West Central Multi-county Secure Treatment Facility
Report to the Legislature
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West Central Multi-county Secure Treatment Facility

I. Executive Summary

This report was prepared in response to a legislative directive to assess the need, viability and benefits of a multi-county secure treatment facility in west central Minnesota. Information used in the preparation of this report included reports provided by the West Central Chemical Dependency Treatment and Correctional Center Operational Task Force, admission and discharge information from the Drug and Alcohol Normative Evaluation System (DAANES), studies regarding the co-occurrence of substance abuse and mental illnesses, and information regarding correctional treatment programs.

The proposed program would serve inmates with chemical dependency and mental illnesses from the participating counties; Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Todd, Wadena and Wilkin. It would hold 60 inmates and serve both men and women.

DAANES data from 2007 and 2008 was used to:

- Describe the population now being served
- Estimate the number of annual admissions that are likely to be appropriate for the program
- Estimate a low and high length of stay

The first step in this analysis was to select those admission events where the client would most likely, at the discretion of the court, be subject to incarceration. The admission events selected for analysis were based on the condition leading to admission and legal status. The number of admissions that met the criteria was 680, 43% of all admissions from the participating counties.

The initial number of admissions was adjusted using two factors, full time employment and the prevalence of co-occurring mental illnesses. Persons who were employed full time were assumed to be inappropriate for incarceration. The co-occurrence of mental illness was assumed to be 50%.

After adjustments, the estimated number of annual admissions to the proposed facility is 250. Because there are a great number of uncertainties regarding the length of stay that can be expected, both high and low estimates were used. The resulting estimates of annual inmate days were then compared to the planned capacity.

Low Estimate of Annual Inmate Days (250 admissions*45 days) =	11,250 days
High Estimate of Annual Inmate Days (250 admissons*90 days) =	22,500 days
Number of Available Annual Days (60*365) =	21,900
Number of Annual Days at 90% Occupancy=	19,710
Average Length of Stay Required to Provide 90% Occupancy (19,710 days/250 admissions)	79 days

The Department of Human Services must defer to another agency the assessment of need for or prediction of the viability of the West Central Multi-county Secured Treatment Facility as a correctional facility. However, the question of such a facility being able to provide on-site, chemical dependency treatment services has been answered by the successful demonstrations of many county or regional jails across Minnesota. By following a course established by these other secure facilities, a large, multi-county facility could make treatment services available for incarcerated persons in custody.

The benefits to be derived from such a facility are reduced addiction and criminal recidivism, lessening the burden of the costs which would have otherwise accrued to the offenders' home communities.

II. Legislative Charge

The 2008 Minnesota Legislature included in the bonding bill (Laws of 2008, Ch. 179, Sec. 18, Subd. 5), a provision that provided $150,000 for a grant to Pope County to pre-design a multi-county regional secured treatment facility and required that the Commissioner of Human Services "shall prepare a report to the Legislature assessing the need of and viability of the facility and the benefits derived from a coordinated multi-county, regional approach to local chemical dependency need in west central Minnesota."

III. DHS Approach

The responsibility for preparation of the report was assigned to the Alcohol and Drug Abuse Division (ADAD) of DHS. The ADAD oversees the operations of the Consolidated Chemical Dependency Treatment Fund (CDTF) and the Drug and Alcohol Normative Evaluation System (DAANES).

Admission and discharge data from DAANES was used to address the issues identified by the Legislature. In addition, this report includes a brief summary of national findings regarding the efficacy on inmate treatment programs.

IV. Understanding of the Planned Treatment and Correctional Center

The entity directing the planning of the proposed secure treatment facility is the West Central Chemical Dependency Treatment and Correctional Center Operational Task Force. The counties participating in the Task Force are Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Todd, Wadena and Wilkin.

The Task Force provided ADAD with two reports describing plans for the project, the Feasibility Assessment Report dated December 20, 2005, and the Treatment Task Force Report, dated April, 2007.

The Treatment Task Force Report identifies the population to be served by the proposed facility as "inmates identified with both a chemical dependency and a mental health

disorder." The facility will serve both men and women. The current plan is that the facility will house 60 persons. Both mental health and chemical dependency services will be provided. There is no fixed "length of stay" anticipated, rather the number of days an inmate will be incarcerated in the facility will depend on the length of their sentence and their treatment needs.

V. DAANES Data Analysis

The DAANES system collects information at admission and discharge, for all clients served in treatment programs that receive public funds from the CCDTF, essentially all the chemical dependency treatment programs in the state. This analysis is based on discrete 'admission events" which took place in 2007 and 2008 for persons who resided in one of the nine participating counties at the time of their admission. Because an individual may have more than one admission event in a year, the analysis is not based on an unduplicated client count. Admission events are a more accurate measure of need for services in a given time period.

Data were analyzed for calendar years 2007 and 2008. Some data elements in DAANES were changed effective 1/1/2007. Because of this any analysis going back before 2007 would not include the same information, leading to an "apples and oranges" problem with the data. The results from the two years were averaged to provide annualized numbers, and these averages are used throughout this report unless otherwise noted. There were 1575 total annualized chemical dependency treatment admissions reported to DAANES from the nine counties.

Identification of appropriate admission events

The proposed facility will serve persons who are incarcerated. The first step in this analysis was to select those admission events where the client would most likely, at the discretion of the court, be subject to incarceration. DAANES admission forms include several questions that may be indicators of such status. Those questions include the source of referral, the condition leading to admission, legal status at admission, whether the client was in jail or prison in the past 30 days, and if they are under court jurisdiction or on probation or parole.

The admission events selected for analysis were based on the answers to two of these questions, the condition leading to admission and legal status. For the question of condition leading to admission there are two possible answers that indicate that the individual being admitted is likely to be subject to incarceration. These data elements are 'treatment to avoid jail or prison", and "treatment as a condition of probation or parole". 641 admissions met these criteria. For the question of legal status at admission, we selected those admissions where the individual was subject to a criminal court order to participate in treatment. 265 admissions stated they were under court order. The number of admissions that meet one or both criteria was 680, 43% of all admissions from the participating counties.

Of the other questions we examined, "Source of Referral" does not imply that the source has coercive power over the individual. The question "Is the client currently under the jurisdiction of a court or on probation/parole?" does not tell us whether that status is such that the client can be incarcerated. Finally, the questions about recent jail or prison time do not indicate that the person remains under court supervision and they also have a large proportion of "unknown' as the answer.

In summary, we used as our population admissions in which the primary condition leading to treatment is either to avoid jail or as a condition of probation or parole, and/or the legal status is a criminal court order. We think that these are the best indicators of a legal status under which the individual being admitted is subject to incarceration.

Summary of Findings - Admission Data (annualized)
680 admissions met the selection criteria

Number of Admissions and Type of Placement

The reference population received treatment on a non-residential (outpatient) basis 58% of the time. Twenty-seven percent had attended residential treatment delivered in a long-term format. Fourteen percent received short-term treatment, and just under 2% had gotten their treatment in a hospital setting.

Current CD treatment

	Number	Percent
Hospital Inpatient	13	1.90%
Short-term Residential	95.5	14.00%
Long-term Residential	180	26.50%
Non-Residential	391.5	57.60%
	680	100.00%

Gender mix

Nearly three-quarters of the individuals were male.

	Number	Percent
Male	504.5	74.20%
Female	175.5	25.80%

Primary condition leading to admission

When asked for the primary reason leading to their treatment admissions, three-quarters said it was a condition of their probation or parole. Eighteen percent said treatment was required to avoid jail, and four percent said they could not get their license plates back without completing treatment.

	Number	Percent
Avoid jail	121.5	17.90%
Condition of probation-parole	519	76.30%
Retain driver license-plates	25.5	3.80%
Lose custody of children	1	0.10%
Regain custody of children	1	0.10%
Avoid loss of relationship	1	0.10%
Other	9	1.30%
None	2	0.30%
	680	100.00%

Legal Status

About 39% said a court order put them in treatment, while 39% said no legal pressure led to their treatment.

	Number	Percent
Emergency/court hold order	0.5	0.10%
Criminal court order	264.5	38.90%
Court commitment - CD	53.5	7.90%
Civil court order	15.5	2.30%
Juvenile court placement	50.5	7.40%
None	243	35.70%
Not stated	52.5	7.70%
	680	100.00%

In jail within the last 30 days

Data contained information about jail residence in past 30 days in only 28% of cases.

	Number	Percent
Yes	47	6.90%
No	143.5	21.10%
Unknown	489.5	72.00%
	680	100.00%

In prison within the last 30 days

The question about prison residence in the 30 days preceding treatment was answered "yes" in 92% of cases.

	Number	Percent
Yes	628.5	92.40%
No	42.5	6.30%
Unknown	9	1.30%
	680	100.00%

Labor Force Status

Thirty-five percent were employed either full or part-time when entering treatment, and 12% were students.

	Number	Percent
Full-time	180.5	26.50%
Part-time	61.5	9.00%
Occasional	18.5	2.70%
Homemaker	7	1.00%
Student	82.5	12.10%
Retired	4	0.60%
Disabled	25.5	3.80%
Inmate	7.5	1.10%
Unemployed - looking	165	24.30%
Unemployed - not looking	99.5	14.60%
Other	16	2.40%
Unknown	12.5	1.80%
	680	100.00%

Primary substance of abuse

The majority of admissions, 59%, listed alcohol as their primary substance of abuse. Marijuana and hashish was primary substance for 23% of admissions, and methamphetamine was listed by 14% of the admissions.

	Number	Percent
Alcohol	400	58.80%
Cocaine	5	0.70%
Crack	4.5	0.70%
Marijuana-Hashish	158.5	23.30%
Heroin	3.5	0.50%
Non-prescription Methadone	1	0.10%
Other Opiates/Synthetics	7	1.00%
Other Hallucinogens/Psychedelics	0.5	0.10%
Methamphetamine	92	13.50%
Other Amphetamines	0.5	0.10%
Other Stimulants	0.5	0.10%
Benzodiazepines	1	0.10%
Inhalants	1	0.10%
Over-The-Counter Medications	0.5	0.10%
Unknown	4.5	0.70%
	680	100.00%

Summary of Findings – Discharge Data

The number of discharge reports does not match the number of admissions. The primary reasons are that persons admitted in a given time period are not all discharged within that same time period, that not all discharge reports contain responses to all questions, and that not all discharges are reported.

Reason for Discharge

Of the admissions, two-thirds completed their treatment program, 5% were transferred to another facility pre-completion, and about one-quarter left without completing treatment. Of those to leave early, 60% left at staff request. The remaining 40% chose to leave.

	Number	Percent
Completed program	364	66.91%
Patient left	52.5	9.65%
Staff requested	76	13.97%
Transferred	29	5.33%
Assessed as inappropriate	5.5	1.01%
Lost financial support	2	0.37%
Incarcerated	5	0.92%
Death	0.5	0.09%
Other	9.5	1.75%
	544	100.00%

Sources of Payment

The following table shows the number of episodes of treatment where a source of payment was reported. An individual can have more than one source of payment.

	Number of Episodes
Self-pay	214
Private health insurance -- non-managed care	106
Private health insurance -- managed care	72
CCDTF (Consolidated Chemical Dependency Treatment fund)	740
MHCP (MA, GAMC, MinnesotaCare)	85
Medicare	1
County funds (non-CCDTF)	22
Free care (no charge)	1
Other	6
	1247

Lengths of Stay

Discharges include a mix of residential and non-residential placements. Residential services are reported in days, non-residential services are reported in hours. Each year is reported separately.

	2007	2008
Residential episodes =	280	219
Total days =	16,970	10,650
Range =	1 to 269	1 to 197
Standard deviation =	44	37
Mean =	61	49
Median =	45	34

	2007	2008
Non-Residential episodes	345	211
Total hours of service =	20,521	11,111
Range =	1 to 629	1 to 365
Standard deviation =	53	45
Mean =	60	53
Median =	50	47

Current Inmate Treatment Programs

ADAD staff identified 16 programs reporting in DAANES that provide treatment services to inmates of correctional facilities. There were 1003 admissions in 2007 and 810 in 2008.

The major difference in the primary substance of abuse between this population and the admissions selected from the West Central counties is that alcohol was listed less frequently, by 45% as opposed to 59% of the admissions. Cocaine, crack and heroin were listed much more frequently, by 13% as opposed to 2% of admissions.

The percentage of admissions reporting full time employment in the correctional programs was 9%, compared to 27% of the West Central group. The part time employment numbers were 4% and 9% respectively. A number of correctional programs serve people on who are on work release, which could account for their employment status while incarcerated.

Correctional facility programs are licensed as outpatient programs. The following table describes the number of hours of service provided in the current correctional programs.

	2007	2008
Mean	63 hours	68 hours
Median	63 hours	66 hours
Standard Deviation	52 hours	39hours

Current Providers of Services

In the two year period there were 103 programs used by the population selected. 21 of those programs served more that 1% of that population. Those programs and the annualized number of admissions are described in the table below.

Program Name	Average	Percent
Red River Recovery Center	41.5	6.10%
New Visions Center - Residential	50.5	7.40%
New Visions Center	71.5	10.50%
Riverplace Counseling Center Outpatient Program	20	2.90%
Lake Place Retreat Center	7	1.00%
Haven Recovery Center	11.5	1.70%
New Visions Center of Morris	12	1.80%
Haven Road Recovery Center Todd County	18.5	2.70%
Wellness Center of Fargo Moorhead	34.5	5.10%
Lakes Counseling Center Outpatient Program	10.5	1.50%
Neighborhood Counseling Center Outpatient Program	24	3.50%
Lakeland Mental Health Center Inc Outpatient Program	30	4.40%
CARE - Brainerd Aurora Program	14.5	2.10%
Douglas Place Inc. Halfway House	9.5	1.40%
Fergus Falls Regional Treatment Center	118	17.40%
Lake Region Halfway House	17	2.50%
Project Turnabout Program--Granite Falls	16	2.40%
Pine Manors Inc	26.5	3.90%
Saint Cloud Hospital Recovery Plus	14.5	2.10%
First Step Recovery PLLP	6.5	1.00%
Share House Inc	12	1.80%

VI. Estimated Utilization

The primary issue of viability is whether a program will have a sufficient number of clients to maintain an occupancy level that will support the program. There are three key variables; the size of the program, the number of clients and the length of stay. For the purpose of this analysis the size of the program is 60 inmates, based on the latest plan from the West Central Task Force.

An estimate of the number of clients that would be appropriate for the proposed program is complicated by the fact that DHS has few direct measures on which to base the estimate. The first step to define the appropriate population was to select from the overall DAANES population those admissions which are likely to be subject to incarceration. This was described in Section V, above. For purpose of this report, we have made three more adjustments.

Persons Appropriate for Incarceration

There are many variables considered by the Courts when deciding whether to incarcerate someone, including the severity of their crime, their criminal history and their employment situation. The only variable from DAANES that is directly useful in addressing this question is employment status. Generally, from the standpoint of chemical dependency treatment decisions, if a person is maintaining full time employment the preference is to provide treatment in the community that allows them to continue working. We have assumed that, for the purposes of this report, persons who are employed full time are not appropriate for the proposed secure facility. These are 26.5% of the selected admissions.

Prevalence of a Co-occurring Mental Illness

First, the 2007 Report of the Task Force states that the facility will admit persons with a dual diagnosis of chemical dependency and mental illness. The question is how many of the selected admissions are likely to be persons who also have a mental illness? The Treatment Task Force Report contains information on this from a Legislative Auditors Report, as follows:

> The Office of the Legislative Auditor (OLA) evaluated chemical dependency treatment programs in 2006. They reported that the number of people in prison for drug-related crimes increased from "276 in 1990 to 2,178 in 2005." They go on to say, "Many persons imprisoned for other types of offenses have histories of substance abuse." The OLA also refers to assessments completed by the Department of Corrections (DOC) on 4,000 inmates in 2004 that determined 64% of the prisoners were "chemically dependent" and another 25% were "chemically abusive." The OLA also reports on a study entitled, "Prevalence and Co-occurrence of Substance Use Disorders and Independent Mood Anxiety Disorders: Results from the National Epidemiology Survey on Alcohol and Related Conditions," published in 2004. The study states 60% of the people with drug use disorders and 41% of the alcoholics seeking treatment in the previous 12 months had at least one mood disorder. The OLA surveyed community-based corrections directors and found that 96% favored stronger emphasis by substance abuse treatment programs "on addressing clients' mental health needs."

The National Epidemiologic Survey on Alcohol and Related Conditions (Conway et al., 2006) found that 30% of persons with a drug use disorder had a co-occurring anxiety

disorder, and that 40% of person with a drug use disorder had a co-occurring mood disorder.

Based on these various studies we have assumed that 50% of the selected admissions also meet the criteria of having a co-occurring mental illness.

Length of Stay

The CCDTF continuing placement criteria is based on the needs of the individual. The selected admissions have received services using these criteria. In answer to the admission question of legal status 8% are in treatment under an emergency hold order or a court commitment. Otherwise, persons admitted are generally free to leave the program.

Neither of these conditions, continuing stay based on need or freedom to leave, applies in the case of the proposed program. However, persons under sentence to a secure facility do have a limit to their sentence, which limits their time in the program. To further complicate the issue of length of stay, outpatient program units of service are hours, not days. We do not know the elapsed time between admission and discharge.

We do have some information that is useful. Other inmate treatments program have a mean and median of about 65 hours of care. Of the selected admissions from West Central 43% were in some form of residential treatments and their length of stay is summarized in the table below. The 2008 length of stay is likely to increase when more discharge data is received.

	2007	2008
Mean =	61	49
Median =	45	34

Given the uncertainty we have estimated need using a low estimate of 45 days and a high estimate of 90 days.

Calculation of Annual Inmate Days

Number of Selected Admissions	680
Full Time Employment Adjustment (680*.265)	-180
Subtotal	500
Co-occurring Mental Illness Adjustment (500*.5)	-250
Estimated Number of Admissions	250

Low Estimate of Annual Inmate Days (250 admissions*45 days) = 11,250 days
High Estimate of Annual Inmate Days (250 admissons*90 days) = 22,500 days

Number of Available Annual Days (60*365) =	21,900
Number of Annual Days at 90% Occupancy=	19,710
Average Length of Stay Required to Provide 90% Occupancy (19,710 days/250 admissions)	79 days

VII. CCDTF Payment Issues

Payment for the facility's chemical dependency treatment is anticipated to be primarily, if not exclusively, through the Consolidated Chemical Dependency Treatment Fund (CCDTF) (Minnesota Rules 9530.6800 to 9530.7031).

Eligibility

Eligibility is regulated by Minnesota Rules 9530.7015 . In order for people to be eligible to receive treatment through the CCDTF, they must meet at least one of four criteria:

A. The client is eligible for MFIP as determined under Minnesota Statutes, chapter 256J.

B. The client is eligible for medical assistance as determined under parts 9505.0010 to 9505.0150.

C. The client is eligible for general assistance, general assistance medical care, or work readiness as determined under parts 9500.1200 to 9500.1318.

D. The client's income is within current household size and income guidelines for entitled persons, as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

In addition, clients may receive CD treatment through the CCDTF if that treatment was authorized by counties, tribal governing boards or prepaid health plans or their designees according to Minnesota Rules parts 9530.6600 to 9530.6655. These rule parts establish criteria that must be satisfied in order for an individual to receive needed chemical dependency treatment through the CCDTF. Part 9530.6622 does not apply to court commitments under Minnesota Statutes, chapter 253B.

Individualized Treatment Planning

In order to receive CCDTF payment for providing CD treatment, an assessor must establish that an individual is eligible as noted above and the treatment provider must satisfy the requirements of licensed treatment facilities, Minnesota Rules parts 9530.6405 to 9530.6480. Additional requirements apply for license holders serving children (9530.6490), persons with both substance abuse and mental health disorders (9530.6495), persons who use drugs intravenously (9530.6500), or who require a residential setting (9530.6505). Licensed programs must create individual treatment plans for each client, satisfying minimum standards and specifically addressing problems identified by the client and by program staff. The treatment plan must be reviewed and updated weekly, further individualizing the treatment experience.

Payment limitations

The CCDTF may only pay for CD treatment given to eligible individuals in licensed CD treatment programs that are registered as Minnesota Health Care Program (MHCP) providers. As jail facilities do not meet these criteria, jail-based CD treatment is provided by an outside agency, properly licensed and registered to receive CCDTF payments.

Payment for services may only be made for services to eligible individuals. Individual eligibility depends on financial standards noted in the preceding section and on the presence of symptoms of a substance use disorder of sufficient severity to indicate an inability to manage the symptoms without assistance.

VIII. Summary of research regarding inmate treatment programs

The Drug and Alcohol Services Information System (DASIS) Report, is periodically published by the Substance Abuse and Mental Health Services Administration. A 2002 DASIS Report looked at a 1997 survey of correctional facilities that examined substance abuse treatment provided in Federal and State prisons, jails, and juvenile facilities. That survey found that 33% of jails provided treatment, and of those, 77% provided individual counseling. Sixty-four percent of jails offered group therapy, and 19% of provided family treatment. Jails that performed treatment kept those in treatment in general population about 79 percent of the time, in treatment-specific units 31% of the time, and in psychiatric units 8% of the time.

Of those jails providing information about treatment program staffing, 98% used paid staff to provide counseling sessions and of those that used paid staff, approximately 30% included physicians among that paid staff. They used PhD.-level providers, and 78% used providers of a master's or bachelor's-level of training. Among this group, the ratio of client-inmates to paid treatment staff was 10:1.

National Institute on Drug Abuse (NIDA) published a guide titled "Principles of Drug Abuse Treatment for Criminal Justice Populations" in 2006. In it, NIDA highlights necessary characteristics of successful treatment of inmates. Notable were the following points:

- Treatment must be of sufficient length to produce stable behavioral changes. Individuals with severe drug problems and co-occurring disorders typically need a minimum of three months to break old patterns of thought and behavior.
- Disorders of personality and other mental health problems are common in offender populations. Offenders with co-occurring mental health and substance use problems often require an integrated approach to treatment, including medication.
- Continuity of care is essential to drug abusers re-entering the community if therapeutic gains are to be maintained.

- Most studies suggest that persons mandated to enter treatment are equally or more likely to have good treatment outcomes than those not similarly pressured.

Estimates of drug abuse's cost to society was $180.9 billion (Office of National Drug Control Policy (ONDCP), 2004), "a substantial portion of which—$107.8 billion—is associated with crime…the cost of treating drug abuse (including research, training, and prevention efforts) was estimated to be 15.8 billion..."
In the ONDCP report "Drug Treatment in the Criminal Justice System," March, 2001, several treatment modalities were outlined. Therapeutic Communities (TCs) are effective for treatment of persons with long-term substance use problems and criminal behavior. TCs are very rigorous and structured programs modalities that emphasize community responsibility. Medically-assisted therapy employs pharmacological interventions to replace or block the illicit drug. "Outpatient drug treatment" is the term the report uses to describe an assortment of treatment protocols, including individual, group and family therapy, peer support, vocational and cognitive therapy. Multimodality therapy is the final term used to describe jail-based treatment program models. Such programs use a combination of any or all of the modalities listed above, plus inpatient services, medical care, vocational training, drug education and methods for coping with stress.

Minnesota's jail-based treatment

Twenty-one Minnesota jails currently provide treatment to chemically-dependent adult inmates. Each of these brings into the jail programs licensed to perform non-residential chemical dependency treatment. Each program is licensed through the Department of Human Services and has rates for services established through negotiation with a county social service agency. Each enters the jail facility to provide treatment services to its authorized clients.
Placing authorities must determine financial eligibility and the presence of a substance use disorder of a sufficient severity before they may authorize treatment under the CCDTF.

The jail-based programs operate in out-state Minnesota and in the Twin Cities metropolitan area. They provide incarcerated persons with needed chemical dependency treatment services. A number of the providers are located in counties that are participants in the West Central Chemical Dependency Treatment and Correctional Center Operational Task Force.

IX. Appendix

Additional tables

Secondary Substance of Abuse

	Number	Percent
Alcohol	136.5	20.10%
Cocaine	21.5	3.20%
Crack	5	0.70%
Marijuana-Hashish	149.5	22.00%
Heroin	1.5	0.20%
Other Opiates/Synthetics	12	1.80%
Other Hallucinogens/Psychedelics	2.5	0.40%
Methamphetamine	50.5	7.40%
Other Amphetamines	2	0.30%
Benzodiazepines	2.5	0.40%
Ecstasy/other club drugs	1	0.10%
Inhalants	0.5	0.10%
Over-The-Counter Medications	1.5	0.20%
Nicotine/Tobacco	151.5	22.30%
No secondary substance	130	19.10%
Unknown	12	1.80%
	680	100.00%

Conditions or Complications at Discharge

	Number	Percent
Hearing impairment	4.5	0.83%
Visual Impairment	4.5	0.83%
Physical handicap	3	0.55%
Developmental disability	2.5	0.46%
Mental illness	79	14.52%
Speech pathology	1	0.18%
Learning disability	12	2.21%
Brain injury	8.5	1.56%
English not primary language	3	0.55%
Functional illiteracy	3	0.55%
# Discharges Reporting Conditions or Complications	121	