completed treatment within the last 12 months, but are unable to maintain sobriety.

The **Family Program** - provides education and support to family members and significant others.

Aftercare Services - available to all who complete treatment.

Minnesota Security Hospital (Forensic Program)

The Forensic Division (FD), or Minnesota Security Hospital (MSH), SPRTC's second division, was established in 1911 to house and treat mentally ill and dangerous men. The original facility was replaced in 1982, at which time females were admitted on a regular basis. The MSH now has a licensed bed capacity of 296, is fully accredited by JCAHO and licensed under DHS Rule 36. It admits individuals from the entire state. MSH has been praised by outside reviewers as one of the finest forensic hospitals in the United States. In FY94, MSH admitted 174 people and has an average daily census of 260.

The MSH presently provides comprehensive court-ordered multi-disciplinary forensic psychiatric evaluations, including competency to stand trial, the insanity defense and pre-sentence and sex offender evaluations of individuals who are mentally ill, mentally ill and dangerous, and those committed under the Psychopathic Personality (PP) statute. Staff also provide treatment of acute and chronic major mental disorders. These disorders may manifest in severely sexually aggressive behaviors, which present an imminent danger of grave harm to others. The need for appropriate protection of society from such aggressive and dangerous individuals is a recognized function of our mission.

In addition to evaluation services, MSH has intensive treatment programs for aggressive individuals and accepts transfers within the Department of Human Services from other RTCs for evaluation and treatment. Individuals from the Department of Corrections may occasionally be accepted by transfer or on parole status.

A multi-disciplinary approach (psychiatric, medical, psychological, social, nursing, behavior analysis, vocational, educational and activity therapy services) is used to treat mental illness and modify behavior. The goal of treatment is to improve the functioning

of individuals in order that they may return to society. MSH also serves as a resource for individuals who need long-term care and a secure setting due to the chronicity and intractability of their illness, and persistence of their dangerousness.

The main Forensic building is currently undergoing an expansion. The 1993 Legislature appropriated \$400,000 in addition to the 1992 Capital appropriation of \$8.1 million to plan, design, construct, and equip a 50-bed facility at MSH for individuals committed as psychopathic personality or as mentally ill and dangerous. The facility is to be built to psychopathic personality licensing standards.

Table 42 - SPRTC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
MH/DD Programs & MSH:		
Salaries	\$33,947,548	\$35,516,243
Current Expense	3,176,807	3,404,153
Repairs & Betterments	492,216	327,808
Special Equipment	<u>58,290</u>	<u>74,575</u>
Total	\$37,674,861	\$39,322,779
CD Program:		
Interest Expense	\$ 2,464	\$ 5,035
Bad Debt Expense	0	13,060
Purchased Services	12,455	15,196
Salaries	990,378	960,752
Depreciation	18,489	26,505
Supplies & Materials	110,041	101,627
Indirect Costs	<u>24,537</u>	<u>26,106</u>
Total	\$1,158,364	\$1,148,281

Table 43 - SPRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>MSH</u>	<u>Total ADC</u>	<u>CD Outpt.</u>
FY80	136	192	40	203	571	
FY81	144	184	45	193	566	
FY82	159	175	45	189	568	
FY83	165	179	54	212	610	
FY84	156	170	54	210	590	
FY85	160	164	54	219	597	
FY86	153	161	53	222	589	
FY87	157	155	50	222	584	
FY88	161	157	36	223	577	2
FY89	170	156	31	229	586	0
FY90	165	140	22	229	556	0
FY91	164	122	21	230	537	618 hrs
FY92	159	95	23	222	499	1,264 hrs
FY93	143	78	25	237	483	0 hrs
FY94	157	67	24	260	508	0 hrs

NOTE: As of December, 1990, CD Outpt. units are expressed as the total number of Outpt. services hours provided during the fiscal year.

Table 44 - SPRTC Admissions by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>MSH</u>	<u>Total</u>
FY90	356	11	230	227	824
FY91	373	20	248	224	865
FY92	388	23	283	224	918
FY93	370	19	273	199	861
FY94	465	8	222	174	869

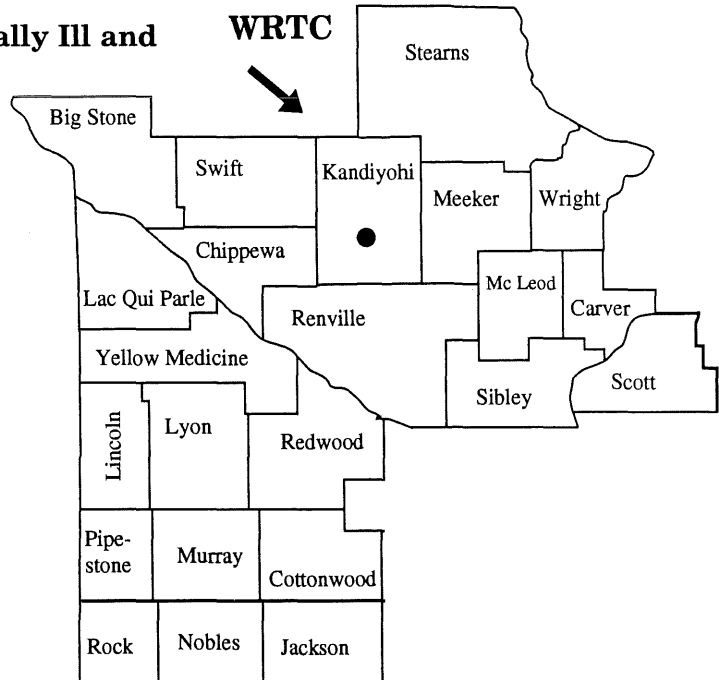
Table 45 - SPRTC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>DD</u>	<u>CD</u>	<u>MSH</u>	<u>Total</u>
FY90	354	25	252	229	860
FY91	392	52	256	226	926
FY92	418	42	250	231	941
FY93	437	26	318	185	966
FY94	519	25	295	195	1,034

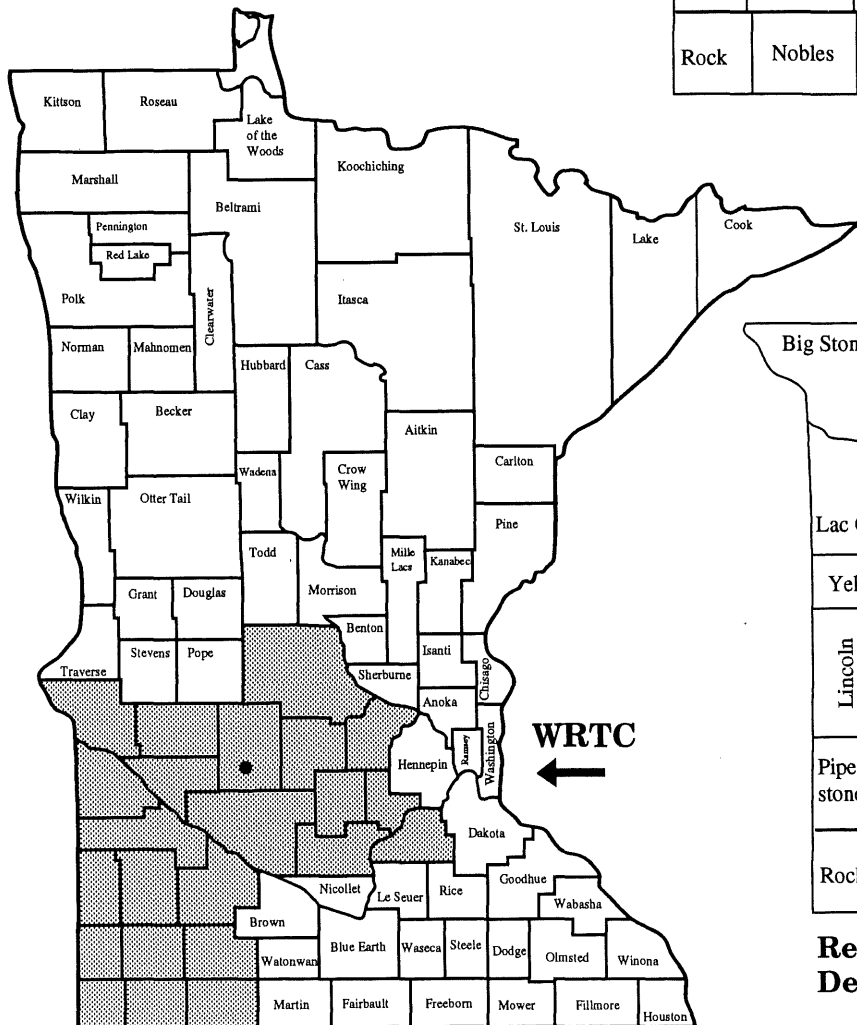
Willmar Regional Treatment Center

Receiving Area for Mentally Ill and Chemically Dependent

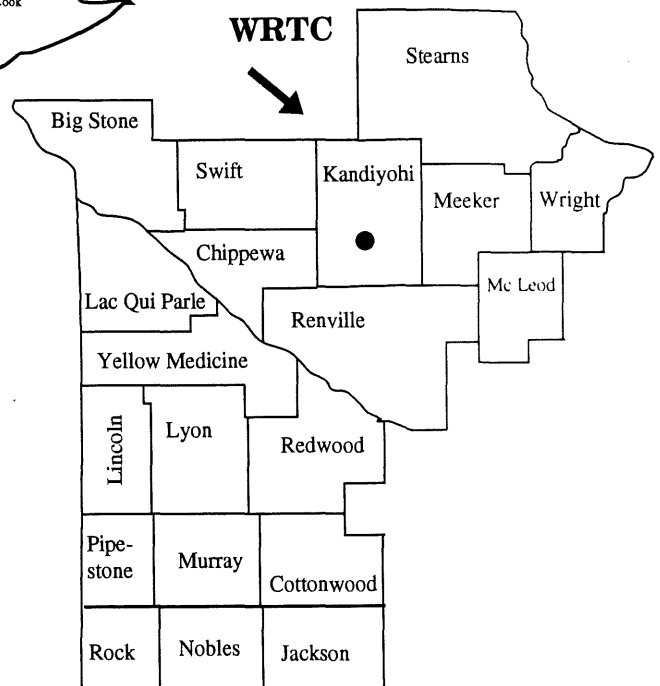
WRTC



Adolescent Treatment Units serve the entire state.



WRTC



Receiving Area for Developmentally Disabled

WILLMAR REGIONAL TREATMENT CENTER

In 1912 the Willmar State Asylum opened for the treatment of inebriates and drug addicts. Enabling legislation was passed in 1907 to impose a two percent tax on liquor licenses to build the facility and support operating costs. By 1917 an increase in the number of "dry" counties drastically reduced the number of inebriate admissions. To meet the increasing need for custodial care of the insane, Willmar began accepting the overflow of mentally ill individuals from Minnesota's other state asylums. In 1959 Willmar became the first of Minnesota's state hospitals, and the fifth psychiatric hospital in the nation, to unlock its doors and become a completely "open" hospital.

Willmar became the first Minnesota state hospital to be accredited by the Joint Commission on Accreditation of Healthcare Organizations. All programs have been continuously accredited since. In 1986 the Willmar State Hospital was renamed the Willmar Regional Treatment Center (WRTC) to more accurately reflect its mission as a regional resource and multi-disciplinary campus.

Willmar Regional Treatment Center provides quality specialty health services including inpatient treatment, rehabilitation, developmental services, community-based transitional services, community-based residential and day program services, outpatient services, and crisis services for consumers primarily of central/southwestern Minnesota (statewide programs noted below). WRTC serves as the primary public agency in providing these services for persons with adult mental illness, adolescent mental illness, chemical dependency and developmental disabilities. Specialized statewide programs include: 1) adolescent treatment, 2) a protective component unit for severely disturbed male adolescents, 3) Methadone detoxification and treatment, and 4) MI/CD dual disability treatment.

Mental Health Program

The Adult Mental Health Treatment Program includes 11 units designed to provide active psychiatric treatment through multi-disciplinary teams. Early assessment and diagnosis occurs in the Admission/Observation Unit. Fifteen percent of those admitted are discharged from this unit after a stay of less than 10 days. Adults with mental illness are transferred to other units with individuals of similar diagnosis and treatment needs to maximize hospital resources and complete treatment in the shortest period of time. These special treatment units include: the Stabilization Unit for persons needing short term, high intensity treatment; Transition Services for individuals on the threshold of serious and persistent mental illness; Geriatrics for elderly individuals and others who have organic and physiological illnesses which require significant additional medical and nursing care; Behavior Therapy Program for persons with serious and persistent mental illness who have serious self control and coping skills deficits; Psychiatric Rehabilitation Unit for persons who have regressive behavioral and vocational skills

deficits; and, Medallion, a MI/CD Unit which is a program that concurrently treats chemical abuse/dependency and psychiatric symptoms.

The Adolescent Mental Health Program operates three co-educational treatment units. The program serves 12 to 18 year old adolescents in two units and maintains a 6-bed locked protective unit for severely disturbed adolescent males. The programs specialize in adolescents who have had multiple admissions to treatment programs. An individualized comprehensive multi-disciplinary approach is used. The treatment program is integrated with education programs provided by the local school district, both on and off campus. The unit serves adolescents from the entire state. The program will celebrate its 30th anniversary in 1995.

Transition Services are in place for the majority of the 23 counties served by WRTC. These services work with county case managers, community mental health center support programs and private providers, to ensure follow up is provided to individuals during the critical weeks following discharge. This program helps to prevent premature return to the RTC by working with community support systems and individuals in their home communities. Crisis Services are in place in two counties. WRTC staff are on call for in-home crisis as determined by the county case manager. The intent is to provide the services in the individual's home to prevent admission or re-admission to WRTC. WRTC psychiatrists are also participating in outpatient programs with community mental health centers and private providers to bring psychiatric services to community-based programs.

The Mental Health Programs have a total of 263 utilized beds averaging over 90 percent occupancy. Admissions have consistently increased over the last five years and totaled approximately 900 in FY94. Included in this number is 99 admissions from the metropolitan area in our role as backup to Anoka Metro Regional Treatment Center.

Developmental Disabilities Program

Glacial Ridge Training Center (GRTC) is a home-like residential and training center for nearly 40 developmentally disabled and mentally retarded men and women. The program's goal is to teach skills these individuals need to live as independently as possible and to provide experiences that will enrich their lives. The Center consists of two residential living units on campus and two day-training and habilitation programs (DT&H). One DT&H program is located on campus and one is located off campus in the community. In 1991 GRTC opened a six-bed ICF/MR offering state-operated community services in Redwood Falls. GRTC is in the process of developing and operating three 4-bed community-based waiver homes in and around the Willmar area, one opened in June, 1994. The off campus DT&H Program (Crossroads) serves individuals from both public and private facilities. All campus and off campus programs, as well as private providers and school programs in the region are served by the GRTC crisis team. This team brings specialized behavioral and psychological services to

assist with discharges from the GRTC and maintain placement in community-based programs.

Chemical Dependency Program

WRTC has an eighty year legacy of providing progressive and innovative treatment to persons with chemical dependency. The Bradley Center houses WRTC's inpatient programs in recognition of Dr. Nelson Bradley, who with Dan Anderson and others, pioneered the "Minnesota Model" at WRTC in the 1950s.

The Bradley Center offers an array of intensive treatment programs for persons suffering addiction disorders. The Primary Residential Treatment Program has been in operation for over 80 years and uses a combination of individual and group therapy, and education and spiritual services to assist individuals in recovery. The average length of stay in this program is 30 days. For individuals who are prone to relapse and require a longer treatment stay, the Extended Care Program deals with barriers to recovery and develops coping techniques for relapse prevention. Individuals stay an average of three months in extended care.

The Bradley Center has the State's only public Opiate Withdrawal and Treatment Program that consists of up to 30 days of medically managed withdrawal. The second phase of this program involves a minimum of 30 to 60 days of primary treatment. The Bradley Center also offers a halfway house for men and women transitioning back into the community.

The Cardinal Recovery Center operates a Primary Outpatient Treatment Program for adults who can maintain sobriety during treatment. Individuals receive an average of 60 hours of treatment. A combination program is also available with two weeks of intensive inpatient treatment prior to transferring to the outpatient component. The Center operates a Women's Day Treatment Program which is designed to be sensitive to the special needs of chemically dependent women. The program averages 5 weeks in length with an additional 12 weeks of aftercare. An outpatient program for adolescents, The Youth Program, is designed to guide young drug and alcohol abusers, aged 13 to 18, to an understanding of their relationship with their chemical of choice. The Youth Program is a 10-week course of treatment averaging 150 hours per youth. Cardinal's Prairie Youth Program is an adolescent program for adjudicated youths housed at Prairie Lakes Detention Center. The program is offered to male and female youth on a concurrent basis with their correctional program.

A flexible program for relapse-prone individuals is offered at the Cardinal Recovery Center, through the Continuing Care Program, which is typically 12 weeks in length.

Table 46 - WRTC Operating Expenditures

	<u>FY93</u>	<u>FY94</u>
MH/DD Programs:		
Salaries	\$23,942,299	\$23,961,432
Current Expense	1,886,152	1,949,461
Repairs & Betterments	383,124	200,003
Special Equipment	30,766	36,815
SOCS ICF/MR & DT&H	<u>362,924</u>	<u>390,431</u>
Total	\$26,605,265	\$26,538,142
CD Program:		
Interest Expense	\$ 5,617	\$ 4,338
Bad Debt Expense	0	5,585
Purchased Services	44,072	25,316
Salaries	1,036,413	982,290
Depreciation	14,341	12,958
Supplies & Materials	76,744	77,046
Indirect Costs	<u>44,409</u>	<u>31,876</u>
Total	\$1,221,596	\$1,139,409

Table 47 - WRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>MH Adol (PCU)</u>	<u>MH Adol (ATU)</u>	<u>DD</u>	<u>CD</u>	<u>Total ADC</u>	<u>CD Outpt.</u>
FY80	313			158	104	575	
FY81	310			158	97	565	
FY82	306			162	96	564	
FY83	312			159	99	570	
FY84	296			155	103	554	
FY85	290			151	96	537	
FY86	294			133	84	511	
FY87	288			109	82	479	
FY88	304			90	48	442	
FY89	304	6		78	26	414	
FY90	260	6	29	74	19	388	5
FY91	237	6	32	65	15	355	4,544 hrs
FY92	236	6	30	57	16	345	8,022 hrs
FY93	228	6	32	46	19	331	4,363 hrs
FY94	237	6	32	38	19	332	7,952 hrs

NOTE: As of December, 1990, CD Outpt. units are expressed as the total number of Outpt. services hours provided during the fiscal year.

Table 48 - WRTC Admissions by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>MH Adol (PCU)</u>	<u>MH Adol (ATU)</u>	<u>DD</u>	<u>CD</u>	<u>Total</u>
FY90	676	7	39	8	213	943
FY91	747	8	68	9	148	980
FY92	687	15	66	16	176	960
FY93	702	8	52	15	178	955
FY94	757	14	53	22	183	1,029

Table 49 - WRTC Discharges by Fiscal Year - 5 Year Period

<u>Fiscal Year</u>	<u>MH</u>	<u>MH Adol (PCU)</u>	<u>MH Adol (ATU)</u>	<u>DD</u>	<u>CD</u>	<u>Total</u>
FY90	667	5	41	10	213	936
FY91	719	9	66	16	152	932
FY92	732	11	76	24	168	1,011
FY93	772	7	52	21	186	1,038
FY94	797	19	48	36	181	1,081

Appendix I

Census Information

Table 1	Average Daily Census Breakdowns by Facility and Disability	I-1
Table 2	Average Daily Census Breakdowns by Disability	I-1
Pie Graph	Total Average Daily Census - FY94	I-2
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Table 3	Average Daily Census, Utilized Bed Capacity and Percent of Occupancy - September, 1994	I-4
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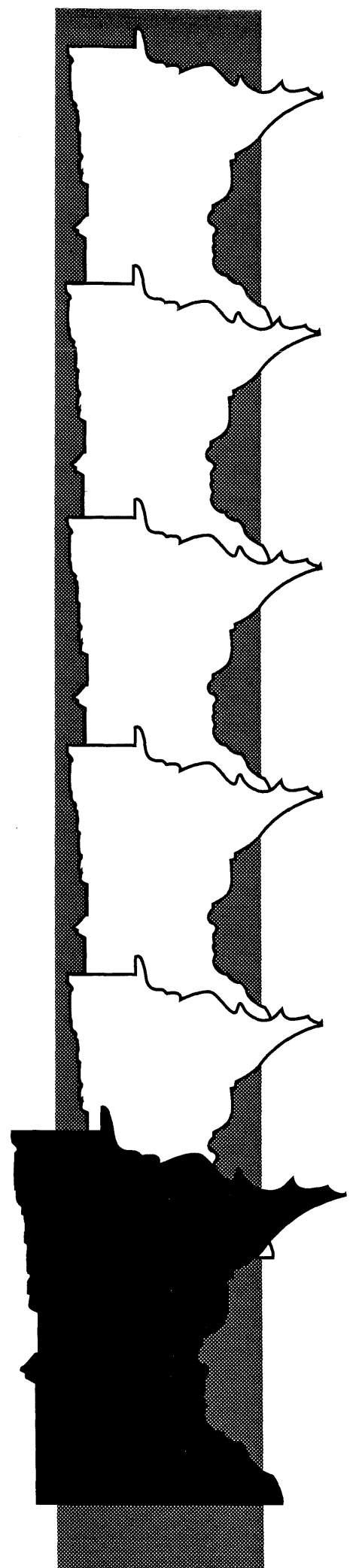


Table 1 - Average Daily Census Breakdowns by Facility and Disability

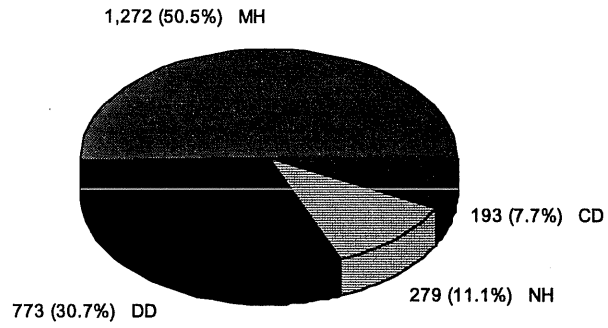
FACILITY	FY80	FY81	FY82	FY83	FY84	FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93	FY94
AGCC															
NH	351	328	330	326	319	322	318	296	240	249	257	252	252	250	251
CD					20	24	18	27	23	25	27	22	18	13	17
CD Outpt.											0	131	255	523	173
Total:	351	328	330	326	339	346	336	323	263	274	284	274	270	263	268
AMRTC															
MH	280	240	228	224	237	234	235	240	236	233	230	231	231	235	239
CD	82	80	78	81	79	79	78	79	67	63	59	39	35	20	20
CD Outpt.									2	2	3	215	79	0	0
Detox														1	7
Total:	362	320	306	305	316	313	313	319	303	296	289	270	266	255	259
BRHSC															
MH	60	65	74	78	65	57	64	69	72	72	75	76	74	73	75
TACP (MH Adol)		36	35	41	37	37	35	37	38	33	21	22	18	19	19
DD	440	360	328	311	287	261	239	206	182	170	164	158	144	131	107
WSC (NH)											19	27	28	27	28
CD	43	47	49	49	60	69	63	52	51	43	35	29	29	35	35
CD Outpt.									6	0	4	1,829	4,969	2145	4002
Total:	543	508	486	479	449	424	401	364	343	318	314	312	293	285	264
CRHSC															
DD	527	510	509	503	483	459	406	368	335	302	295	262	219	192	168
FRC															
DD	807	774	772	747	709	668	627	545	514	481	469	438	372	323	281
NH								34	33	34	34	32	32	18	
Total:	807	774	772	747	709	668	627	579	547	515	503	470	404	341	281
FFRTC															
MH	129	125	113	108	98	104	99	99	100	102	101	106	104	100	107
DD	278	268	268	245	231	222	200	179	165	148	133	122	111	103	94
CD	143	157	166	169	140	144	136	122	82	49	42	27	31	38	40
CD Outpt.								8	7	6	7	1,983	4,804	2841	1860
Detox							3	3	3	2	2	3	2	2	3
Total:	550	550	547	522	469	470	435	400	347	299	276	255	246	241	241
MLRTC															
MH	150	145	163	193	169	171	164	179	196	205	196	197	184	172	140
DD	133	129	122	112	107	103	96	94	83	73	70	69	52	40	18
CD	174	197	185	185	159	161	157	117	74	52	46	46	46	46	38
CD Outpt.											1	370	268	295	0
Total:	457	471	470	490	435	435	417	390	353	330	312	312	282	258	196
OTNH															
NH	331	333	334	332	333	333	323	297	275	241	182	65			
RSH															
MH	253	224	125												
DD	153	129	36												
CD	51	38	0												
Total:	457	391	161												
SPRTC															
MH	136	144	159	165	156	160	153	157	161	170	165	164	159	143	157
DD	192	184	175	179	170	164	161	155	157	156	140	122	95	78	67
CD	40	45	45	54	54	54	53	50	36	31	22	21	23	25	24
MSH (MH)	203	193	189	212	210	219	222	222	223	229	229	230	222	237	260
CD Outpt.									2	0	0	618	1,264	0	0
Total:	571	566	568	610	590	597	589	584	577	586	556	537	499	483	508
WRTC															
MH	313	310	306	312	296	290	294	288	304	304	260	237	236	228	237
PCU (MH Adol)											6	6	6	6	6
ATU (MH Adol)											29	32	30	32	32
DD	158	158	162	159	155	151	133	109	90	78	74	65	57	46	38
CD	104	97	96	99	103	96	84	82	48	26	19	15	16	19	19
CD Outpt.											5	4,544	8,022	4363	7952
Total:	575	565	564	570	554	537	511	479	442	414	388	355	345	331	332

NOTE: CD Outpatient and Detox units are shown for information only and are not included in the Average Daily Census totals for each facility. As of December, 1990, CD Outpatient units are expressed as the total number of Outpatient services hours provided during the fiscal year.

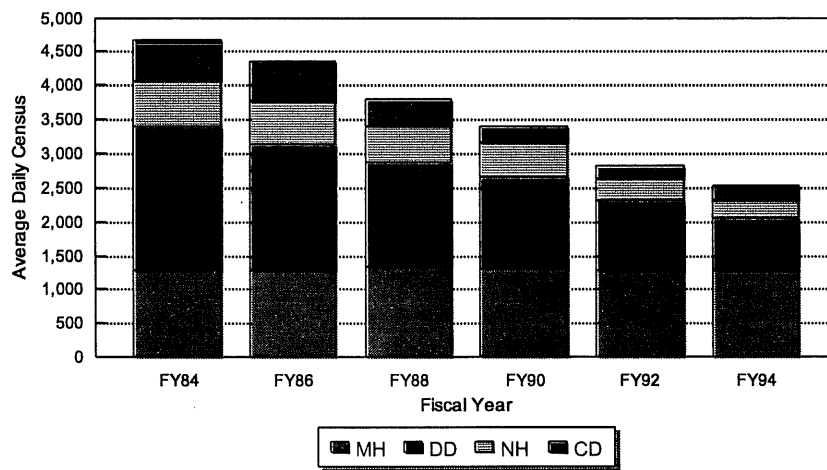
Table 2 - Average Daily Census Breakdowns by Disability

Disability	FY80	FY81	FY82	FY83	FY84	FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93	FY94
MH	1,524	1,482	1,392	1,333	1,268	1,272	1,266	1,291	1,330	1,354	1,312	1,301	1,264	1,245	1,272
DD	2,688	2,512	2,372	2,256	2,142	2,028	1,862	1,656	1,526	1,408	1,345	1,236	1,050	913	773
NH	682	661	664	658	652	655	641	627	548	524	492	376	312	295	279
CD	637	661	619	637	615	627	589	529	381	289	250	199	198	196	193
CD Outpt.								8	17	8	20	9,690	19,661	10,167	13,987
Detox							3	3	3	2	2	3	2	3	10
Total:	5,531	5,316	5,047	4,884	4,677	4,582	4,358	4,103	3,785	3,575	3,399	3,112	2,824	2,649	2,517

Total Average Daily Census for FY94
All Statewide Programs



Total Average Daily Census
All Statewide Programs



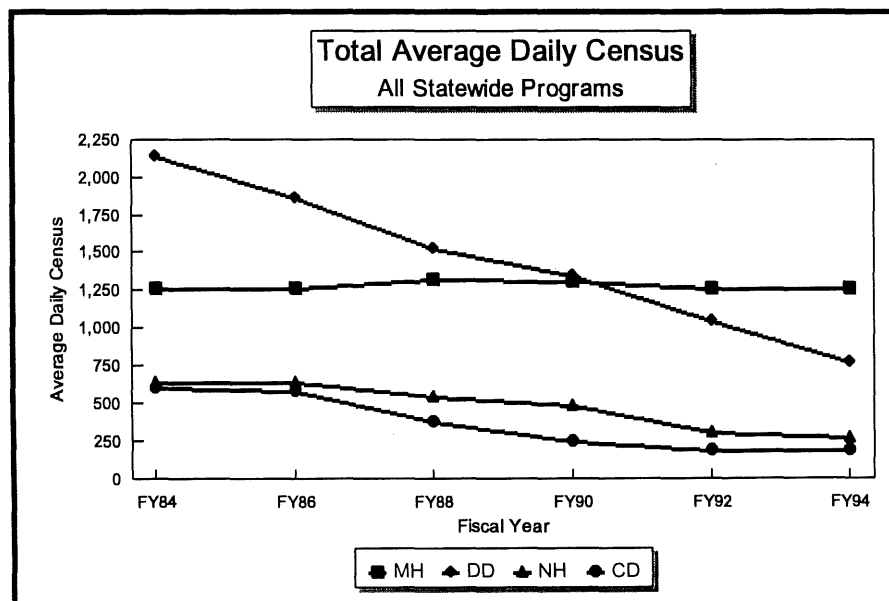
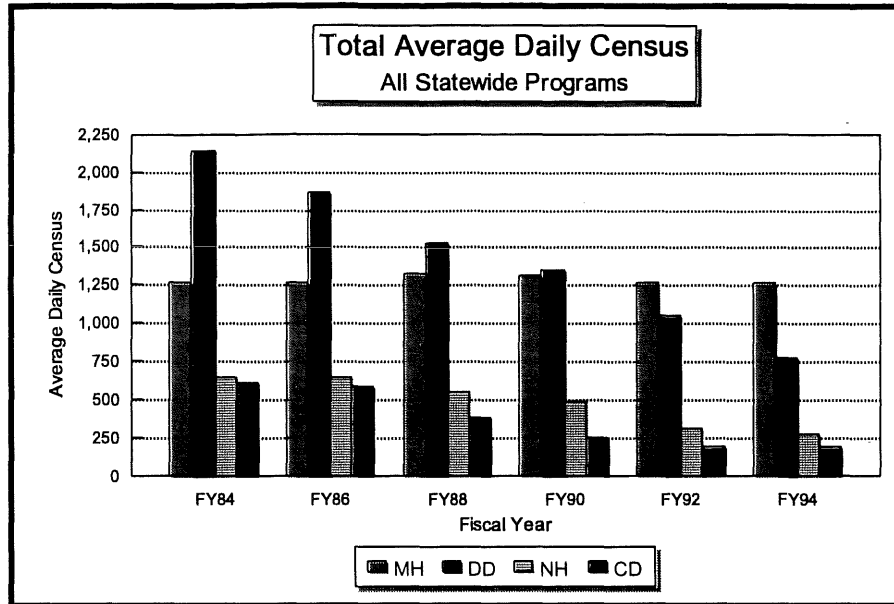


Table 3 - Average Daily Census, Utilized Bed Capacity and Percent of Occupancy as of September, 1994

Facility	Average Daily Census	Utilized Bed Capacity	Percent of Occupancy
AGCC	257	301	85.38%
AMRTC	264	275	96.00%
BRHSC	246	282	87.23%
CRHSC	148	168	88.10%
FRC	253	341	74.19%
FFRTC	257	271	94.83%
MSH	264	291	90.72%
MLRTC	154	200	77.00%
SPRTC	238	266	89.47%
WRTC	301	375	80.27%

Table 4 - Licensed Bed Capacity - September, 1994

Facility	Specialized Hospital (Mental)	SLF-A	SLF-B	Nursing Home
AGCC		40		343
AMRTC	257		90	
BRHSC	151	33	192	28
CRHSC			246	
FRC			341	
FFRTC	230	60	160	
MSH	72	224		
MLRTC	225	92		
SPRTC	234		128	
WRTC	467		140	

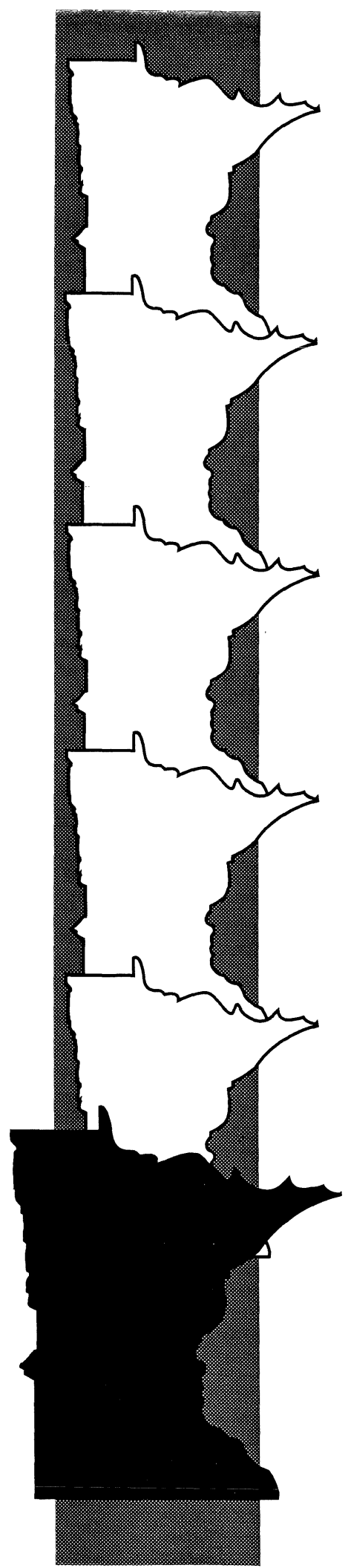
Table 5 - Certified Bed Capacity - September, 1994

Facility	Title 18/19 Psychiatric Hospital	ICF/MR	Title 18/19 SNF/NF	NF I
AGCC				343
AMRTC	257			
BRHSC	124	192	28	
CRHSC		246		
FRC		341		
FFRTC	183	160		
MSH				
MLRTC	225			
SPRTC	176	128		
WRTC	426	97		

Appendix II

Other Facility Information

Shared Service Agreements - FY94	II-1
Capital Improvements Authorizations - Laws of MN 1993	II-3
Capital Improvements Authorizations - Laws of MN 1994	II-4
Square Footage and Acreage of RTC Campuses	II-5
Current and Proposed Income Generating Lease Agreements - November, 1994	II-6 & 7



SHARED SERVICE AGREEMENTS FY94

Pursuant to Minnesota Statutes, section 246.57, subd. 1, the Commissioner of Human Services may authorize any state facility operated under the authority of the commissioner to enter into agreement with other governmental entities and both nonprofit and for-profit organizations for participation in shared service agreements that would be of mutual benefit to the state, other governmental entities and organizations involved, and the public. The charges for the services shall be on an actual cost basis. All receipts for shared services may be retained by the regional treatment center or state-operated nursing home that provides the services, in addition to other funding the regional treatment center or state-operated nursing home receives. The following lists Shared Service Agreements that were in effect during FY94 and the dollar amounts collected.

<u>Facility</u>	<u>Contract Type</u>	<u>Contract Amount</u>
AGCC	Dietary Services	0
AMRTC	Miscellaneous Lease Support	338,381
	U of M Medical Students	120
	Psychiatric Services	<u>1,925</u>
	Total:	340,426
BRHSC	Community Based Waiver Services - Salaries	199,468
	Community Based Waiver Services - Current Expenses	20,246
	Crow Wing County CD Counseling Services	15,934
	Laundry Services	286,586
	Dietary Services	172,033
	Medical & Staff Development Services	86,516
	Community Services Technical Assistance	85,957
	Crow Wing County DAC - Salaries	372,296
	Crow Wing County DAC - Current Expenses	<u>116,320</u>
	Total:	1,355,355
CRHSC	Community Based Pilot Project DD - Salaries	565,320
	Community Based Pilot Project DD - Current Expenses	106,940
	Community Services Technical Assistance	28,136
	State Operated Community Services	31,210
	DT&H Waiver Services - Rum River	31,680
	Laundry Services	0
	Dietary Services	<u>1,754</u>
	Total:	765,039
FRC	Waiver Services, Res & DT&H - Salaries	0
	Waiver Services, Res & DT&H - Non-Salaries	0
	Regional Laundry	470,113
	Community Based Pilot Project DD - Salaries	631,656
	Community Based Pilot Project DD - Expenses	146,702
	Psychiatric/Medical	0
	Bakery/Meals	91,955
	Misc. Lease Support	864
	State Operated Community Services	84,417
	Habilitation & Training Community Clients	152,919
	Chatham SOCS - Tran Sys	18,855
	Dell Road SOCS - Tran Sys	<u>18,076</u>
	Total:	1,615,558

**SHARED SERVICE AGREEMENTS
FY94**

<u>Facility</u>	<u>Contract Type</u>	<u>Contract Amount</u>
FFRTC	Community Based Waiver Services - Salaries	150,274
	Community Based Waiver Services - Current Expenses	17,823
	Out Patient CD services for Clay County	56,155
	Clearwater Regional College	15,187
	CD Counseling Services to School District #548	5,244
	CD Counseling Services to School District #146	0
	Dietary & Maintenance Services	21,191
	MR Day Training	38,109
	Steam Purchase	14,061
	NW Mental Health	13,593
	Total:	331,636
MLRTC	Community Based Waiver Services - Salaries	219,845
	Community Based Waiver Services - Current Expenses	67,780
	Services to Willow River Camp	132,756
	Pine Tech	0
	Minn. Job Training	0
	State Operated Community Services	19,712
	Day Training & Habilitation - Moose Lake	0
	Total:	440,093
SPRTC	Dietary Services	65,526
	Counseling Services	0
	Transportation Services	6,250
	Laundry Services	4,144
	Total:	75,920
WRTC	Training and Technical Assistance	44,500
	Crossroads DAC	264,972
	Dietary Services	102,433
	Laundry Services	6,968
	General Support Services	14,820
	State Operated Community Services	173
	Total:	433,865
GRAND TOTAL:		<u>\$5,357,893</u>

CAPITAL IMPROVEMENTS AUTHORIZATIONS
Laws of Minnesota 1993
Chapter 373

	<u>Appropriation</u>
Sec. 7. HUMAN SERVICES	
Subd. 1. To the commissioner of administration for the purposes listed in this section	\$8,765,000
Subd. 2. St. Peter Regional Treatment Center	\$400,000
This appropriation is added to the appropriation in Laws 1992, chapter 558, section 8, subdivision 2, and shall be used to plan, design, construct, and equip a 50-bed facility at the Minnesota security hospital for psychopathic personality patients and mentally ill and dangerous patients. The facility must be built to psychopathic personality licensing standards.	
Subd. 3. Design of Psychopathic Personality Facilities	
In order to expedite the design of the psychopathic personality facilities at both Moose Lake and St. Peter, the commissioner of administration may select for both projects the design firm originally selected for the psychopathic personality facility authorized in Laws 1992, section 8, subdivision 2, without further procedures under Minnesota Statutes, section 16B.33.	
Subd. 4. St. Peter Regional Treatment Center	\$115,000
For remodeling the kitchen, including kitchen fixtures, at the regional treatment center at St. Peter	
Subd. 5. Moose Lake Regional Treatment Center	\$7,250,000
To plan, design, construct, and equip a new supervised living facility for 100 psychopathic personality patients adjacent to the Moose Lake regional treatment center.	
The total cost for this project must not exceed \$20,050,000. This appropriation is added to the appropriation in Laws 1992, chapter 558, section 8, subdivision 6.	
In accordance with Minnesota Statutes, section 15.16, the commissioners of human services and natural resources shall develop a recommendation by July 15, 1993, for transferring custodial control of state land necessary to properly site the new psychopathic personality facility at Moose Lake.	
Construction on the 100 unit facility at Moose Lake for psychopathic personality patients must not be commenced until construction has been commenced on the 50-bed facility at St. Peter provided for in subdivision 2, except that this limitation does not restrict site preparation.	
The commissioner of administration shall report to the legislature by February 1, 1994, on the progress on both of the authorized facilities for psychopathic personality patients and related projects.	
Subd. 6. Brainerd Regional Human Services Center	\$700,000
To plan, design, equip, and remodel the Brainerd regional human services center to accommodate 75 patients to be transferred from the Moose Lake regional treatment center.	
The unencumbered balance of the appropriation in Laws 1990, chapter 610, article 1, section 12, subdivision 7, that is for remodeling at Brainerd, estimated to be \$1,409,000, must also be used for this facility.	
Subd. 7. Cambridge Regional Human Services Center	\$300,000
To remodel Boswell Hall so that services for clients at the Cambridge center can be consolidated and moved from older buildings, and to bring Boswell Hall into compliance with life safety building codes and program licensure standards.	
This appropriation must not be use to prepare space for or to move clients from another regional treatment center to the Cambridge center.	

CAPITAL IMPROVEMENTS AUTHORIZATIONS
Laws of Minnesota 1994
Chapter 643

	<u>Appropriation</u>
Sec. 8. HUMAN SERVICES	
Subd. 1. To the commissioner of administration for the purposes listed in this section	\$47,550,000
Subd. 2. Homes for State-Operated Waiver Services (SOCS)	\$8,835,000
<p>\$6,135,000 is to purchase and remodel, or construct up to 43 four-bed homes for purposed of state-state operated services programs for developmentally disabled individuals at various locations throughout the state.</p> <p>\$2,700,000 of this appropriation is for a contingency to acquire and better additional four-bed homes for purposes of state-operated waiver services programs for developmentally disabled individuals under the terms of future negotiated downsizing of regional treatment centers under the ten-year plan.</p> <p>Debt service costs on the bonds sold to finance this project must be paid to the commissioner of finance in accordance with Minnesota Statutes, section 16A.643, from group residential housing fees charged and collected by the commissioner of human services under Minnesota Statutes, chapter 256I.</p>	
Subd. 3. Metro Area Predischarge Program	\$1,500,000
<p>To purchase two 16-bed apartment complexes in the Twin Cities metropolitan area for state-operated predischarge programs for persons with mental illness.</p>	
Subd. 4. Anoka Metro Regional Treatment Center	\$37,000,000
<p>Consolidated and restructure campus</p> <p>To construct, remodel, furnish and equip new residential, program, and ancillary service facilities for the Anoka metro regional treatment center. This includes construction for 150 psychiatric hospital beds, ancillary services facilities and site improvements.</p> <p>For this project the commissioner will use plans and designs previously developed for a psychiatric hospital at the Fergus Falls regional treatment center to the maximum extent possible.</p>	
Subd. 5. St. Peter Regional Treatment Center	\$215,000
<p>Air Condition Tomlinson Hall</p> <p>To upgrade the ventilation and air conditioning of Tomlinson Hall so it can be utilized year round.</p>	

**SQUARE FOOTAGE AND ACREAGE
OF RTC CAMPUSES**
As of November 1, 1994

Table 1 - Square Footage

	<u>Total Square Footage</u>	<u>Utilized Square Footage</u>	<u>Leased Square Footage</u>	<u>Non-Utilized Square Footage</u>
AGCC	252,919	228,898	5,467	18,554
AMRTC	482,691	417,830	64,807	54
BRHSC	732,746	605,358	23,758	103,630
CRHSC	697,327	447,615	48,570	201,142
FRC	937,377	648,569	6,640	282,168
FFRTC	863,871	687,748	61,475	114,648
MLRTC	583,014	332,270	181,311	69,433
SPRTC	796,367	749,664	19,365	27,338
WRTC	<u>595,438</u>	<u>538,992</u>	<u>21,800</u>	<u>34,646</u>
Total:	5,941,750	4,656,944	433,193	851,613

Table 2 - Acreage

	<u>Total Acres</u>	<u>Acres Transferred &/or Sold</u>	<u>Acres Leased</u>
AGCC	181.05	0.00	0.50
AMRTC	236.81	10.50	88.04
BRHSC	193.33	0.00	14.12
CRHSC	150.97	85.63	0.00
FRC	761.47	0.00	585.00
FFRTC	195.81	359.19	15.00
MLRTC	212.02	4.50	0.00
SPRTC	607.10	0.00	0.00
WRTC	<u>135.00</u>	<u>23.00</u>	<u>0.00</u>
Total:	2,673.56	482.82	702.66

CURRENT & PROPOSED INCOME GENERATING LEASE AGREEMENTS
As of November 1, 1994
By Facility

<u>Facility</u>	<u>Lessee</u>	<u>Square Footage</u>	<u>Acres</u>	<u>Annual Lease Income</u>
AGCC	AFSCME	137		\$273
	Bi-County CAP		0.50	\$3,540
	Northern Cass County DAC	4,166		\$4,800
	Walker Area Food Shelf	532		\$3,192
	US Post Office	<u>632</u>		<u>\$200</u>
	Total:	5,467	0.50	\$12,005
AMRTC	Anoka County	64,807		\$110,172
	Anoka Tech. College		74.00	\$100
	City of Anoka Parks & Rec.		7.43	M/B
	MTC		<u>6.61</u>	<u>\$100</u>
	Total:	64,807	88.04	\$110,372
BRHSC	AFSCME	407		\$814
	Charlie Peterson Comm. Gardens		14.12	M/B
	Crow Wing County	5,548		\$22,525
	Crow Wing-Morrison Comm. Corrections.	11,913		\$44,709
	ISD #181	5,836		\$29,726
	SCCU	<u>54</u>		<u>\$219</u>
	Total:	23,758	14.12	\$97,993
CRHSC	A Children's Garden	2,500		\$6,575
	AFSCME	521		\$1,198
	ISD #911	7,380		M/B
	Isanti County	18,739		\$46,848
	Outlook Health Services	200		\$650
	Pine Tech. College	2,000		\$8,200
	Community Health Clinic	5,000		\$12,500
	Moose Lake Men's CD Program	5,880		\$23,520
	City of Cambridge			\$250
	Habitat for Humanity	100		\$600
	Shalom Furniture	200		\$1,200
	East Central Child & Family Advocates	1,200		\$5,400
	Robert Dryden (The Muscle Factory)	2,500		\$6,250
	The Refuge	<u>2,350</u>		<u>\$1,200</u>
	Total:	48,570	0.00	\$114,391
FRC	City of Faribault		585.00	M/B
	Rice County	<u>6,640</u>		<u>\$19,920</u>
	Total:	6,640	585.00	\$19,920
FFRTC	AFSCME	336		\$1,176
	John Dinsmore	3,171		\$4,200
	Catholic Charities	12,744		\$19,116
	Charles Wahl		15.00	\$175
	DD SOCS (Waiver Home)	3,171		\$6,000
	Dept. of Health	4,791		\$20,553
	Dept. of Public Safety	480		M/B
	ISD #544	25,730		\$59,724
	Charles Thanel	2,612		\$4,200
	Department of Agriculture	400		\$750
	DHS Deaf Services	2,626		\$3,781
	James Koenig	3,268		\$5,400
	MN Public Radio			M/B
	O. John Bloom	<u>2,626</u>		<u>\$3,441</u>
	Total:	61,955	15.00	\$128,516

CURRENT & PROPOSED INCOME GENERATING LEASE AGREEMENTS
As of November 1, 1994
By Facility

<u>Facility</u>	<u>Lessee</u>	<u>Square Footage</u>	<u>Acres</u>	<u>Annual Lease Income</u>
MLRTC	AFSCME	98		\$546
	Dept. of Corrections	<u>181,213</u>		<u>\$277,257</u>
	Total:	181,311	<u>0.00</u>	<u>\$277,803</u>
SPRTC	AFSCME	88		\$540
	Dept. of Jobs & Training	5,954		M/B
	Dept. of Public Safety	2,850		M/B
	ISD #508	240		M/B
	DHS Deaf Services	1,734		\$6,228
	The Hoffman Center	<u>8,499</u>		<u>\$6,000</u>
	Total:	19,365	<u>0.00</u>	<u>\$12,768</u>
WRTC	Prairie Lakes Dent. Center	18,246		\$65,686
	DHS Deaf Services	216		\$775
	Willmar Public Schools	2,836		\$10,181
	Family & Youth Services	<u>502</u>		<u>\$1,800</u>
	Total:	21,800	<u>0.00</u>	<u>\$78,442</u>
GRAND TOTAL:		430,119	702.66	\$561,651
