



REPORT TO THE LEGISLATURE

Community Support Services

Community Residential Treatment Programs



GRANTS TO COUNTIES FOR ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS

**prepared by the Mental Health Division
Minnesota Department of Human Services**

JANUARY, 1989

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STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

Sandra S. Gardebring
Commissioner
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Human Services Building
444 Lafayette Road
St. Paul, Minnesota 55155-3815

December 30, 1988

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

The Honorable Robert E. Vanasek
Speaker of the House
State Capitol
St. Paul, Minnesota 55155

Dear Senator Hughes and Representative Vanasek:

I am pleased to submit to you this report, Grants to Counties for Adults with Serious and Persistent Mental Illness, as required by Minnesota Statutes, section 245.73, subdivision 4. Although the report is required only for information on implementation of Minnesota Rules Parts 9520.5500 - 9520.300 (Rule 12), "Grants for Residential Services for Adult Mentally Ill Persons", we have also included information on Minnesota Rules Parts 9520.2500 - 9520.0690 (Rule 36) which governs licensure of residential facilities having five or more adults with a mental illness and Minnesota Rules Parts 9535.0100 - 9535.1600 (Rule 14), "Grants for Community Support Services for Chronically Mentally Ill Persons."

The report addresses the social and fiscal policy and planning context for these programs and identifies the implementation issues that have surfaced and the Department's response. In addition, it presents for your consideration information on the effectiveness of the appropriations and the programs as well as the Department's recommendations concerning policy and funding. We are particularly pleased that information from the programs indicates their effectiveness in helping to maintain their clients in the community through reduction in hospitalization and increases in employment of clients. Most importantly Rule 12 funding has made it possible for seventy-six Rule 36 facilities to meet at least minimum program, health and fire safety standards.

The Honorable Jerome Hughes
The Honorable Robert E. Vanesek
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December 30, 1988

I look forward to continuing to work with you toward achieving our common goal of assisting persons with a serious and persistent mental illness to remain and function in their own communities whenever appropriate. We will continue to work together to ensure a unified, accountable and comprehensive mental health service system for Minnesota.

For further information regarding these programs and this report you should contact either me or the Mental Health Division. In addition as required by Minnesota Statutes, section 245.461, a report will be submitted by February 15, 1989 regarding the Department's progress in achieving a unified, accountable and comprehensive mental health service system. This report will include the Department's three year plan for mental health services.

Sincerely,


SANDRA S. GARDEBRING
Commissioner

See Attachment:

cc: Members of the Senate Committee on Health and Human Services
Members of the Senate Division on Health and Human Services
Members of the House Committee on Health and Human Services
Members of the House Division on Health and Human Services

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EXECUTIVE SUMMARY
REPORT ON GRANTS FOR SERVICES TO ADULTS
WITH A SERIOUS AND PERSISTENT MENTAL ILLNESS
(DHS RULES 36, 12 AND 14)

This report describes two components of Minnesota's mental health system established and funded by the Minnesota Legislature. Since the last effectiveness report two significant pieces of mental health legislation were passed. This new legislation was the Mental Health Mission Statement and the Comprehensive Mental Health Act.

The Comprehensive Mental Health Act established required mental health services for all counties. One requirement of the Act is that by July 1, 1988 county boards provide or contract for enough residential treatment services to meet the needs of all persons with mental illness residing in the county. In addition the county boards must provide or contract for sufficient community support services within the county to meet the needs of persons with serious and persistent mental illness residing in the county.

"Community support services program" means services, other than inpatient or residential treatment services, provided or coordinated by an identified program and staff under the clinical supervision of a mental health professional designed to help people with serious and persistent mental illness to function and remain in the community. A community support services program includes:

- (1) client outreach;
- (2) medication management;
- (3) assistance in independent living skills;
- (4) development of employability and supportive work opportunities;
- (5) crisis assistance;
- (6) psychosocial rehabilitation;
- (7) help in applying for government benefits; and
- (8) the development, identification, and monitoring of living arrangements.

The community support services program must be coordinated with the case management activities.

"Residential treatment" means a 24-hour-a-day program under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital or regional treatment center, that must be licensed as a residential treatment facility for persons with mental illness under Rule 36 (Minnesota Rules, parts 9520.0500 to 9520.0690).

The Department of Human Services Rule 36 establishes the licensing standards for community residential treatment programs. Rule 12 is the funding mechanism for grants to counties to help pay for the services required by Rule 36. Rule 14 establishes standards and serves as the funding mechanism for grants to counties to fund community support services program.

As of October 1988, 80 facilities were licensed under the Department of Human Services Rule 36 in contrast with seven in October, 1981. Seventy-six of those are currently receiving Rule 12 grants. The licensed facilities, located in 33 counties

throughout the state, provide 1,767 beds. For F.Y. 1989, the total average daily cost per licensed bed is estimated at \$53.14. The Rule 12 grant can be used only for direct services which are required by licensing standards and cannot be covered by alternative sources of funding. The state appropriation for Rule 36 programs for F.Y. 1988-1989 was \$20,827,644 for two years. This was matched by local funds of an estimated \$7,736,027. With regard to Rule 14 programs, 86 counties were funded during F.Y. 1989. A local match of 10% is required for Rule 14 grants. In F.Y. 1988 a new funding allocation formula was established which established a base level of \$1.00 per capita of the counties total population with a minimum of \$25,000. This allocation formula determines what grant amount for which the counties can apply.

The major focus of both Rule 12 and Rule 14 programs is to assist clients to remain and function in their own communities. The data on reduced hospital admissions for F.Y. 1988 submitted by counties indicates the success of the programs in meeting this objective. Both programs also show an increase in employment and employment related activities.

Although these data suggest a successful effort, it is important to note that the combination of the Rule 14 and 36/12 grant programs serve only a portion of persons with a serious and persistent mental illness in Minnesota. National studies indicate that approximately 1% of the adult population has serious and

persistent mental illness. In Minnesota this would mean approximately 29,000 people have a serious and persistent mental illness.

RECOMMENDATIONS

The Department's mental health initiative will be fully presented and explained to the Legislature during January and February of this session. The Department recommends:

Recommendation 1

Same level continuation funding for Adult Residential grants (Rule 12) for F.Y. 1990 and F.Y. 1991. Since current law provides no automatic increase to cover the cost of inflation. Same level for these programs actually means a decline in real dollars. These funds are used primarily for staff salaries. Since no additional funding is being requested for Rule 12 programs, it is expected that the number of funded beds will gradually decline.

Recommendation 2

New Rule 14 funding of \$1,043,000 for F.Y. 1990 and \$2,743,000 for F.Y. 1991. This request is part of the department's mental health initiative.

Specifically, funding is requested to:

- a. fully develop community support programs in all 87 counties;
- b. continue housing support service pilot projects now funded by one time state special funds.

Although community support services were provided, in some form, in 46 counties prior to the passage of the Mental Health Act, counties were never required to provide all of these services nor were they required to provide these services as part of a system.

Two basic situations have developed:

- a. counties who have previously provided community support services have needed to add or enhance their services to meet the new legislative mandates; and
- b. counties who have never provided community support services prior to July 1, 1988 have developed new programming but have been unable to fully develop all of the required components due to limited first time funding.

Beginning with April 1, 1990, each county's Rule 14 allocation should be increased from the current minimum of \$25,000 per county or \$1 per capita to at least \$50,000 per county or \$1.80 per capita, based on the county's total population. Experience with programs now operating in 86 counties indicates that these are the minimum state Rule 14 funding levels needed to provide all the community support service components required by law.

Eleven housing support service pilot projects have been initiated in ten counties in F.Y. 1989 in coordination with the community support programs. These projects are funded through one time

state special project funds which the 1988 Legislature transferred from F.Y. 1988 to F.Y. 1989. Funding is needed under Rule 14 to continue these projects through the next biennium to provide adequate time to evaluate their effectiveness. The Mental Health Division plans to present an evaluation of this project to the 1991 Legislature.

Recommendation 3

Support for legislation which will amend M.S. 245.73 Subd. 4 to include the legislative report on Rule 12 grant programs with the annual legislative report required under the Mental Health Systems Act.

INTRODUCTION

The Mental Health Division of the Department of Human Services was established by the Laws of Minnesota, 1987 Chapter 342, Section I. It has management responsibility for the programs and funding mechanisms of DHS Rule 9520.0500-9520.6090 -"Licensing of Residential Facilities for Adult Mentally Ill Persons" (commonly known as Rule 36); DHS Rule 9535.2000-955535.3000 -"Grants for Services to Mentally Ill Persons in Residential Care Facilities" (Rule 12); and Rule 9535.0100-9535.1600 -- "Grants for Community Support Services for Chronically Mentally Ill Persons" (Rule 14).

The legislation for all mental health services is known as the Minnesota Comprehensive Mental Health Act. The mission statement established by the Act is:

"The commissioner shall create and ensure a unified, accountable, comprehensive mental health service system that:

- (1) recognizes the right of people with mental illness to control their own lives as fully as possible;
- (2) promotes the independence and safety of people with mental illness;
- (3) reduces chronicity of mental illness;
- (4) reduces abuse of people with mental illness;
- (5) provides services designed to:
 - (i) increase the level of functioning of people with mental illness or restore them to a previously held higher level of functioning;
 - (ii) stabilize individuals with mental illness;
 - (iii) prevent the development and deepening of mental illness;
 - (iv) support and assist individuals in resolving emotional problems that impede their functioning;
 - (v) promote higher and more satisfying levels of emotional functioning; and
 - (vi) promote sound mental health; and
- (6) provides a quality of service that is effective, efficient, appropriate, and consistent with contemporary professional standards in the field of mental health."

The legislation governing Rule 12 is Minnesota Statutes, Chapter 245.73. Rule 36 is governed by the Licensing Act Minnesota Statutes, Chapter 245.A. Rule 14 was established by Minnesota Statutes, Chapter 256E.12.

This is a combined report covering the activities and effectiveness of the Rule 36/12 and Rule 14 programs. In each section, Rules 36/12 will be covered first followed by Rule 14.

The report will discuss:

- a) History and background;
- b) Program goals;
- c) Characteristics of persons served;
- d) Effectiveness indicators.

The reports have been joined and the sections combined both in the interests of brevity and to emphasize that the people served and their needs are similar.

RULE 12

DEVELOPMENT OF RULE 36 FACILITIES

The authorizing legislation for "Grants for Residential Services for Adult Mentally Ill Persons" (Minnesota Statutes, section 245.73) was signed in June 1981. The Legislature appropriated \$4.9 million for the first two years of the grant program and included the following requirement:

The commissioner shall require collection of data for compliance, monitoring and evaluation purposes and shall require periodic reports to demonstrate the effectiveness of the services in helping adult mentally ill persons remain and function in their own communities. The commissioner shall report to the Legislature no later than December 31 of each even-numbered year as to the effectiveness of this program and recommendations regarding continued funding. (Minnesota Statutes, section 245.73, subdivision 4).

The need in Minnesota for licensure of facilities for persons with mental illness relates directly to a national movement to rely less on large institutions and more on community programs to provide care and treatment for adults with mental illness. This movement, often called "deinstitutionalization", has created a need for an expanded and coordinated system of outpatient services, residential programs, and community support services program.

The Human Services Licensing Act (Minnesota Statutes, Chapter 245.A) grants authority to the Commissioner of Human Services to establish rules governing licensure of all residential facilities housing five or more persons with mental illness. Although Rule 36 was first promulgated in September, 1974, and implementation began in January, 1976, only 7 of approximately 100 existing facilities were licensed as of October, 1981. This figure posed a sharp contrast to the 72 licensed residential programs for persons with chemical dependency and 258 licensed programs for persons with developmental disabilities. The primary reason for the contrast was the lack of an adequate funding mechanism.

REVISION OF RULE 36

In May of 1980, concerns about the existing Rule 36 resulted in the decision to revise the Rule. A task force was established under the direction of the Department of Human Services' Mental Health Program Division. This statewide task force included representatives from numerous agencies, organizations, consumer groups and professionals. The task force developed a revised Rule 36 and a Public Hearing was held in October, 1981. The Rule was then promulgated and became effective February 8, 1982.

Revised Rule 36 applies to all residential facilities serving five or more persons with mental illness, including regional treatment centers, licensed boarding care and certified intermediate care facilities, but excluding nursing homes (general hospitals with psychiatric units are excluded by statute); establishes two levels of programming and staff ratios; places special emphasis on individualized treatment plans; requires sound administrative policies and procedures; has a strong Resident Rights section; and requires that a facility document compliance with applicable health, fire safety and zoning standards and the Vulnerable Adults Act before a Rule 36 license can be issued. The Department has just begun another revision of Rule 36 to be effective July 1, 1990. This revision is needed to bring the rule into compliance with the Comprehensive Mental Health Act and current standards in the field of residential treatment.

The 1987 Minnesota Comprehensive Mental Health Act, set service

standards for residential treatment services. They are as follows:

"Residential treatment services include both intensive and structured residential treatment with length of stay based on client residential treatment need. Services must be as close to the county as possible. Residential treatment must be designed to:

- (1) prevent placement in settings that are more intensive, costly, or restrictive than necessary and appropriate to meet client needs;
- (2) help clients achieve the highest level of independent living;
- (3) help clients gain the necessary skills to be referred to a community support services program or outpatient services; and
- (4) stabilize crisis admissions." (M.S. 245.472, Subd. 1.)

In 1981, most facilities subject to Rule 36 licensure were located in Hennepin, Ramsey and St. Louis Counties. When Rule 12 funding became available, these counties upgraded the majority, but not all, of their existing facilities to Rule 36 standards.

These counties decided that the remaining facilities were either not needed or did not warrant expensive physical renovation. This freed up significant Rule 12 funds for the other counties to develop new facilities. Table 1 is a history of Rule 12 grant funding and it is at the end of this section of the report followed by a map showing Rule 12 funded counties through F.Y. 1989.

Since 1983, 33 new facilities have been developed, averaging 13 beds each including 24 new facilities outside of Hennepin and Ramsey Counties. Some of these new facilities have specialized services for persons who have mental illness and hearing impairments, mental illness and chemical dependency, or mental illness and aggressive behaviors. At the same time, a few of the

older, larger facilities have closed. This shift to smaller facilities located closer to the client's own community has resulted in improved service but with a reduction in statewide beds at a somewhat higher cost per person. See Appendix A for the location of mental health residential programs and their funding and licensure status.

The joint effort of the Legislature, private sector, Department, and counties to bring Rule 36 facilities up to licensure standards has been successful. Eighty were licensed as of October, 1988 as opposed to seven in October, 1981. Each facility meets fire safety and health standards. The initial distribution of Rule 12 funds was 72% Hennepin and Ramsey Counties and 28% other counties; it is now 51% and 49% respectively. The map at the end of this section shows the location of Rule 12 funded programs.

RULE 12 GRANTS

Rule 12 grants were established by the Legislature in 1981 to ensure that all community residential facilities for adults with mental illness can meet and maintain compliance with program licensing standards. The program licensing standards are contained in Rule 36; the funding criteria and procedures are contained in Rule 12.

The Rule 12 standards address individual program plans, resident rights and staffing requirements. Rule 36 also mandates

compliance with health and fire safety standards and the Vulnerable Adults Act. Major objectives of Rule 36 are to reduce hospitalization and assist persons with mental illness in achieving a higher level of independent living. Through Rule 12, the state pays for up to 75% of program costs. Rule 12 requires these funds to be used for direct service costs only, not for room and board or capital expenditures. On the average, 94% of state Rule 12 funds are used for salary costs of direct service staff. County boards apply for Rule 12 funds on behalf of Rule 36 facilities by providing the Commissioner of Human Services with a budget and program plan. Awards are based on compliance with the statute and Rule 12, reasonableness of costs and availability of funds. The appropriation for Rule 12 grants for F.Y. 1989 is \$10.844 million and for F.Y. 1988 was \$10.4 million.

The Governor's budget, as approved by the Legislature, included three major objectives for Rule 12 for the 1988-89 biennium:

1. Continue funding for 76 previously funded facilities;
2. Add staff and services at existing facilities to better meet the needs of dual-disorder adults; and
3. Develop three new facilities in unserved areas of the state.

All three of these objectives were accomplished.

The Mental Health Division with input from various advisory groups has awarded continuation grants to 33 counties to pay for ongoing

direct service costs at 76 facilities. These grants included cost of living increases averaging 3% for F.Y. 1989 and 4% for F.Y. 1988. These increases were particularly important since facilities had received only 1% cost of living increases during the previous two years.

In addition, the division awarded service expansion grants totaling \$385,604 in F.Y. 1989 and \$466,542 in F.Y. 1988. These grants enabled the addition of staff and services at 31 facilities in F.Y. 1989 and 26 facilities in F.Y. 1988, to better meet the needs of residents who suffer from both mental illness and other disorders, including chemical dependency, behavioral aggressiveness, low intellectual functioning and physical disabilities.

In the spring of 1989 the Legislature passed a measure allowing for Rule 12 F.Y. 1988 unspent funds to be transferred into F.Y. 1989 Rule 12 appropriation. This transfer of funds coupled together with various facilities underspending their Rule 12 F.Y. 1988 grant resulted in the availability of \$98,000 Rule 12 dollars. Since training of Rule 36 staff had been identified by providers and division staff as a need, a special request for proposal process was initiated for the funds to be used for the development and implementation of a statewide training campaign to direct service staff in Rule 36/12 facilities.

The review team, which consisted of individuals from the Mental Health Division, State Council, and various advocacy groups,

awarded the grant to Minnesota Association of Mental Health Residential Facilities. The project will instruct Rule 36 direct service staff between January 1, 1989 to May 1989 in the following areas:

1. People with mental illness who have other special needs.
2. Treatment planning.
3. AIDS.
4. Legal issues and residential rights.
5. Managing staff stress and preventing staff burnout.

Counties, providers and division staff identified these training areas as most needed by Rule 36 direct care staff. The instructional materials will be developed into an ongoing usable training tool for new and current direct care staff.

The third major objective for Rule 12 for the 1988-89 biennium was accomplished in F.Y. 1988 when the division approved awards and oversaw the opening of three new facilities in Bemidji, Marshall, and Moorhead. The division analyzed quality of applications, potential utilization rates and distance from existing facilities in deciding which areas to fund.

Opening a new residential treatment facility requires a great deal of planning and preparation. The three new facilities opened, on average, about nine months after the legislative appropriation; this compares to twelve to twenty four months required for most new facilities in previous years. Intensive work and cooperation by and among the state, the counties, private vendors, advocacy groups and others has enabled residential services in these areas of the state to become available sooner than expected.

The attached map shows the current location of Rule 12 funded facilities. Facilities in rural areas typically serve more than one county. For example, the applications for the three newer facilities described above were each supported by four to seven neighboring counties.

INSTITUTIONS FOR MENTAL DISEASE (IMD)

The federal government recently clarified laws and rules relating to Institutions for Mental Diseases (IMDs). Since Minnesota has been notified that it will be audited by the Federal Office of the Inspector General sometime in 1989, the State declared that on January 1, 1989 that all Rule 36 facilities with more than 16 beds will have to follow the Federal IMD requirements. Federal Medicaid law prohibits federal reimbursement for individuals ages 22-64 who reside in an IMD. This makes all residents of IMDs under age 65 ineligible for all Medical Assistance (MA) services, including doctor's visits, dental care, and drugs. This may require revision of the Rule 12 and Rule 36 programs.

Until recently, the IMD prohibition was applied to hospitals and nursing facilities, which otherwise met the definition of an IMD. Beginning in November 1987, federal Health Care Finance Administration (HCFA) began applying the IMD prohibition to any organized community residential program of four or more beds which provides any health related services.

The Medicare Catastrophic legislation signed into law on July 1, 1988, redefined the term "institution for mental diseases" to mean a hospital nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical

attention, nursing care, and related services. Thus, community residences of 16 or fewer beds can not be classified by HCFA as IMDs.

As an example, Andrew Care Home has been declared an IMD. The MA recipients residing at Andrew who are between the ages of 21 and 65 are not eligible for MA. After the Department further investigated this issue, other Rule 36 facilities have met the definition of an IMD. Because many residents no longer eligible for MA are MSA recipients, there is a definite population with a demonstrated need for continued medical coverage. Eligibility for GAMC would prevent severe disruption of medical treatment for these vulnerable individuals.

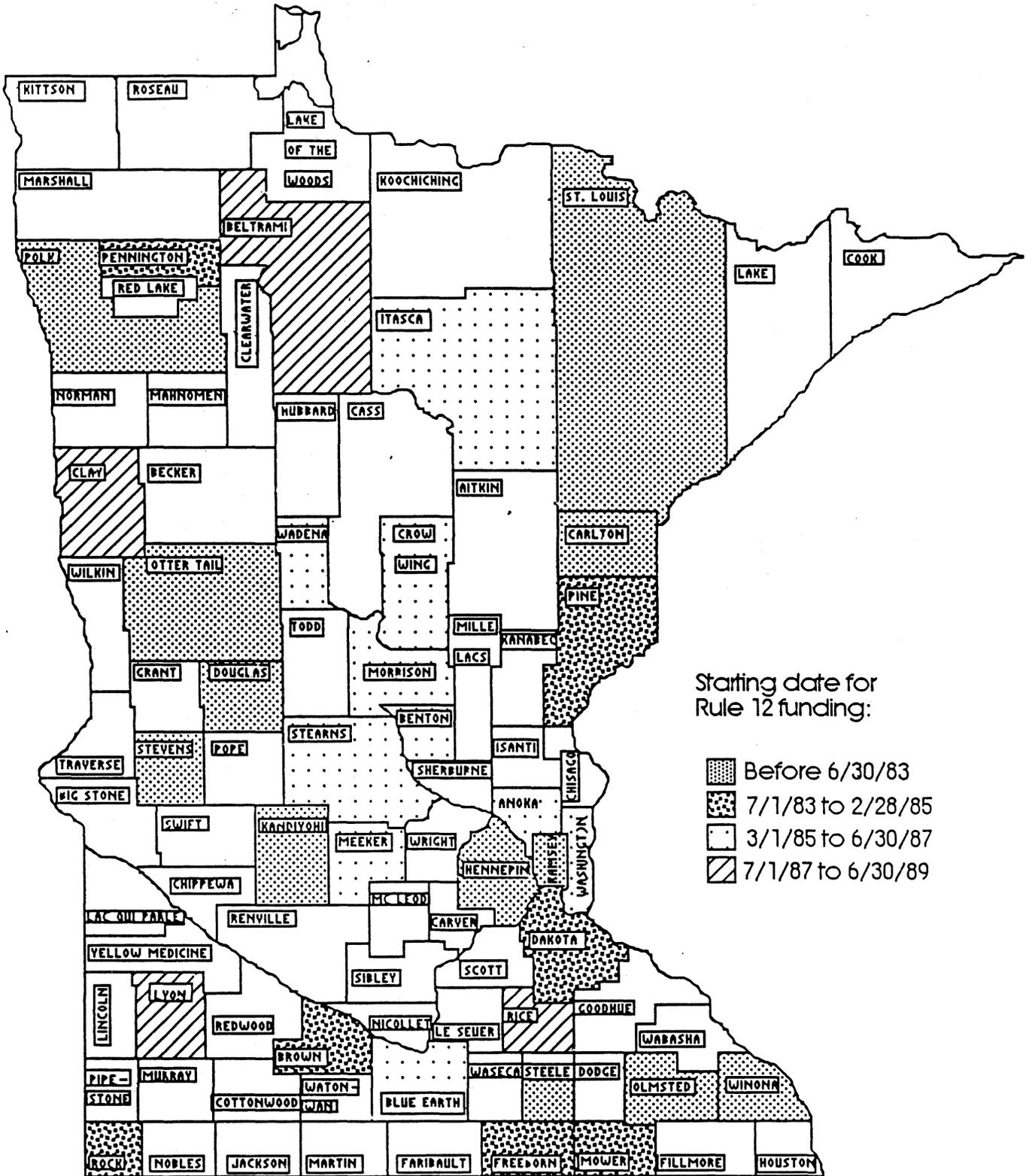
GAMC now covers outpatient and day treatment services provided by county contract providers and physician costs. During 1988, the Legislature authorized, from January 1, 1989 through June 30, 1989, GAMC eligibility for services plus case management services for individuals who reside in an IMD. GAMC, however, contains rate reductions for mental health service.

MA eligibility for individuals who reside in IMDs is not allowed: therefore state funding for the health care needs of these individuals is required. Case management services are a key part of the mental health service system for persons with serious and persistent mental illness. Persons who reside in residential facilities are particularly in need of this service to assure movement to less restrictive settings. If these persons should

become ineligible for MA solely due to their placement in a treatment facility, it is essential that state funds be available through GAMC to continue case management services otherwise available through MA.

The Mental Health Division is working with individual facilities to reduce their size to 16 beds or less per facility. This change will not only ensure continued MA eligibility for residents of the downsized facilities, but should also have a positive impact on the facilities' program. However, the downsizing process takes time and is not feasible for many Rule 36 facilities. Therefore, the Department's budget request for the next biennium includes a request for GAMC funds to continue case management and medical services for persons who will be ineligible for MA due to their residence in an IMD.

RULE 12 FUNDED COUNTIES -- FY1981 - FY1989



Total: 33 counties

Mental Health Division
January 1989

TABLE 1

RULE 12 GRANT AWARDS

PAGE 1		FY82	FY83	FY84	FY85	FY86	FY87	FY88	FY89
ANOKA	COMMUNITY OPTIONS	0	0	0	43,052	86,728	203,092	195,880	201,756
BELTRAMI	OXFORD HOUSE/SPRUCE WOODS APTS	0	0	0	0	0	0	75,018	134,960
BLUE EARTH	HORIZON HOMES (2 FAC)	0	0	0	0	25,012	72,028	82,909	107,663
BROWN	NOVA HOUSE	0	0	0	79,133	87,746	95,317	112,973	132,600
CARLTON	EAGLE LAKE HOME	0	62,638	65,735	88,622	102,600	91,227	93,052	95,844
CLAY	GULL HARBOR APTS.	0	0	0	0	0	0	68,818	134,025
CROW WING	WOODVIEW	0	0	0	56,410	10,182	153,493	159,633	165,000
DAKOTA	GUILD SOUTH	0	34,858	44,650	67,547	69,312	108,334	78,866	81,233
DAKOTA-RICE	THEODORE I&II	0	0	0	0	0	8,087	100,114	149,186
DOUGLAS	ST. LUKE'S HOME	0	33,018	71,319	79,761	79,359	81,364	98,720	101,681
FREEBORN	BEACON PLACE/RATHJEN	0	0	0	138,276	137,441	148,691	144,917	132,861
HENNEPIN	ALDRICH BOARDING CARE	22,113	74,368	88,709	96,003	0	0	0	0
	ANDREW-SPEC. NEEDS	0	0	0	44,732	70,340	73,115	76,211	78,222
	BILL KELLY HOUSE	0	154,231	164,772	173,821	175,057	203,013	196,946	206,367
	BRECKINRIDGE	0	0	0	52,917	126,322	148,501	141,170	166,435
	BRISTOL 202&400 RIDG.(2 FAC)	51,060	175,414	174,299	181,045	181,024	187,532	195,440	228,633
	BRISTOL 209&219 GROV.(2 FAC)	0	5,164	6,818	5,953	16,390	6,457	52,400	53,118
	C&A-PSSAGE/ANCHOR-PEOPLE	0	15,068	46,249	72,086	80,196	86,745	86,745	94,819
	CARLSON-DRAKE	0	0	0	76,928	168,815	181,936	181,796	182,341
	EDEN HOUSE	0	34,559	28,077	28,375	39,074	17,074	0	0
	JANUS RESIDENCE	61,593	137,017	154,145	166,645	185,118	194,235	217,599	218,407
	JOURNEY HOUSE	0	0	0	0	141,234	386,593	384,415	396,210
	MARCH HOUSE/CHICAGO MANOR	0	97,052	130,613	135,971	146,754	146,011	156,966	178,340
	NORTHWEST RES/PARK MANOR	21,480	86,281	87,902	102,674	114,290	118,845	120,755	147,924
	OAK GROVE CARE CTR	18,005	67,842	67,869	74,807	117,243	123,384	150,117	168,174
	OASIS HOUSE	0	0	0	119,431	197,008	208,424	213,650	229,567
	PASSAGEWAY - CIP	0	95,867	98,760	114,844	115,671	125,034	119,959	154,544
	PURSUOT-PASSAGE/ODYSSEY	0	73,487	319,972	262,533	245,950	268,581	0	0
	REENTRY HOUSE	39,846	167,594	191,195	214,794	220,546	249,600	260,280	311,067
	SENTINEL HOUSE	0	88,073	104,428	117,447	119,801	127,872	131,388	151,678
	TASK TRAINING CENTER	RULE 14	RULE 14	RULE 14	RULE 14	RULE 14	RULE 14	59,761	61,554
	WELCOME RESPITE	0	0	0	108,714	141,344	153,612	160,226	164,450
	WELLSPRING	RULE 14	RULE 14	RULE 14	RULE 14	182,733	175,135	190,400	228,222
	WHITTIER	0	73,068	0	0	0	0	0	0
HENNEPIN	TOTALS	214,097	1,345,085	1,663,808	2,149,720	2,784,911	3,181,699	3,096,224	3,420,072
ITASCA	ESTHER HOUSE	0	0	0	1,127	69,182	131,580	138,689	132,861
KANDIYOHI	GREEN LAKE MANOR	0	0	0	76,054	98,493	99,478	107,796	110,490
	NORTHSIDE RESIDENCE	0	25,768	101,509	80,932	72,398	91,302	101,374	104,615
	ST. FRANCIS	27,804	55,588	89,496	93,971	107,411	154,860	130,831	149,650
	TEMPORARY RESIDENCE	0	0	0	66,299	88,900	97,964	115,978	119,457
KANDIYOHI	TOTALS	27,804	81,356	191,005	317,256	367,202	443,604	455,979	484,012
LYON	P.L.DUFFY APTS.	0	0	0	0	0	0	30,452	134,960
MEEKER	RED CASTLE	0	0	0	51,007	143,054	155,753	149,142	151,897
MORRISON	WHITESHELL	0	0	0	48,531	127,972	136,222	131,949	148,968
MOWER	HECLA HOUSE	0	0	0	58,387	86,022	98,747	115,774	132,600

NOTE: The first and second years for most awards include a phase-in period up to 6 months to gradually hire staff and develop the services required for licensure.

TABLE 1
 RULE 12 GRANT AWARDS

PAGE 2		FY82	FY83	FY84	FY85	FY86	FY87	FY88	FY89
OLMSTED	CRISIS UNIT	0	0	0	0	7,636	14,071	73,222	75,419
	QUARRY HILL	63,851	243,787	255,976	268,775	263,960	316,248	272,513	280,688
	THOMAS HOUSE	0	24,263	50,952	53,500	72,527	71,348	68,086	85,011
OLMSTED	TOTALS	63,851	268,050	306,928	322,275	344,123	401,667	413,821	441,118
OTTER TAIL	ST. WILLIAM'S ANNEX	0	40,612	102,504	107,629	104,705	109,792	110,338	112,453
PENNINGTON	NORTHERN LIGHTS	0	0	0	33,005	67,068	101,195	120,002	123,602
PINE	GRINDSTONE LODGE	0	0	0	53,680	75,612	77,041	112,442	129,629
POLK	NORTHWESTERN APTS	0	15,210	95,431	100,203	103,905	102,217	146,306	151,617
RAMSEY	CENTRAL MANOR	RULE 14	110,827	120,801	126,841	112,925	0	0	0
	DAYTON BD & CARE	37,353	79,715	86,889	98,219	99,639	108,803	113,155	116,549
	FAMILY STYLE/HOMESTD	148,728	347,527	412,500	446,506	479,495	526,331	628,505	559,520
	GUILD HALL & APTS (2 FAC)	32,721	69,149	81,034	85,086	94,187	151,164	196,386	202,278
	HEWITT HOUSE	0	62,219	101,793	106,883	108,704	110,588	115,012	119,587
	HOIKKA HOUSE	0	0	0	0	155,585	205,135	207,882	214,118
	HOPE TRANSITION	0	152,810	199,875	215,369	232,366	0	0	0
	MARSHALL RESIDENCE	14,867	31,687	34,539	46,483	51,672	56,401	58,657	60,710
	NEW FOUNDATIONS	0	0	0	0	0	0	189,001	218,862
	OAKLAND BDG HOME	44,783	95,559	104,159	134,154	137,250	144,466	165,528	186,976
	PETERKA BDG HOME	22,394	47,779	52,079	81,310	100,752	105,747	109,977	113,231
	PETRA HOWARD HOUSE	0	79,710	123,321	129,487	113,326	121,130	127,305	131,124
	PINEVIEW	0	0	0	33,415	112,180	124,891	132,992	139,232
RAMSEY	TOTALS	300,846	1,076,982	1,316,990	1,503,753	1,798,081	1,654,656	2,044,400	2,062,187
ROCK-NOBLES	UNITY HOUSE	0	0	0	48,748	57,292	57,865	68,712	88,349
ST. LOUIS	ARROWHEAD HOUSE	0	60,300	84,978	88,848	104,076	113,624	119,305	122,884
	MERRITT HOUSE	0	70,950	97,581	102,080	116,794	125,884	129,661	133,551
	PARKSIDE HOME	0	64,875	90,825	94,986	117,436	96,895	102,647	105,726
	RIVERVIEW HOMES	0	116,175	162,587	171,856	176,576	175,310	180,569	185,940
ST. LOUIS	TOTALS	0	312,300	435,971	457,770	514,882	511,714	532,182	548,101
STEARNS-BENTON:	NORTHWAY	0	0	0	8,906	87,184	90,996	107,436	107,648
STEELE	SAFE HARBOUR	0	58,991	126,150	131,215	137,558	146,121	146,700	152,126
STEVENS	GLENDALEI/WILLIAMS	0	19,600	50,732	57,429	82,867	74,454	77,430	88,256
	NAEFIN/SHADY LAWN/PARKVIEW	0	31,885	33,689	56,880	69,825	70,523	73,345	89,314
STEVENS	TOTALS	0	51,485	84,421	114,309	152,692	144,977	150,775	177,570
WADENA	WOODVIEW	0	0	0	51,485	95,124	150,581	156,700	162,373
WASHINGTON	BEEHAN HOUSE	0	0	0	54,908	140,720	162,151	158,915	164,477
WINONA	BROADWAY CENTER	21,166	66,686	86,054	112,207	97,584	107,917	107,068	117,706
	CARLSON HOME	35,049	77,291	63,733	8,536	0	0	0	0
	HIAWATHA HALL	55,456	154,943	157,859	148,391	141,187	150,906	140,646	129,408
	SOLACEHOME/WENOAH HALL	0	16,655	60,716	89,828	106,150	115,674	88,448	85,101
WINONA	TOTALS	111,671	315,575	368,362	358,962	344,921	374,497	336,162	332,215

NOTE: The first and second years for most awards include a phase-in period up to 6 months to gradually hire staff and develop the services required for licensure.

TABLE 1
RULE 12 GRANT AWARDS

PAGE 3	FY82	FY83	FY84	FY85	FY86	FY87	FY88	FY89
TOTAL AWARDS	718,269	3,696,160	4,873,274	6,525,677	8,200,588	9,163,484	9,934,000	10,795,644
STATE DEFICIT REDUCTION	388,631	0	0	0	326,312	28,087	0	0
LEG. ADVIS. COMM. TRANSFER	0	87,500	0	0	0	0	0	0
R36 STAFF EDUCATION(NOT INCLUDED IN TOTAL)	0	0	0	0	0	0	0	98,000
UNALLOCATED BALANCE	0	36,840	20,726	927,823	0	529	0	356
TRANSFER TO NEXT FY	0	0	0	0	0	0	430,000	0
APPROPRIATION	1,106,900	3,820,500	4,894,000	7,453,500	8,526,900	9,192,100	10,364,000	10,894,000
NO. OF COUNTIES FUNDED	5	13	13	29	30	31	33	33
NO. OF FACILITIES FUNDED	19	48	48	70	73	73	76	76
RAMSEY AND HENNEPIN:								
RULE 12 AWARDS	\$514,943	\$2,422,067	\$2,980,798	\$3,653,473	\$4,582,992	\$4,836,355	\$5,140,624	\$5,482,259
PERCENT OF TOTAL	72%	66%	61%	56%	56%	53%	52%	51%
BALANCE OF STATE:								
RULE 12 AWARDS	\$203,326	\$1,274,093	\$1,892,476	\$2,872,204	\$3,617,596	\$4,327,129	\$4,793,376	\$5,313,385
PERCENT OF TOTAL	28%	34%	39%	44%	44%	47%	48%	49%
STATEWIDE								
RULE 12 AWARDS	\$718,269	\$3,696,160	\$4,873,274	\$6,525,677	\$8,200,588	\$9,163,484	\$9,934,000	\$10,795,644
PERCENT OF TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

Mental Health Division
612/296-4497

RULE 14BACKGROUND

The Rule 14 Community Support Program was initiated in 1980 as an experimental program to demonstrate the need and value of a new system of services designed especially for persons with serious and persistent mental illness. At that time, the legislature provided \$2 million for grants to counties to establish, operate or contract for community support services. The basic goal of the new program was to help persons with serious and persistent mental illness remain and function in their home communities.

The community support program is administered under provisions of Rule 14, now identified as D.H.S. 9535.0100 - 9535.1600. Rule 14 is now being revised to assure compliance with the new program standards established by the Comprehensive Mental Health Act, as amended in 1988. The revised rule is expected to be in effect by July 1, 1989. The revised Rule 14 includes definitions of serious and persistent mental illness and describes and defines the services eligible for state funding; sets priorities for grant allocations; outlines the minimum standards required for grant applications and budget materials; limits the use of grant funds to program and direct service expenditures, excluding use of state funding for capital expenditures or rent; limits the amount of administrative expenses which can be paid with state funds; requires applicants to maintain appropriate program and financial

records and specifies that programs provide the Mental Health Division with an annual program evaluation report.

From the time when the first program grants were made to counties in 1980 and until 1986, funding was not sufficient to allow the Department to expand the number of counties receiving grant funds. Table 2a provides a history of Rule 14 grant awards.

For the 1986-87 biennium, the Legislature provided additional funds for program expansion and the following new program priorities were established: 1. work and employment related services; 2. a variety of housing related services to aid clients to live more independently; 3. services to underserved populations; and 4. short term crisis services. Ten additional counties also received program funding during this biennium.

For the 1988 - 1989 biennial period, the Legislature provided sufficient funding to allow the Department to begin statewide implementation of the Community Support Service Program (CSP) requirements of the new Comprehensive Mental Health Act. Beginning with F.Y. 1988, the Mental Health Division also initiated a grant funding formula, to assure equitable distribution of state funds to all counties. The formula provided grants based on \$1.00 per capita of a county's total population, with a minimum grant of \$25,000 for each county. Table 2b provides the funding formula allocation for F.Y. 1989. As of June 30, 1987, 47 counties were receiving state Rule 14 funds for CSP program services. To allow all the remaining

counties adequate time to plan and develop sound, approvable program applications, grants were offered in three separate cycles of: July 1, 1987; October 1, 1987 and January 1, 1988.

Following this plan, 39 new counties received state grants by the end of F.Y. 1988. During F.Y. 1989, 86 county programs were receiving state funding support, with only one county, electing to operate it's CSP program without state Rule 14 grant funds.

The present funding formula, providing a minimum grant of \$25,000, has helped make it possible for all counties to meet the minimum statutory requirement to make available the basic CSP program services by July 1, 1988. Experience during this past year, however, has indicated the need for the state to provide counties with an increased level of funding support. Based on an analysis of the existing programs, it was determined that the present formula needed to be increased to provide counties with minimum grants of \$50,000. Under the existing level of funding, many counties are not able to provide all needed services within their own county, which necessitates sending individuals away from their home county to be served. To correct this situation, the Department has recommended increasing the per capita provision to \$1.80, with minimum grants of \$50,000.

In F.Y. 1988 and 1989, the funding priorities were for a comprehensive community support services' program in each county of the State. The goal of these programs are:

The community support services program must be designed to improve the ability of persons with serious and persistent mental illness to:

- (1) work in a regular or supported work environment;
- (2) handle basic activities of daily living;
- (3) participate in leisure time activities;
- (4) set goals and plans;
- (5) obtain and maintain appropriate living arrangements; and
- (6) reduce the use of more intensive, costly, or restrictive placements both in number of admissions and lengths of stay as determined by client need.

The type and range of services provided by projects appear to be as broad as the needs of the persons served. The table below lists types of service and funding.

RULE 14 SERVICES PROVIDED IN F.Y. 1988

<u>SERVICE TYPE*</u>	<u>PERCENT</u>
Other Direct*	14.4%
Case Management	14.4%
Employability	9.9%
Social and Recreational	8.3%
Crisis Home - MI	7.8%
Day Treatment - MI	7.0%
Counseling Therapy	6.9%
Aftercare	4.3%
Home Management	3.4%
Crisis Intervention	3.1%
Transportation	2.7%
Assessment	2.6%
Consultation	2.3%
Planning and Resource Dev	2.0%
Information and Referral	2.0%
Other Indirect	1.9%
Nutrition	1.5%
Medication Management	1.5%
Community Education	1.2%
Work Activity	0.7%
Educational Assistance	0.6%
Sheltered Employment	0.6%
Protection	0.4%
Foster Care for Adults	0.3%
Rule 36	0.1%
Legal	0.1%
TOTAL	100.0%

*NOTE: The categories used in this table are from the CSSA service taxonomy. This taxonomy has changed recently to better reflect service requirements of the MH Act. This table is based on the best available data from the projects.

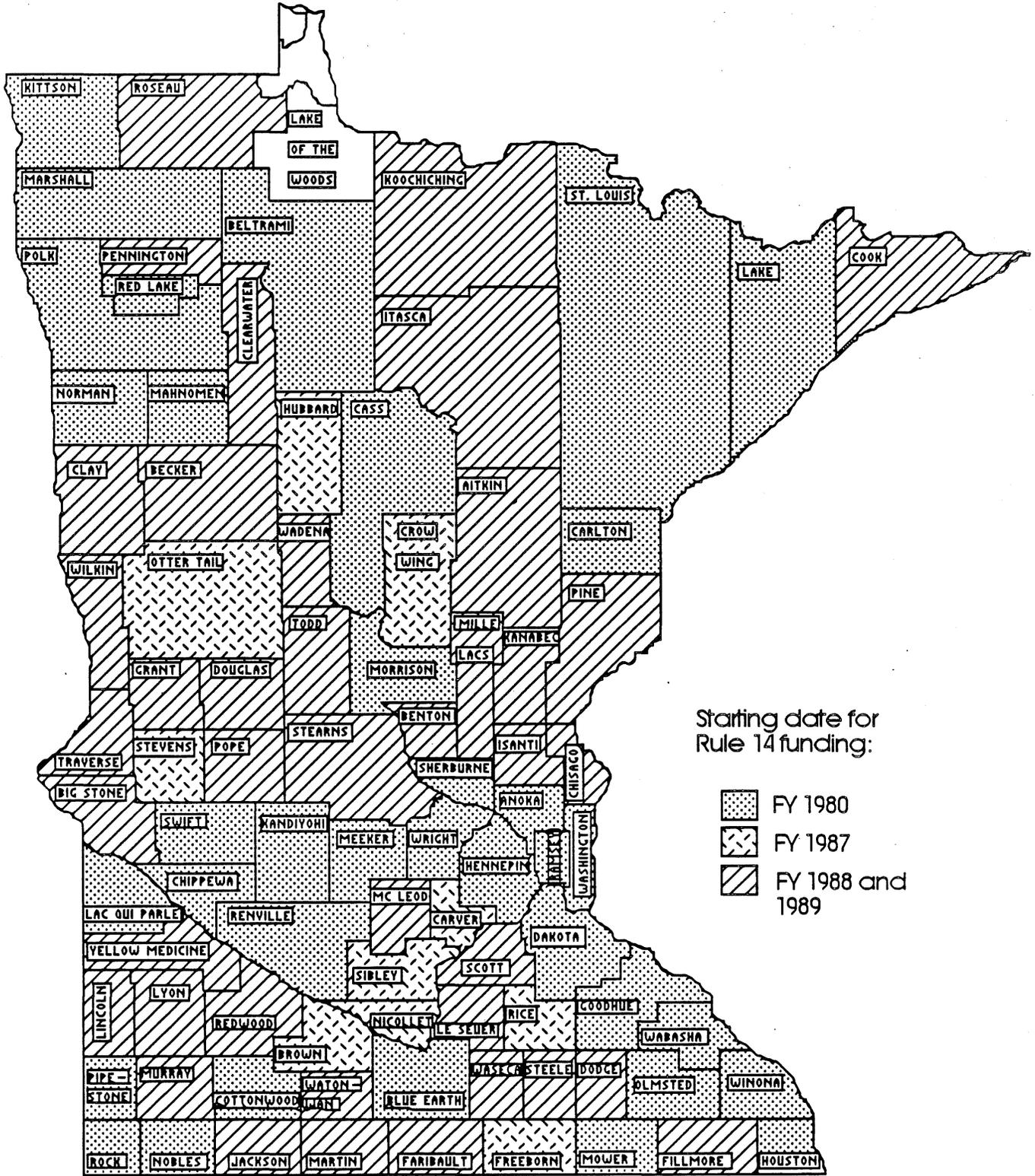
STEWART B. MCKINNEY HOMELESS ASSISTANCE ACT GRANT PROGRAM

In 1988, The Department received a \$572,234 federal Homeless Assistance grant for services to Homeless persons with mental illness. To qualify for this grant, the Department dedicated \$350,000 of Rule 14 funds to meet the federal matching requirements of a 25% local match.

County needs for funding assistance to serve this population group was determined on an analysis of Department of Jobs and Training survey of shelters. During F.Y. 1988 grants were made to four counties. For F.Y. 1989 seven counties received grants for support of eight separate projects. A map at the end of this section shows the grant recipients. The services provided by these projects include: (1) outreach services; (2) emergency services; (3) assistance in obtaining benefits and services to which they are entitled, and (4) referral for mental health care and treatment.

Congress extended The McKinney Homeless Assistance Act for a three year period, effective October 1, 1988, but will provide only about half of the funds previously available to the state. The Department and the Mental Health Division are committed to providing services to these individuals, and have requested additional state funds to continue this program during the next biennial period.

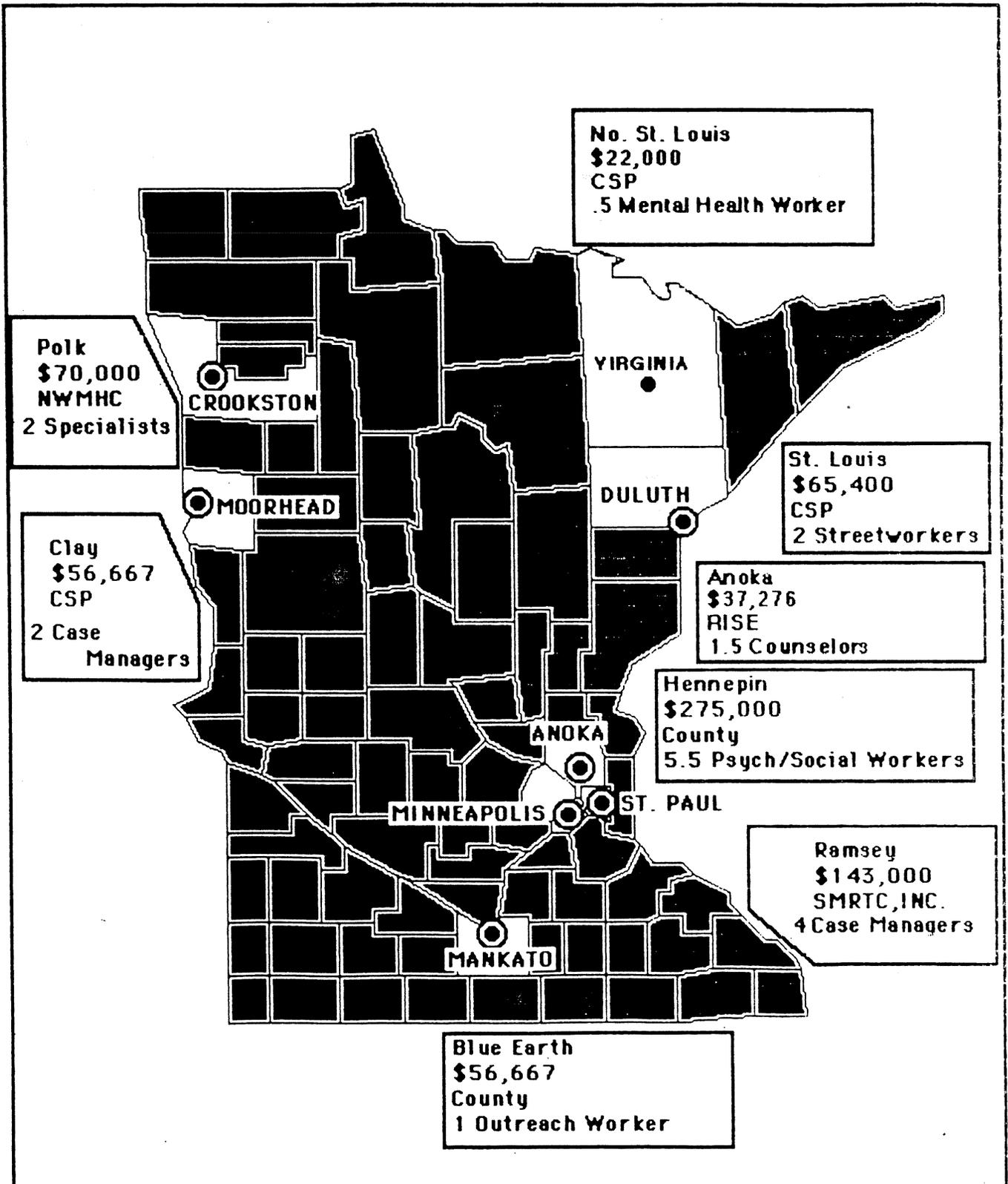
RULE 14 FUNDED COUNTIES FY 1980 -- FY 1989



Total = 86 counties

Mental Health Division
December 1988

Minnesota - Mental Health/Homeless



RULE 14 FUNDING HISTORY

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COUNTY	AWARD FY 1980- FY 1981	AWARD FY 1982	AWARD FY 1983	AWARD FY 1984	AWARD FY 1985	AWARD FY 1986	AWARD FY 1987	AWARD FY 1988	AWARD FY 1989
KANABEC								(See Chisago)	* *
KANDIYOHI	\$107,134	\$123,429	\$129,600	\$136,080	\$142,884	\$165,741	\$176,061	\$196,583	\$143,366
KITTSON	(See Polk)	*	*	*	*	*	*	*	* *
KOOCHICHING								(See Itasca)	* *
LAC QUI PARLE								(Big Stone)	* *
LAKE	\$22,500	\$25,747	\$29,060	\$29,400	\$32,300	\$33,400	\$34,600	\$34,600	\$38,784
LAKE OF THE WOODS									
LESUEUR								\$12,883	\$29,902
LINCOLN								(See Lyon)	* *
LYON (L,M,R,Y)								\$76,293	\$145,049
MCLEOD								\$18,551	\$36,129
MAHNOMEN	(See Polk)	*	*	*	*	*	*	*	* *
MARSHALL	(See Polk)	*	*	*	*	*	*	*	* *
MARTIN								\$50,107	\$87,558
MEEKER	(See Kandiyohi)	*	*	*	*	*	\$29,000	\$41,142	\$46,803
MILLE LACS								(See Chisago)	* *
MORRISON	\$50,000	\$58,680	\$66,597	\$69,927	\$68,840	\$86,529	\$100,855	\$100,855	\$112,748
MOWER	\$72,695	\$79,324	\$82,297	\$89,775	\$93,946	\$107,234	\$118,657	\$118,657	\$132,572
MURRAY								(See Lyon)	* *
NICOLLET							\$47,116	\$25,250	\$33,386
NOBLES	\$84,472	\$124,412	\$128,078	\$124,770	\$132,005	\$135,878	\$140,634	\$148,092	\$169,318
NORMAN	(See Polk)	*	*	*	*	*	*	*	* *
OLMSTED	\$43,823	\$78,292	\$108,506	\$124,965	\$138,261	\$162,081	\$175,983	\$175,985	\$198,765
OTTER TAIL							\$41,865	\$50,077	\$67,579
PENNINGTON								\$10,215	\$29,134
PINE								(See Chisago)	* *
PIPESTONE	(See Nobles)	*	*	*	*	*	*	*	* *
POLK	\$90,163	\$108,535	\$114,619	\$116,191	\$121,956	\$125,625	\$130,022	\$171,422	\$226,096
POPE								\$8,755	\$28,423
RED LAKE	(See Polk)	*	*	*	*	*	*	*	* *
REDWOOD								(See Lyon)	* *
RENVILLE	(See Kandiyohi)	*	*	*	*	*	*	*	\$34,988
RICE							\$23,300	\$38,419	\$57,369
ROCK	(See Nobles)	*	*	*	*	*	*	*	* *
ROSEAU								\$6,210	\$28,581
ST LOUIS	\$200,000	\$240,899	\$271,571	\$285,150	\$299,408	\$309,887	\$330,733	\$424,940	\$522,277

RULE 14 FUNDING HISTORY

COUNTY	AWARD FY 1980- FY 1981	AWARD FY 1982	AWARD FY 1983	AWARD FY 1984	AWARD FY 1985	AWARD FY 1986	AWARD FY 1987	AWARD FY 1988	AWARD FY 1989
SHERBURNE	\$27,733	\$30,235	\$32,221	\$33,510	\$35,185	\$24,415	\$27,411	\$31,046	\$42,412
SIBLEY								\$19,702	\$28,577
STEARNS (B)								\$61,608	\$171,412
STEELE (D,W)								\$28,185	\$93,950
STEVENS							\$21,000	\$23,701	\$28,039
SWIFT (See Kandiyohi)	*	*	*	*	*	*	*	*	\$28,685
TODD								\$6,244	\$32,276
TRAVERSE								(Big Stone)	* *
WABASHA (See Winona)	*	*	*	*	*	*	*	*	* *
WADENA								\$34,055	\$46,535
WASECA								(See Steele)	* *
WATONWAN								(See Martin)	* *
WILKIN								\$9,060	\$27,909
WINONA (H,W)	\$22,513	\$33,750	\$46,695	\$57,338	\$62,770	\$78,092	\$84,741	\$137,241	\$168,997
WRIGHT							18208	\$45,792	\$76,438
YELLOW MEDICINE								(See Lyon)	* *
OUTSTATE	\$1,000,000	\$1,198,531	\$1,320,247	\$1,384,849	\$1,463,099	\$1,592,118	\$2,047,995	\$2,983,210	\$4,273,978
STATEWIDE	\$2,000,000	\$2,421,216	\$2,509,235	\$2,640,522	\$2,779,647	\$3,028,792	\$3,704,363	\$4,920,017	\$6,900,124

NOTE: THE ASTERISK INDICATES THAT THESE ARE MULTI-COUNTY PROJECTS.

TABLE 2b

RULE 14 FUNDING & FORMULA FOR FY 1988 AND FY 1989

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COUNTY	COL. 1	COL. 2*	COL. 3	COL. 4
	FY 1988 RULE 14 GRANT BY COUNTY	FY 1989 RULE 14 ALLOCATION BASED ON 1986 POP.	REPLACEMENT OF FEDERAL BLOCK GRANT ALLOCATION	FINAL FY 1989 RULE 14 ALLOCATION COL 2 + COL 3 + 6%
AITKIN	\$17,481	\$25,000	\$2,904	\$29,578
ANOKA	\$229,614	\$240,447	\$23,624	\$279,915
BECKER	\$18,968	\$31,258	\$6,137	\$39,639
BELTRAMI	\$131,191	\$131,191	\$8,083	\$147,630
BENTON	\$11,370	\$27,455	\$4,005	\$33,348
BIG STONE	\$10,596	\$25,000	\$1,317	\$27,896
BLUE EARTH	\$70,765	\$70,765	\$7,640	\$83,109
BROWN	\$24,284	\$28,262	\$3,626	\$33,801
CARLTON	\$45,353	\$45,353	\$6,143	\$54,586
CARVER	\$73,305	\$73,305	\$3,837	\$81,771
CASS	\$61,790	\$61,790	\$5,766	\$71,609
CHIPPEWA	\$17,428	\$25,000	\$2,037	\$28,659
CHISAGO	\$20,652	\$28,668	\$3,681	\$34,290
CLAY	\$29,864	\$49,773	\$7,291	\$60,488
CLEARWATER	\$7,780	\$25,000	\$2,674	\$29,334
COOK	\$15,000	\$25,000	\$626	\$27,164
COTTONWOOD	\$48,836	\$48,836	\$2,008	\$53,895
CROW WING	\$106,475	\$106,475	\$8,848	\$122,242
DAKOTA	\$214,435	\$228,716	\$21,364	\$265,085
DODGE	\$8,884	\$25,000	\$1,937	\$28,553
DOUGLAS		\$29,953	\$4,478	\$36,497
FARIBAULT (SEE MARTIN)				
FILLMORE	\$12,500	\$25,000	\$3,435	\$30,141
FREEBORN	\$30,562	\$34,963	\$5,265	\$42,642
GOODHUE	\$87,122	\$88,381	\$5,380	\$99,387
GRANT		\$25,000	\$1,065	\$27,629
HENNEPIN	\$746,789	\$967,455	\$165,177	\$1,200,590
HOUSTON	\$26,205	\$28,543	\$2,570	\$32,980
HUBBARD	\$38,071	\$38,071	\$3,254	\$43,805
ISANTI	\$18,989	\$26,299	\$3,993	\$32,110
ITASCA	\$36,912	\$44,141	\$9,817	\$57,195
JACKSON		\$25,000	\$1,818	\$28,427
KANABEC	\$16,955	\$25,000	\$2,089	\$28,714
KANDIYOHI	\$128,712	\$128,712	\$6,539	\$143,366
KITTSOON	\$18,934	\$25,000	\$1,159	\$27,729
KOOCHICHING	\$19,072	\$25,000	\$3,495	\$30,205
LAC QUI PARLE	\$10,396	\$25,000	\$1,340	\$27,920
LAKE	\$34,600	\$34,600	\$1,989	\$38,784
LAKE OF WOODS		\$25,000	\$608	\$27,144
LESUEUR	\$12,883	\$25,000	\$3,209	\$29,902
LINCOLN (SEE LYON)				
LYON (REG VIII)	\$45,517	\$75,861	\$6,347	\$87,140
MCLEOD	\$18,551	\$30,415	\$3,669	\$36,129
MAHNOMEN	\$16,748	\$25,000	\$1,410	\$27,995
MARSHALL	\$24,615	\$25,000	\$1,752	\$28,357
MARTIN (FMW)	\$50,107	\$75,000	\$7,602	\$87,558
MEEKER	\$41,142	\$41,142	\$3,012	\$46,803

RULE 14 FUNDING & FORMULA FOR FY 1988 AND FY 1989

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COL. 1	COL. 2*	COL. 3	COL. 4
FY 1988 RULE 14 GRANT BY COUNTY	FY 1989 RULE 14 ALLOCATION BASED ON 1986 POP.	REPLACEMENT OF FEDERAL BLOCK GRANT ALLOCATION	FINAL FY 1989 RULE 14 ALLOCATION COL 2 + COL 3 + 6%
COUNTY			
MILLE LACS	\$17,928	\$3,675	\$30,396
MORRISON	\$100,855	\$5,511	\$112,748
MOWER	\$118,657	\$6,411	\$132,572
MURRAY (SEE LYON)			
NICOLLET	\$25,250	\$3,218	\$33,386
NOBLES	\$52,903	\$3,117	\$59,381
NORMAN	\$18,934	\$1,480	\$28,069
OLMSTED	\$175,983	\$11,531	\$198,765
OTTER TAIL	\$50,077	\$8,683	\$67,579
PENNINGTON	\$10,215	\$2,485	\$29,134
PINE	\$18,437	\$4,408	\$31,172
PIPESTONE	\$22,849	\$1,664	\$28,264
POLK	\$74,954	\$6,743	\$86,599
POPE	\$8,755	\$1,814	\$28,423
RAMSEY	\$540,972	\$83,984	\$669,873
RED LAKE	\$17,237	\$799	\$27,347
REDWOOD	\$15,488	\$2,665	\$29,325
RENVILLE	\$30,355	\$2,653	\$34,988
RICE	\$38,419	\$6,523	\$57,369
ROCK	\$23,504	\$1,206	\$27,778
ROSEAU	\$6,210	\$1,963	\$28,581
SAINTE LOUIS	\$424,900	\$48,981	\$522,277
SCOTT	\$31,274	\$5,029	\$60,721
SHERBURNE	\$31,046	\$4,230	\$42,412
SIBLEY	\$19,702	\$1,959	\$28,577
STEARNS	\$50,238	\$14,463	\$138,064
STEELE	\$11,046	\$3,487	\$36,266
STEVENS	\$23,701	\$1,452	\$28,039
SWIFT	\$15,488	\$2,061	\$28,685
TODD	\$15,392	\$4,796	\$32,276
TRAVERSE	\$10,396	\$840	\$27,390
WABASHA	\$26,895	\$2,797	\$33,992
WADENA	\$34,055	\$3,179	\$46,535
WASECA	\$8,255	\$2,482	\$29,131
WASHINGTON	\$100,418	\$12,417	\$148,749
WATONWAN (SEE MARTIN)			
WILKIN	\$9,060	\$1,329	\$27,909
WINONA	\$84,141	\$6,323	\$102,025
WRIGHT	\$45,792	\$7,656	\$76,438
YELLOW MEDICINE	\$15,289	\$1,966	\$28,584
TOTAL	\$4,924,524	\$660,000	\$7,011,559

*NOTE: COL. 2 PROVIDES THE BASIC FUNDING FORMULA FOR RULE 14 WHICH IS BASED ON THE HIGHEST AMOUNT: 1)\$1.00 PER 1986 COUNTY POP.; 2)\$25,000; OR 3)FY 1987 GRANT.

DESCRIPTION OF CLIENTS

DEFINITIONS OF THE POPULATION

The Minnesota Comprehensive Mental Health Act has the following definition of the population who are the primary clients for Rule 14 and and Rule 36 programs.

"For purposes of case management and community support services, a person with serious and persistent mental illness" means a person who has a mental illness and meets at least one of the following criteria:

- (1) the person has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;
- (2) the person has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months;
- (3) the person:
 - (i) has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder;
 - (ii) indicates a significant impairment in functioning; and
 - (iii) has a written opinion from a mental health professional stating that the person is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless an ongoing community support services program is provided; or
- (4) the person has been committed by a court as a mentally ill person under chapter 253B, or the person's commitment has been stayed or continued." (M.S. 245.462, Subd. 20C.)

DEMOGRAPHICS

This section contains information on 79 programs licensed under Rule 36, (75 of which were funded under Rule 12) and 63 programs funded under Rule 14 in F.Y. 1988.

The 79 Rule 36 programs included 35 Category I facilities which offer more intensive treatment and 44 Category II facilities which emphasize the use of services outside the facility. During the

last year (F.Y. 1988) over 3,788 clients were served statewide for a total of 586,667 client days of service. Of these clients 2,456 were admitted for the first time. There were 642 clients in the programs who had been in the program previously. The programs reported having an average of 81% of their beds occupied during F.Y. 1988.

During F.Y. 1988, the Rule 14 programs served 5,175 clients. Of these, over 2,830 were new to the programs. There were 688 clients readmitted by the program during F.Y. 1988.

Distribution Across State: The programs report the number of clients served from each county. During F.Y. 1988 the Rule 12 programs reported that clients from 85 counties were served. The Rule 14 programs reported that clients from 83 counties were served. Several of the Rule 14 programs were just beginning in F.Y. 1988 and so client numbers were low. Tables 3 and 4, which can be found at the end of the report with the remaining tables, lists the use of Rule 36 and Rule 14 programs during F.Y. 1988 by the client's county. These tables also provide a list of the county use per 10,000 county population of both Rule 36 and Rule 14 programs. Since the Rule 14 funding just became available statewide during this biennium, the use of CSP services by each county should continue to increase over the next few years after the new projects become more established.

Age: The demographic (e.g., age, sex, race, etc.) characteristics of project clients are described below and are also contained in

Table 5. While the entire adult age range is served by both programs, a disproportionate number of young adults are being served. Sixty-six percent of Rule 36 clients and 51% of the Rule 14 clients served during Fiscal Year 1988 were 35 years old or younger. This greater focus on the younger client is consistent with the mental health literature which indicates that the younger client with mental illness often needs more intensive mental health treatment. These younger clients often have chemical dependency problems as well as mental illness.

Sex: Consistent with previous data Rule 36 programs serve more men (56%), while Rule 14 programs serve a larger proportion of women (53%).

It appears in general that more men are served in residential or inpatient settings, while more women are served in outpatient settings.

Race: In F.Y. 1988 5.3% of clients in Rule 36 programs were minorities. For Rule 14 programs also 5.3% of their clients were minorities. With greater stress faced by the S.E. Asian Immigrants we might examine more closely the need for more programs which could meet their needs, if appropriate. For the last three years the Division has received a grant from the National Institute of Mental Health to examine the mental health needs of refugees. This grant has conducted a mental health needs assessment and produced training materials and workshops.

Source of Income and Employment Status: For both programs a majority of their clients were on some type of public assistance when entering the program. For Rule 36 clients 76% received some form of assistance payment with 20% on General Assistance, 37% on SSI and 19% on SSDI. For Rule 14 clients 62% received some form of assistance payment with 15% on General Assistance, 31% on SSI and 16% on SSDI. Table 6 contains findings on source of income, living arrangements, employment status and referral sources. Less than 8% of Rule 36 clients and less than 13% of Rule 14 clients had competitive full or part time employment when entering the program.

Living Arrangement and Source of Referral: One of the indicators of the severity of the illness of the clients served by the facilities is their living arrangement before entering the facility. Only 20% of Rule 36 clients were reported to be either living with their family or independently. On the other hand 21% were in regional treatment centers and 23% were in inpatient psychiatric units of a general hospital prior to admission to a community Rule 36 facility.

However, 58% of Rule 14 clients were either living independently or with family or friends when entering the program. Only 13% of the Rule 14 clients entered the program while residing in a Rule 36 facility. This figure indicates a lack of overlap between the two programs.

While Rule 14 had a variety of referral sources, Rule 36 clients were referred mainly from a county social service agency (29%), community hospital (24%), or a Regional Treatment Center (16%).

FURTHER CLIENT DESCRIPTORS:

The F.Y. 1988 data from Rule 36 and Rule 14 providers contain some descriptors useful in providing a broader picture of the persons served. The details of these descriptors are listed in Table 7.

Diagnosis: Schizophrenia was the most prevalent diagnosis, 49% of Rule 36 clients and 44% of Rule 14 clients were so described. Affective disorders were the second highest with 30% for Rule 36 clients and 21% for Rule 14 clients. The third most prevalent diagnostic category was personality disorders. Rule 36 programs had 11% and Rule 14 programs had 12% of their participants diagnosed in this classification.

Medications: Of the 70% of Rule 36 participants who were on psychotropic medication regimens most had their medications either directly administered or supervised by staff. Over half of the 3,364 Rule 14 clients who were on psychotropic medications regimens self-administered their medications.

Other Disabilities: Over one quarter of the participants in both programs have the additional problem of chemical dependency. Although this is a relatively high percentage, the percentage is lower than the 36% reported for F.Y. 1986. The problem of the MI/CD dual disability is being addressed by several of the Rule 36

programs. Both Rule 36 and 14 programs have indicated a need for more special programs specifically oriented towards this group of clients.

Roughly 11% of Rule 36 program clients and 9% of the Rule 14 clients were described as having a developmental disability. Additionally, special programming to meet the needs of persons with personality disorders should be explored.

EFFECTIVENESS

The preceding sections furnished descriptions of who were served in the Rule 14 and Rule 36 programs. The effectiveness section focusses on what happens to the people served. What effect do the programs have on the lives of the participants and the community at large?

The best measures available answer the following questions:

- a) How long do people participate in the program(s)?
- b) What happens to participants when they leave a program?
- c) What happens to the hospitalization frequency?
- d) How are participants supported?
Are they on assistance?
Do they have a job?
- e) How do participants live?
Are they dependent, semi-independent or independent?

Lastly, the effect on the community at large can be seen by reviewing the answers to the above questions and comparing them to what we know about inpatient psychiatric costs. This is covered in the section titled Cost Effectiveness.

LENGTH OF STAY: Rule 36 programs reported that 2,749 clients left their programs during F.Y. 1988 after an average stay of 10.9 months. There were also 682 clients who had been in the program at least one year and were still in the program on June 30, 1988. Rule 14 programs reported fewer case closings (2,534) during the year. Approximately half of these case closings were from three crisis intervention programs which serve persons on a short term basis. There were also more Rule 14 clients (1,675) who had been in the program at least one year and were still in the program on June 30, 1988 than on June 30, 1986 (949). It should be

emphasized that long term program support is an expectation for participants. The distribution of the cases open one year or longer can be found in Table 5.

DISPOSITION OF DISCHARGED CLIENTS: Fifty percent of the discharged Rule 36 clients were seen as completing the program before leaving. Twelve percent of the clients discontinued without approval of the program staff. Another sixteen percent transferred to inpatient psychiatric treatment. The table below lists the other reasons for clients leaving the program. A further discussion of changes in client living arrangements is contained later in the report.

Because of the large number of discharges in Rule 14 programs from the 3 crisis programs, the disposition of discharged clients was analyzed between crisis and non-crisis programs. For the crisis programs almost all (96%) were considered to have completed the program due to its short nature.

<u>DISPOSITION AT DISCHARGE</u>	<u>RULE 36</u>	<u>CRISIS RULE 14</u>	<u>NON-CRISIS RULE 14</u>
Completed Program	49.6%	97.5%	33.2%
Left without Staff Approval	12.3%	0.9%	18.3%
Left due to problem behavior	7.9%	0.2%	4.9%
Joint client/staff decision	7.3%	0.9%	11.4%
Acute Episode- Hospitalized	15.6%	2.2%	7.7%
Inappropriate for program	1.7%	0.0%	4.2%
Lost Financial Support	0.4%	0.0%	0.4%
Died	0.4%	0.0%	2.9%
Other	5.0%	0.2%	16.6%
TOTAL	100.0%	100.0%	100.0%
Total Number of Clients	2,722	1,162	1,226

HOSPITALIZATION: The hospitalization rates for both Rule 36 and 14 participants are substantially reduced when compared to the year immediately preceding their admission. While in Rule 36 programs, the rate drops from 64% to 15%. While in Rule 14 programs, client rates drop from 41% to 15%. Both of these rates are based on data at discharge from the Rule 36 or 14 programs.

For clients who were still in the program at the end of the year and who were in at least one year, there were also large reductions in the percent of clients hospitalized. For clients in Rule 36 programs the drop was from 62% the year before admission to 18% their last year in the program. For Rule 14 clients the drop was from 52% the year before admission to 21% their last year in the program. Table 8 lists the hospitalization percentages for both programs and also separates out hospitalizations in regional treatment centers and community inpatient hospitals.

Table 8 also shows figures on the hospitalization of clients who were discharged from the program in either F.Y. 1987 or early F.Y. 1988 and followed up during F.Y. 1988. As can be seen in Table 8 the percent of clients hospitalized begins to rise after discharge. For the 780 Rule 36 clients with follow-up information for the 6 months after discharge, 34% had some type of hospitalization. Of the 717 clients from Rule 14 programs who were followed up after leaving, 21% had been hospitalized during the 4.7 month period, on average, after leaving the program. The hospitalization rates from discharge to the follow-up are still lower compared to the year before clients entered the programs.

It should be noted that many of the clients followed up were not discharged during F.Y. 1988 and therefore may not have the same hospitalization history as those listed in Table 8.

This information demonstrates that the use of Rule 36 programs and community support programs is effective in reducing hospitalization. Hospitalization is reduced to a much greater degree while the clients are in the programs. The information on hospitalization after clients leave is much less complete. The available information indicates that hospitalization starts to increase after leaving the programs. Part of this increase might be due to the fact that many of the clients left the program before completing it. It is possible that clients who left the program before they were ready, might then be more vulnerable to hospitalization. In addition, the continued reduction of hospitalization depends on appropriate services after or in conjunction with a Rule 14.

While these data indicate that the programs were effective in reducing the number of clients hospitalized, there are three points which should be noted. First, some of the data about hospitalization prior to being in the program may not be accurate because they are sometimes based on client recollections and estimates made by the staff. Also, the data for hospitalization during the program are probably the most accurate since the programs have more first hand information for that period compared

to before and after the program. Finally the unduplicated hospital figures might be slightly inflated due to some possible duplicated counts by some programs.

A concern with both Rule 14 and Rule 36 programs is what happens to clients when they leave the program. The available hospital data indicate that there is an increase in hospital use. There has been some concern about gaps in services when clients leave a treatment program. However, beginning in January 1989, counties will offer case management services to all of persons who have a serious and persistent mental illness. Case managers must coordinate treatment plans and services with Rule 36 and Rule 14 providers. With the additional case management services being offered it is expected that there will be greater continuity of care when clients leave a Rule 36 or Rule 14 program. The additional case management services should help to reduce the hospital use of those clients who leave the programs.

CHANGES IN PRIMARY SOURCE OF INCOME: Table 9 displays the changes in primary source of income for clients who were discharged during the year and for clients who had been in the program at least one year as of June 30, 1988. The table lists the changes separately for Rule 36 and Rule 14 clients. This table shows the largest change for Rule 36 clients is an increase in the use of SSI and SSDI with MSA. There was a 24% increase in the percent of clients with a job as their primary source of income increasing from 157 clients before the program to 195 either after or at end of year if they were in a year or more.

Table 9 also reveals that Rule 14 clients display an even larger shift to the client's job as the primary source of income. The number of clients with jobs as primary income rose from 159 before program to 312 after discharge or at end of year if they were in a year or more. This increase in jobs as the primary source of income is probably due to the vocational focus of several of the Rule 14 programs.

CHANGES IN EMPLOYMENT STATUS: Table 10 presents the changes in employment status for clients who were discharged during the year and for clients who had been in the program at least one year as of June 30, 1988. The table lists the changes separately for Rule 36 and Rule 14 clients. The pattern which is apparent for these figures is the increases in all of the employment related categories. The shifts in the table for discharged clients are the increases of the percent of clients in some type of competitive or supported competitive employment. For Rule 36 clients this shift was from 10.1% at admission to 15% at discharge, while for Rule 14 clients the shift was from 8.9% at admission to 17.4% at discharge. While the percentages seem small, they represent a significant achievement for persons with serious and persistent mental illness.

The largest shifts for those clients in the program at least one year, as of June 30, 1988, were increases in the percent of clients in sheltered or pre-vocational work and in competitive or supported competitive employment. For competitive or supported competitive employment, Rule 36 clients showed a significant

change in percent, from 3.6% at admission to 9.2% on June 30, 1988, while Rule 14 clients doubled from 9.5% at admission to 19.3% on June 30, 1988. For sheltered or pre-vocational work Rule 36 clients tripled from admission (9.4%) to June 30, 1988 (35.7%), while Rule 14 clients doubled from admission (12.3%) to June 30, 1988 (20.9%).

CHANGES IN LIVING ARRANGEMENT: Table 11 presents the changes in living arrangement for Rule 36 and Rule 14 clients who were discharged during the year and for Rule 14 clients who had been in the program at least one year as of June 30, 1988. Change in living arrangement for clients still in Rule 36 programs was not examined since they would still be in a Rule 36 facility.

For Rule 36 clients, the major change was the doubling of clients in independent living arrangements (Independent Living and Supported Independent Living - SILS) from admission (15.7%) to discharge (33%). The other major shift was the decrease from 54.1% of the clients in some type of inpatient setting at admission to 18% at discharge. For discharged Rule 36 clients who were followed up during F.Y. 1988, the percent of those in independent living was about the same as at time of discharge. At the six month follow-up the percent of those in regional treatment centers increased from discharge (8.6%) to follow-up (13.4%). However, the percent in community inpatient settings dropped from 9.4% to 2.5% at follow-up. It should be noted that the clients followed up during the year were not necessarily the same clients listed in the discharge information. The discharge

information was only on those discharged in F.Y. 1988, while the follow-up data covered clients followed-up in F.Y. 1988 even if they were discharged in F.Y. 1987.

For Rule 14 clients the major change was the increase in the percent of clients in independent living situations. For discharged clients there was an increase from 37.5% at admission to 46.9% at discharge (43.4%), while for clients in the program the increase was from 41.9% at admission to 59.5% on June 30, 1988 (48.9%). Another major change for Rule 14 participants still in the program was that while 16.6% resided in Rule 36 facilities at admission, there were only 10.1% in those facilities on June 30, 1988. For Rule 14 clients discharged during the year 20.6% were in Rule 36 programs at admission, while 12% were there at discharge.

COST EFFECTIVENESS: There are some difficult considerations regarding the cost effectiveness of these programs. There are a variety of programs funded throughout the state. The types of services vary widely depending on the needs of each county. For example, some programs provide day treatment which is a more expensive and staff intensive type of service, while other programs provide a less costly service such as socialization/recreation services. The clients may be receiving several services in their community treatment, one or more of which is not funded through Rule 12.

The estimated cost of maintaining an adult with a serious and persistent mental illness in a community residential facility is described for F.Y. 1989 below:

<u>SERVICES</u>	<u>COSTS</u>
Room and Board costs	\$22.49
Program provided by Rule 36 facility	<u>\$30.65</u>
Subtotal provided by Rule 36 facility	\$53.14
<u>Services from other providers</u>	<u>\$23.89</u>
TOTAL	\$77.03

The figure for services from other providers is a very rough estimate of the services provided by other sources, e.g., medical services, county caseworker services, etc.

The F.Y. 1989 per diem for mental illness state regional treatment center care is \$159.80. In F.Y. 1987 the average community inpatient psychiatric charge per day to Medical Assistance for clients diagnosed as having schizophrenia or an affective disorder was \$410.76. Of this total per diem \$366.26 was for hospital charges and \$44.60 was for physician/psychiatrist charges.

For F.Y. 1987 DHS Reimbursement Division estimated that the average length of stay in a regional treatment center is 165 days. Stays in community hospitals were approximately 14 days for Medicaid clients with a diagnosis of schizophrenia or an affective disorder. The average length of stay for clients discharged from a Rule 36 facility is 10.7 months. The figures presented earlier in this report showing reduced hospitalization for Rule 14 and

Rule 36 clients deal with a reduction in hospitalization, not the elimination of psychiatric hospital use. Many clients may still need occasional hospitalization although less frequently.

LEGISLATIVE AUDITOR STUDY:

At the request of the 1988 Legislature the Program Evaluation Division of the Office of the Legislative Auditor is in the process of evaluating Rule 36 programs. The Mental Health Division is actively working with the Legislative Auditor's staff in its study of Rule 36 programs. This project is in its early stages, but the Mental Health Division will use its findings and data when the study is completed.

MENTAL HEALTH REPORTING SYSTEMS:

At the request of the Legislature (M.S. 245.721) the Mental Health Division is implementing a Mental Illness Information Management System. As part of this new reporting system for all publicly funded mental health services, individual client service information will be collected. In the future this should allow better information on service use patterns by clients in Rule 36 and Rule 14 programs. By obtaining individual client service information duplicate counting of clients who receive service from more than one provider will be reduced.

DISCUSSION

The preceding section on effectiveness highlights the impact of Rule 14 and Rule 36 programs on the lives of adults with a serious and persistent mental illness. The programs help to reduce use of inpatient psychiatric care both in regional treatment centers and community inpatient facilities. In addition, clients are aided in moving to more independent living situations and developing employment skills.

While both programs are effective in assisting clients while they are in the program, clients often face other barriers after discharge. For the large percentage of clients who leave before completion of the Rule 36 programs it is difficult to arrange admission to the right type of alternative program. In addition the hospitalization data on the clients who are discharged indicate that aftercare or community support programs must be available or it is more likely they will return to a hospital setting.

The Rule 14 programs have fewer case closings, unless they are crisis intervention programs. These Community Support Services are intended as longer term programs to help maintain clients in their own community. Due to the outpatient nature of these programs, there is less of a problem in maintaining clients in the program. If clients can be maintained with these supportive

services, there appears to be greater success in reducing hospitalization and increasing employment opportunities and independent living.

UNMET NEEDS

While these programs seem to be effective, there are still other unmet needs of clients reported by the programs. As in previous years both Rule 14 and Rule 36 programs report that the top unmet needs are vocational services and supportive housing programs. Without employment programs, it is difficult to maintain the client in an independent living situation or allow them to a move into one. Further, clients in their quest to achieve full independence need additional supportive housing services and access to affordable housing.

Table 12 lists the ranking for Rule 36 programs by combining all three rankings to list the major unmet needs. For Rule 36 programs both employability services and housing were the most mentioned needs. The housing needs would be for those clients leaving the program. Other needs reported included included transportation services, day treatment and special treatment for clients who also have a chemical dependency problems.

For Rule 14 providers the top unmet need overall was employability services. The number two need is transportation services for their clients, while housing and housing support services were listed third. Also listed as needs were client outreach services,

crisis assistance and psycho-social rehabilitation. The rest of the needs are listed in Table 13.

In response to the housing needs frequently expressed by the programs the Department started special housing support grants. These projects which were started in F.Y. 1989 are just getting underway. The Department wants to continue these special housing grants during the next biennium with Rule 14 funding. The Department is also working closely with the Department of Jobs and Training to develop more employment and training opportunities.

Other client needs reported by the programs are: transportation services, day treatment and other services for clients who also have chemical dependency problems, plus case management and aftercare services.

RECOMMENDATIONS

The Department's mental health initiative will be fully presented and explained to the Legislature during January and February of this session. Specific to Rules 12 and 14 the Department recommends:

Recommendation 1 Same level continuation funding for Adult Residential grants (Rule 12) for F.Y. 1990 and F.Y. 1991. Since current law provides no automatic increase to cover the cost of inflation. Same level for these programs actually means a decline in real dollars. These funds are used primarily for staff

salaries. Since no additional funding is being requested for Rule 12 programs, it is expected that the number of funded beds will gradually decline.

Recommendation 2

New Rule 14 funding of \$1,043,000 for F.Y. 1990 and \$2,743,000 for F.Y. 1991. Specifically, funding is requested to:

- a. fully develop community support programs in all 87 counties;
- b. continue housing support service pilot projects now funded by one time state special funds.

This request is part of the department's mental health initiative.

Although community support services were provided, in some form, in 47 counties prior to the passage of the Mental Health Act, counties were never required to provide all of these services nor were they required to provide these services in an organized way.

Two basic situations have developed:

- a. counties who have previously provided community support services have needed to add or enhance their services to meet the new legislative mandates; and
- b. counties who have never provided community support services prior to July 1, 1988 have developed new programming but have been unable to fully develop all of the required components due to limited first time funding.

Beginning with April 1, 1990, each county's Rule 14 allocation

should be increased from the current minimum of \$25,000 per county or \$1 per capita to at least \$50,000 per county or \$1.80 per capita, based on the county's total population. Experience with programs now operating indicates that these are the minimum state Rule 14 funding levels needed to provide all the community support service components required by law.

Eleven support service pilot projects have initiated in 10 counties in F.Y. 1989 in coordination with the community support programs. These projects are funded through one time state special project funds which the 1988 Legislature transferred from F.Y. 1988 to F.Y. 1989. Funding is needed under Rule 14 to continue these projects through the next biennium to provide adequate time to evaluate their effectiveness. The Mental Health Division plans to present an evaluation of these projects to the 1991 Legislature.

Recommendation 3

Support for legislation which will amend M.S. 245.73 Subd. 4 to include the legislative report on Rule 12 grant programs with the annual legislative report required under the Mental Health Act.

FY 1988 COUNTY USE OF RULE 36 PROGRAMS*

COUNTY	# OF PROGRAMS SERVING CLIENTS FROM COUNTY	TOTAL NUMBER OF COUNTY CLIENTS USING RULE 36	COUNTY USE OF RULE 36 PER 10,000 CTY POP.	NUMBER OF COUNTY CLIENTS USING RULE 36 WITHIN COUNTY	NUMBER OF COUNTY CLIENTS USING RULE 36 OUTSIDE COUNTY
AITKIN	3	6	4.5	0	6
ANOKA	28	84	3.8	24	60
BECKER	9	18	5.8	0	18
BELTRAMI	11	27	8.0	10	17
BENTON	5	13	4.7	0	13
BIG STONE	3	5	6.6	0	5
BLUE EARTH	9	27	5.1	12	15
BROWN	3	13	4.6	9	4
CARLTON	6	20	7.0	12	8
CARVER	10	15	3.5	0	15
CASS	8	15	7.1	0	15
CHIPPÉWA	10	31	21.5	0	31
CHISAGO	5	8	2.8	0	8
CLAY	11	34	6.9	17	17
CLEARWATER	1	1	1.1	0	1
COOK	0	0	0.0	0	0
COTTONWOOD	5	7	5.2	0	7
CROW WING	2	23	5.3	0	23
DAKOTA	28	135	5.6	52	83
DODGE	3	24	15.8	0	24
DOUGLAS	6	22	7.3	0	22
FARIBAULT	5	8	4.4	0	8
FILLMORE	8	37	17.4	0	37
FREEPORN	9	23	6.6	10	13
GOODHUE	13	75	18.6	0	75
GRANT	2	2	2.9	0	2
HENNEPIN	46	1,157	11.9	1,052	105
HOUSTON	6	52	27.4	0	52
HUBBARD	5	6	3.9	0	6
ISANTI	5	9	3.4	0	9
ITASCA	9	48	11.0	29	19
JACKSON	4	5	3.9	0	5
KANABEC	6	8	6.2	0	8
KANDIYOH	13	145	36.1	135	10
KITTSO	4	5	7.7	0	5
KOOCHICHING	6	14	8.9	0	14
LAC QUI PARLE	1	12	12.2	0	12
LAKE	1	1	0.9	0	1
LAKE OF WOODS	0	0	0.0	0	0
LESUEUR	10	14	6.0	0	14
LINCOLN	1	1	1.3	0	1
LYON	5	8	3.1	0	8
MCLEOD	7	9	2.9	0	9
MAHNOMEN	3	5	9.0	0	5
MARSHALL	3	3	2.4	0	3
MARTIN	6	6	2.5	0	6
MEEKER	7	41	19.5	2	39
MILLE LACS	10	14	7.5	0	14

FY 1988 COUNTY USE OF RULE 36 PROGRAMS*

COUNTY	# OF PROGRAMS SERVING CLIENTS FROM COUNTY	TOTAL NUMBER OF COUNTY CLIENTS USING RULE 36	COUNTY USE OF RULE 36 PER 10,000 CTY POP.	NUMBER OF COUNTY CLIENTS USING RULE 36 WITHIN COUNTY	NUMBER OF COUNTY CLIENTS USING RULE 36 OUTSIDE COUNTY
MORRISON	5	11	3.6	7	4
MOWER	7	22	5.7	12	10
MURRAY	4	4	3.7	0	4
NICOLLET	6	7	2.5	0	7
NOBLES	8	23	10.8	13	10
NORMAN	3	3	3.4	0	3
OLMSTED	14	342	34.0	318	24
OTTER TAIL	7	27	4.9	14	13
PENNINGTON	6	13	9.6	8	5
PINE	4	9	4.3	6	3
PIPESTONE	1	2	1.8	0	2
POLK	8	19	5.6	5	14
POPE	2	4	3.4	0	4
RAMSEY	35	612	13.0	531	81
RED LAKE	2	3	6.0	0	3
REDWOOD	5	6	3.3	0	6
RENVILLE	6	49	25.9	0	49
RICE	11	13	2.7	0	13
ROCK	1	7	6.8	0	7
ROSEAU	2	2	1.4	0	2
ST. LOUIS	13	109	5.4	92	17
SCOTT	10	17	3.2	0	17
SHERBURNE	5	8	2.2	0	8
SIBLEY	5	10	6.5	0	10
STEARNS	16	50	4.3	15	35
STEELE	4	9	2.9	6	3
STEVENS	3	3	2.7	2	1
SWIFT	4	12	9.8	0	12
TODD	3	8	3.2	0	8
TRAVERSE	2	2	4.0	0	2
WABASHA	5	18	9.3	0	18
WADENA	3	14	10.2	11	3
WASECA	2	5	2.7	0	5
WASHINGTON	14	41	3.1	14	27
WATONWAN	3	5	4.4	0	5
WILKIN	2	2	2.5	0	2
WINONA	9	65	13.8	41	24
WRIGHT	18	24	3.6	0	24
YELLOW MEDICINE	1	1	0.8	0	1
Z-OTIER COUNTY	2	3	N.A.	0	3
Z-OUT OF STATE	6	8	N.A.	0	8
Z-PRIVATE PAY	7	35	N.A.	0	35
Z-VA	2	12	N.A.	0	12
TOTAL		3,875	9.0	2,459	1,416

* NOTE: CLIENTS WHO WERE IN MORE THAN ONE RULE 36 PROGRAM DURING THE YEAR WOULD BE COUNTED MORE THAN ONCE LEADING TO SOME INFLATION OF COUNTS. THIS WOULD BE MORE LIKELY IN COUNTIES WITH SEVERAL PROVIDERS.

FY 1988 COUNTY USE OF RULE 14 PROGRAMS*

COUNTY	1987 COUNTY POPULATION	NUMBER OF PROGRAMS SERVING CLIENTS FROM COUNTY	TOTAL NUMBER OF COUNTY CLIENTS USING RULE 14	COUNTY USE OF RULE 14 PER 10,000 CTY POP.
AITKIN	13,311	3	17	12.8
ANOKA	223,819	8	90	4.0
BECKER	31,211	3	39	12.5
BELTRAMI	33,884	4	94	27.7
BENTON	27,884	2	28	10.0
BIG STONE	7,575	1	2	2.6
BLUE EARTH	52,596	6	52	9.9
BROWN	28,045	2	21	7.5
CARLTON	28,432	2	41	14.4
CARVER	43,082	5	41	9.5
CASS	21,184	2	25	11.8
CHIPPEWA	14,400	2	8	5.6
CHISAGO	28,957	3	9	3.1
CLAY	49,444	3	6	1.2
CLEARWATER	9,054	2	26	28.7
COOK	4,274	1	26	60.8
COTTONWOOD	13,464	1	26	19.3
CROW WING	43,582	3	47	10.8
DAKOTA	239,499	8	967	40.4
DODGE	15,167	2	11	7.3
DOUGLAS	29,945	2	3	1.0
FARIBAUT	18,140	2	15	8.3
FILLMORE	21,252	3	16	7.5
FREEBORN	34,594	3	15	4.3
GOODHUE	40,289	6	81	20.1
GRANT	7,004	1	1	1.4
HENNEPIN	974,684	16	626	6.4
HOUSTON	18,978	3	5	2.6
HUBBARD	15,563	2	23	14.8
ISANTI	26,513	3	7	2.6
ITASCA	43,442	3	65	15.0
JACKSON	12,944	0	0	0.0
KANABEC	12,801	3	11	8.6
KANDIYOHI	40,190	3	161	40.1
KITTSO	6,523	1	9	13.8
KOOCHICHING	15,776	4	47	29.8
LAC QUI PARLE	9,859	0	0	0.0
LAKE	11,240	2	31	27.6
LAKE OF WOODS	3,881	1	1	2.6
LESUEUR	23,489	2	26	11.1
LINCOLN	7,681	1	2	2.6
LYON	25,555	1	12	4.7
MCLEOD	30,661	1	23	7.5
MAHNOMEN	5,548	2	9	16.2
MARSHALL	12,496	2	22	17.6
MARTIN	23,795	5	35	14.7
MEEKER	21,041	3	78	37.1
MILLE LACS	18,770	7	13	6.9

FY 1988 COUNTY USE OF RULE 14 PROGRAMS*

COUNTY	1987 COUNTY POPULATION	NUMBER OF PROGRAMS SERVING CLIENTS FROM COUNTY	TOTAL NUMBER OF COUNTY CLIENTS USING RULE 14	COUNTY USE OF RULE 14 PER 10,000 CTY POP.
MORRISON	30,171	2	150	49.7
MOWER	38,890	4	87	22.4
MURRAY	10,704	2	6	5.6
NICOLLET	28,494	2	66	23.2
NOBLES	21,334	1	17	8.0
NORMAN	8,952	3	8	8.9
OLMSTED	100,459	4	176	17.5
OTTER TAIL	55,127	3	7	1.3
PENNINGTON	13,556	2	5	3.7
PINE	21,074	2	9	4.3
PIPESTONE	11,051	1	7	6.3
POLK	33,696	3	89	26.4
POPE	11,643	1	3	2.6
RAMSEY	469,851	11	528	11.2
RED LAKE	4,961	2	6	12.1
REDWOOD	18,146	2	2	1.1
RENVILLE	18,945	2	16	8.4
RICE	47,912	4	40	8.3
ROCK	10,308	1	13	12.6
ROSEAU	14,009	3	14	10.0
ST. LOUIS	200,646	4	559	27.9
SCOTT	53,609	2	7	1.3
SHERBURNE	36,599	3	55	15.0
SIBLEY	15,356	2	17	11.1
STEARNS	117,087	5	62	5.3
STEELE	30,874	4	19	6.2
STEVENS	10,947	2	4	3.7
SWIFT	12,228	2	5	4.1
TODD	25,276	3	18	7.1
TRAVERSE	4,955	0	0	0.0
WABASHA	19,299	1	24	12.4
WADENA	13,698	4	36	26.3
WASECA	18,817	3	21	11.2
WASHINGTON	130,688	5	246	18.8
WATONWAN	11,473	2	12	10.5
WILKIN	8,068	0	0	0.0
WINONA	47,132	3	95	20.2
WRIGHT	65,839	2	2	0.3
YELLOW MEDICINE	12,478	1	4	3.2
Z-OTHER COUNTY		0	15	N.A.
Z-OUT OF STATE		2	15	N.A.
Z-UNKNOWN		1	24	N.A.
TOTAL	4,245,870		5,402	12.6

* NOTE: CLIENTS WHO WERE IN MORE THAN ONE RULE 14 PROGRAM DURING THE YEAR WOULD BE COUNTED MORE THAN ONCE LEADING TO SOME INFLATION OF COUNTS. THIS WOULD BE MORE LIKELY IN COUNTIES WITH SEVERAL PROVIDERS.

PROGRAM USE AND CLIENT DEMOGRAPHICS

	<u>RULE 36 FY 1988</u>	<u>RULE 14 FY 1988</u>
	<u>STATE TOTALS/PERCENT</u>	<u>STATE TOTALS/PERCENT</u>
Open Cases on 7/1/88	1,578	2,627
New Admissions during year	2,456	2,830
Readmissions from Previous Yr.	368	505
Total Served	4,140	5,175
Case Closings	2,749	2,534
Readmissions during year	274	183
Client Days	586,667	N/A
Avg Bed Utilization during Yr	81%	N/A
Waiting List on 6/30/88	249	110
# of Residents on 6/30/88	1,592	3,256
Avg Stay for Discharges:MONIHS	10.7	11.3
<u>CASES OPEN 6/30/88 FOR 1+ YRS</u>		
Current Cases Open 1-2 Yrs	238	707
Current Cases Open 2-3 Yrs	137	342
Current Cases Open 3-5 Yrs	137	339
Current Cases Open 5+ Yrs	170	287
TOTAL: Cases Open 1+ Yrs	682	1,675
<u>AGE</u>		
0-17	1.4%	3.5%
18-20	8.5%	4.1%
21-35	55.7%	43.5%
36-44	16.7%	21.8%
45-59	11.8%	15.0%
60-64	2.9%	3.8%
65 and over	2.9%	8.2%
TOTAL	100.0%	100.0%
<u>SEX</u>		
Male	55.6%	47.1%
Female	44.4%	52.9%
TOTAL	100.0%	100.0%
<u>RACE</u>		
White	94.7%	94.7%
Black	2.6%	2.0%
American Indian	1.2%	1.3%
Hispanic	0.4%	0.5%
Asian or Pac Isl	1.0%	0.3%
Other Race	0.1%	1.3%
TOTAL	100.0%	100.0%
<u>EDUCATION</u>		
8th or less	6.3%	N/A
9th-11th	23.6%	N/A
High School or GED	42.6%	N/A
Some College	18.9%	N/A
College Degree	0.5%	N/A
Graduate or Profession. School	8.2%	N/A
TOTAL	100.0%	N/A

Information is based on available data for FY 1988.

TABLE 6

CLIENT'S INCOME, EMPLOYMENT & LIVING ARRANGEMENT

	<u>RULE 36 FY 1988</u>	<u>RULE 14 FY 1988</u>
<u>PRIMARY SOURCE OF INCOME</u>		
	<u>STATE PERCENT</u>	<u>STATE PERCENT</u>
Job	6.5%	11.3%
Family	8.4%	15.6%
SSI	20.4%	16.0%
SSI/MSA	16.4%	15.2%
GA	19.7%	14.5%
SSDI	11.5%	12.4%
SSDI+MSA	7.4%	3.7%
VA	2.5%	1.9%
AFDC	0.8%	2.9%
Unemployment	0.2%	0.7%
Insurance	0.8%	0.7%
Other	5.6%	5.2%
TOTAL	100.0%	100.0%
<u>EMPLOYMENT STATUS</u>		
Competitive: Full	4.1%	8.6%
Competitive: Part	3.3%	4.2%
Occasional	1.8%	1.3%
Supported Competitive	0.9%	0.4%
Sheltered: 30+ hrs	2.2%	2.3%
Sheltered: <30 hrs	2.0%	2.6%
Pre-vocational Rehab	2.3%	1.0%
Volunteer	0.6%	1.6%
Homemaker	1.3%	6.2%
Student	3.5%	4.6%
Retired	12.0%	7.2%
Unemployed	54.7%	60.1%
Unknown	11.4%	0.0%
TOTAL	100.0%	100.0%
<u>LIVING ARRANGEMENT</u>		
Jails	1.4%	0.6%
State Hospital	20.7%	2.7%
Community Inpatient	23.2%	2.6%
Nursing Home	2.1%	6.2%
Rule 36-Cat I	4.7%	6.2%
Rule 36-Cat II	6.1%	7.1%
Rule 35-CD	0.3%	0.4%
Board&Care	1.7%	1.6%
Board&Lodging	2.6%	3.7%
Foster Care	0.8%	1.4%
SIIS-Not R36	7.9%	3.7%
Independent Living	9.8%	42.7%
Transient	3.3%	2.3%
Family	10.4%	15.4%
Unknown	0.6%	2.3%
Other	4.4%	1.3%
TOTAL	100.0%	100.0%
<u>SOURCE OF REFERRAL</u>		
Self	4.4%	15.7%
Family	3.7%	10.0%
Mental Health Center	3.8%	8.7%
S.H./Reg. Treat. Center	15.7%	4.4%
Community Inpatient Psych.	24.2%	5.0%
County Social Services	28.9%	16.5%
Community Professional	3.7%	7.6%
Courts	4.0%	6.8%
Residential Treatment Facility	6.1%	11.2%
Chemical Dependency Program	0.4%	0.7%
Vocational Rehabilitation	0.2%	2.7%
Nursing Home	0.6%	4.8%
Other	4.3%	6.0%
TOTAL	100.0%	100.0%

Information is based on available data for FY 1988.

CLIENT'S DIAGNOSES AND OTHER DESCRIPTORS

	<u>RULE 36 FY 1988</u>	<u>RULE 14 FY 1988</u>
<u>DIAGNOSIS</u>		
Schizophrenia	48.7%	43.6%
Affective	30.2%	21.2%
Personality	11.2%	12.4%
Anxiety	2.9%	3.2%
Other	5.6%	12.1%
None	1.4%	7.6%
TOTAL	100.0%	100.0%
<u>CLIENT DESCRIPTORS*</u>		
Total On Medications	70.0%	64.0%
a) Medications Administered	40.0%	13.6%
b) Medications Supervised	24.0%	16.0%
c) Medications Self-Administered	6.0%	35.0%
Assaultive	24.0%	14.0%
Fire Setting	3.0%	2.0%
Ever been committed to SH/RTC	36.0%	25.0%
Attempted Suicide during year	20.0%	8.0%
Ever been phys./sexual. abused	33.0%	19.0%
Onset of illness before age 18	25.0%	14.0%
Spent 5+ yrs in S.H./R.T.C.	9.0%	6.0%
<u>VULNERABLE ADULT ASSESSMENT*</u>		
Exploited Others in Past	22.0%	10.0%
Exploited by Others in Past	40.0%	22.0%
Needs Assistance:physical needs	19.0%	13.0%
Abused Self in Past	36.0%	16.0%
<u>OTHER DISABILITY*</u>		
Chemical Dependency	26.5%	26.2%
Mental Retardation	10.9%	9.2%
Physical Handicap	4.3%	6.3%
Hearing Impairment	3.3%	3.4%
Visual Impairment	4.0%	1.9%
Epilepsy	3.7%	2.6%
Learning Disability	5.2%	3.8%
Tardive Dyskinesia/Parkinsonism	5.6%	8.7%
Other	7.2%	11.8%
None	21.5%	22.2%
Unknown	5.0%	0.0%
# WITH >1 OTHER DISABILITIES	738	629

*NOTE: Clients could be included in more than one category so the percentages do not add to 100%.

RULE 36 HOSPITALIZATION HISTORYHOSPITALIZATION HISTORY FOR CLIENTS DISCHARGED

TYPE OF HOSPITAL	PERCENT OF CLIENTS HOSPITALIZED			
	ANYTIME BEFORE PROGRAM	ONE YEAR BEFORE PROGRAM	DURING PROGRAM	6 MONTHS AFTER PROGRAM*
REGIONAL TREATMENT CENTER	46%	28%	1%	18%
COMMUNITY INPATIENT	70%	48%	14%	21%
TOTAL- UNDUPLICATED	86%	64%	15%	34%

HOSPITALIZATION HISTORY FOR CLIENTS IN PROGRAM >1 YR AS OF 6/30/88

TYPE OF HOSPITAL	PERCENT OF CLIENTS HOSPITALIZED		
	ANYTIME BEFORE PROGRAM	ONE YEAR BEFORE PROGRAM	DURING FY 1988
REGIONAL TREATMENT CENTER	70%	33%	1%
COMMUNITY INPATIENT	61%	39%	17%
TOTAL- UNDUPLICATED	93%	62%	18%

RULE 14 HOSPITALIZATION HISTORYHOSPITALIZATION HISTORY FOR CLIENTS DISCHARGED

TYPE OF HOSPITAL	PERCENT OF CLIENTS HOSPITALIZED			
	ANYTIME BEFORE PROGRAM	ONE YEAR BEFORE PROGRAM	DURING PROGRAM	4.7 MONTHS AFTER PROGRAM*
REGIONAL TREATMENT CENTER	29%	17%	3%	10%
COMMUNITY INPATIENT	49%	31%	14%	15%
TOTAL- UNDUPLICATED	64%	41%	15%	23%

HOSPITALIZATION HISTORY FOR CLIENTS IN PROGRAM >1 YR AS OF 6/30/88

TYPE OF HOSPITAL	PERCENT OF CLIENTS HOSPITALIZED		
	ANYTIME BEFORE PROGRAM	ONE YEAR BEFORE PROGRAM	DURING FY 1988
REGIONAL TREATMENT CENTER	54%	27%	9%
COMMUNITY INPATIENT	60%	31%	15%
TOTAL- UNDUPLICATED	91%	52%	21%

*NOTE: These hospital rates were based on the 780 Rule 36 clients and 717 Rule 14 clients with follow-up data during FY 1988 after discharge.

TABLE 9

CHANGE IN SOURCE OF INCOME

RULE 36 CHANGES FOR FY 1988

RULE 14 CHANGES FOR FY 1988

CHANGES IN PRIMARY SOURCE OF INCOME FOR CLIENTS DISCHARGED

CHANGES IN PRIMARY SOURCE OF INCOME FOR CLIENTS DISCHARGED

INCOME SOURCE	ADMISSION	DISCHARGE	CHANGE	INCOME SOURCE	ADMISSION	DISCHARGE	CHANGE
Job	6.1%	7.4%	1.3%	Job	4.7%	10.6%	5.9%
Family	7.6%	4.8%	-2.7%	Family	5.1%	2.9%	-2.2%
SSI	18.7%	16.7%	-2.1%	SSI	17.2%	18.1%	0.9%
SSI/MSA	15.0%	22.0%	7.0%	SSI/MSA	32.1%	33.0%	0.9%
GA	22.7%	17.4%	-5.4%	GA	9.5%	9.4%	-0.1%
SSDI	11.5%	8.3%	-3.1%	SSDI	14.2%	13.5%	-0.7%
SSDI+MSA	6.6%	10.8%	4.2%	SSDI+MSA	4.4%	4.9%	0.5%
VA	1.5%	1.5%	-0.1%	VA	0.4%	0.1%	-0.3%
AFDC	1.0%	0.7%	-0.3%	AFDC	1.7%	1.5%	-0.3%
Unemployment	0.1%	0.1%	0.0%	Unemployment	1.3%	0.3%	-1.0%
Insurance	0.8%	0.5%	-0.3%	Insurance	0.9%	0.7%	-0.1%
Other	8.5%	9.8%	1.4%	Other	8.7%	5.1%	-3.6%
Total	100.0%	100.0%	0.0%	Total	100.0%	100.0%	0.0%

CHANGES IN PRIMARY SOURCE OF INCOME FOR CLIENTS IN PROGRAM > 1 YR

CHANGES IN PRIMARY SOURCE OF INCOME FOR CLIENTS IN PROGRAM > 1

INCOME SOURCE	ADMISSION	JUNE 30, 1987	CHANGE	INCOME SOURCE	ADMISSION	JUNE 30, 1986	CHANGE
Job	1.4%	2.3%	0.9%	Job	5.6%	10.0%	4.4%
Family	2.8%	1.1%	-1.8%	Family	14.9%	7.1%	-7.8%
SSI	8.4%	3.5%	-4.9%	SSI	19.8%	24.7%	4.9%
SSI/MSA	28.2%	41.0%	12.8%	SSI/MSA	10.2%	14.6%	4.3%
GA	13.0%	5.6%	-7.4%	GA	18.5%	8.9%	-9.7%
SSDI	9.1%	3.0%	-6.1%	SSDI	11.7%	17.6%	6.0%
SSDI+MSA	25.7%	30.9%	5.2%	SSDI+MSA	4.2%	3.2%	-1.0%
VA	3.4%	4.6%	1.2%	VA	4.2%	3.8%	-0.4%
AFDC	0.2%	0.1%	-0.1%	AFDC	2.8%	2.3%	-0.4%
Unemployment	0.0%	0.0%	0.0%	Unemployment	0.9%	0.4%	-0.5%
Insurance	0.3%	0.1%	-0.2%	Insurance	0.5%	0.7%	0.1%
Other	7.3%	7.8%	0.5%	Other	6.8%	6.8%	0.1%
Total	100.0%	100.0%	0.0%	Total	100.0%	100.0%	0.0%

TABLE 10

CHANGE IN EMPLOYMENT STATUS

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RULE 36 CHANGES FOR FY 1988

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CHANGES IN EMPLOYMENT STATUS FOR CLIENTS DISCHARGED

=====

EMPLOYMENT STATUS	ADMISSION	DISCHARGE	CHANGE
Competitive: Full	4.8%	6.3%	1.5%
Competitive: Part	3.5%	6.0%	2.5%
Occasional	1.3%	1.6%	0.3%
Supported Competitive	0.5%	1.1%	0.6%
Sheltered: 30+ hrs	0.9%	2.0%	1.1%
Sheltered: <30 hrs	1.3%	2.5%	1.1%
Pre-vocational Rehab	1.6%	2.9%	1.3%
Volunteer	0.7%	1.9%	1.2%
Homemaker	1.7%	1.8%	0.1%
Student	2.9%	4.1%	1.2%
Retired	2.6%	2.5%	-0.1%
Unemployed	78.1%	67.4%	-10.7%
Total	100.0%	100.0%	0.0%

RULE 14 CHANGES FOR FY 1988

=====

CHANGES IN EMPLOYMENT STATUS FOR CLIENTS DISCHARGED

=====

EMPLOYMENT STATUS	ADMISSION	DISCHARGE	CHANGE
Competitive: Full	3.6%	7.5%	4.0%
Competitive: Part	3.3%	6.6%	3.4%
Occasional	1.6%	2.1%	0.5%
Supported Competitive	0.4%	1.2%	0.9%
Sheltered: 30+ hrs	1.2%	1.7%	0.6%
Sheltered: <30 hrs	2.1%	2.2%	0.1%
Pre-vocational Rehab	0.8%	1.4%	0.6%
Volunteer	1.5%	3.0%	1.5%
Homemaker	3.7%	3.1%	-0.6%
Student	1.5%	2.5%	1.1%
Retired	13.8%	15.2%	1.4%
Unemployed	66.8%	53.4%	-13.4%
Total	100.0%	100.0%	0.0%

CHANGES IN EMPLOYMENT STATUS FOR CLIENTS IN PROGRAM >1 YR

=====

EMPLOYMENT STATUS	ADMISSION	JUNE 30, 1987	CHANGE
Competitive: Full	1.1%	1.8%	0.7%
Competitive: Part	1.7%	4.3%	2.6%
Occasional	0.3%	1.1%	0.8%
Supported Competitive	0.5%	2.0%	1.5%
Sheltered: 30+ hrs	2.8%	6.7%	3.9%
Sheltered: <30 hrs	2.7%	17.2%	14.6%
Pre-vocational Rehab	3.9%	11.8%	8.0%
Volunteer	0.9%	5.8%	4.9%
Homemaker	0.3%	0.4%	0.1%
Student	0.7%	0.9%	0.3%
Retired	4.4%	4.3%	-0.1%
Unemployed	80.9%	43.6%	-37.2%
Total	100.0%	100.0%	0.0%

CHANGES IN EMPLOYMENT STATUS FOR CLIENTS IN PROGRAM > 1 YR

=====

EMPLOYMENT STATUS	ADMISSION	JUNE 30, 1986	CHANGE
Competitive: Full	3.2%	6.2%	3.0%
Competitive: Part	3.3%	5.2%	1.9%
Occasional	2.0%	2.9%	0.9%
Supported Competitive	1.0%	5.0%	4.0%
Sheltered: 30+ hrs	7.6%	9.7%	2.2%
Sheltered: <30 hrs	3.4%	8.1%	4.7%
Pre-vocational Rehab	1.3%	3.1%	1.8%
Volunteer	2.4%	4.7%	2.3%
Homemaker	8.1%	7.0%	-1.1%
Student	1.5%	1.4%	-0.1%
Retired	5.3%	6.5%	1.2%
Unemployed	60.9%	40.6%	-20.3%
Total	100.0%	100.0%	0.0%

TABLE 11

CHANGE IN LIVING ARRANGEMENT

RULE 36 CHANGES FOR FY 1988				RULE 14 CHANGES FOR FY 1988			
CHANGES IN LIVING ARRANGEMENT FOR CLIENTS DISCHARGED				CHANGES IN LIVING ARRANGEMENT FOR CLIENTS DISCHARGED			
LIVING ARRANGEMENT	ADMISSION	DISCHARGE	CHANGE	LIVING ARRANGEMENT	ADMISSION	DISCHARGE	CHANGE
Jails	1.7%	1.4%	-0.2%	Jails	0.2%	0.2%	0.0%
State Hospital	18.4%	8.6%	-9.8%	State Hospital	2.5%	3.9%	1.5%
Community Inpatient	25.6%	9.4%	-16.1%	Community Inpatient	3.4%	3.1%	-0.3%
Nursing Home	1.3%	1.2%	-0.0%	Nursing Home	11.6%	11.2%	-0.4%
Rule 36-Cat I	5.0%	6.2%	1.2%	Rule 36-Cat I	9.4%	5.2%	-4.3%
Rule 36-Cat II	4.1%	6.8%	2.8%	Rule 36-Cat II	11.2%	6.8%	-4.5%
Rule 35-CD	0.4%	0.4%	0.0%	Rule 35-CD	0.1%	0.3%	0.1%
Board&Care	0.9%	2.2%	1.4%	Board&Care	1.6%	1.3%	-0.3%
Board&Lodging	1.7%	3.6%	1.9%	Board&Lodging	2.6%	2.1%	-0.5%
Foster Care	0.3%	0.8%	0.4%	Foster Care	1.2%	1.1%	-0.1%
SILS-Not R36	1.7%	4.9%	3.2%	SILS-Not R36	2.3%	3.1%	0.7%
Independent Living	14.0%	28.1%	14.1%	Independent Living	35.2%	43.8%	8.7%
Transient	5.4%	1.7%	-3.7%	Transient	3.6%	1.9%	-1.7%
Family	12.1%	11.3%	-0.8%	Family	10.5%	9.2%	-1.3%
Other	7.5%	13.7%	6.2%	Other	4.6%	7.0%	2.4%
Total	100.0%	100.0%	0.0%	Total	100.0%	100.0%	0.0%
LIVING ARRANGEMENT FOR DISCHARGED CLIENTS 6 MONTHS AFTER				CHANGES IN LIVING ARRANGEMENT FOR CLIENTS IN PROGRAM > 1 YR			
LIVING ARRANGEMENT	FOLLOW UP			LIVING ARRANGEMENT	ADMISSION	JUNE 30, 1986	CHANGE
Jails	0.9%			Jails	0.1%	0.0%	-0.1%
State Hospital	13.4%			State Hospital	5.9%	3.3%	-2.6%
Community Inpatient	2.5%			Community Inpatient	1.8%	0.2%	-1.7%
Nursing Home	2.6%			Nursing Home	3.8%	4.1%	0.3%
Rule 36-Cat I	6.0%			Rule 36-Cat I	9.0%	6.1%	-2.9%
Rule 36-Cat II	7.2%			Rule 36-Cat II	7.6%	4.0%	-3.6%
Rule 35-CD	0.0%			Rule 35-CD	0.1%	0.2%	0.1%
Board&Care	3.5%			Board&Care	1.7%	1.5%	-0.1%
Board&Lodging	4.0%			Board&Lodging	5.7%	5.1%	-0.6%
Foster Care	1.2%			Foster Care	1.4%	1.1%	-0.3%
SILS-Not R36	5.9%			SILS-Not R36	2.1%	5.6%	3.5%
Independent Living	31.6%			Independent Living	39.8%	53.9%	14.2%
Transient	0.8%			Transient	1.7%	0.8%	-0.9%
Family	11.6%			Family	17.3%	12.2%	-5.1%
Other	8.8%			Other	2.3%	2.0%	-0.3%
Total	100.0%			Total	100.0%	100.0%	0.0%

TABLE 12

OVERALL PRIORITY UNMET NEEDS FOR RULE 36 PROGRAMS*

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Unmet Needs	Number of Programs	Percentage of Programs Reporting
EMPLOYABILITY	39	51.32%
HOUSING AND SUPPORT SERVICES	35	46.05%
OTHER	14	18.42%
TRANSPORTATION	13	17.11%
DAY TREATMENT	11	14.47%
SPECIAL POPULATION: MI/CD	10	13.16%
CRISIS ASSISTANCE	9	11.84%
PSYCHO-SOCIAL REHABILITATION	7	9.21%
EDUCATION/PREVENTION	5	6.58%
TRANSITIONAL SUPPORT	5	6.58%
COMMUNITY SOC/REC PROGRAM	4	5.26%
OUTPATIENT	4	5.26%
STAFF: PROFESSIONAL	4	5.26%
CASE MANAGEMENT	3	3.95%
MEDICATION MANAGEMENT	3	3.95%
PERSONAL FUNDS	3	3.95%
SEXUALITY	2	2.63%
SPECIAL POPULATION: WOMEN	2	2.63%
STAFF: PSYCHIATRIST	2	2.63%
CLIENT OUTREACH	1	1.32%
CSP SERVICES	1	1.32%
EATING DISORDERS	1	1.32%
EMERGENCY SERVICES	1	1.32%
INDEPENDENT LIVING SKILLS	1	1.32%
TRANSITION SUPPORT	1	1.32%

* Rule 36 Programs were asked to list their top three unmet needs. This report is a summarization of the 76 reports submitted.

TABLE 13

OVERALL PRIORITY UNMET NEEDS FOR RULE 14 PROGRAMS*

=====

Unmet Needs	Number of Programs	Percentage of Programs Reporting
EMPLOYABILITY	37	59.68%
TRANSPORTATION	23	37.10%
HOUSING AND SUPPORT SERVICES	19	30.65%
CLIENT OUTREACH	15	24.19%
CRISIS ASSISTANCE	11	17.74%
PSYCHO-SOCIAL REHABILITATION	8	12.90%
OTHER	6	9.68%
CASE MANAGEMENT	5	8.06%
DAY TREATMENT	5	8.06%
FUNDING CONSIDERATIONS	5	8.06%
INDEPENDENT LIVING SKILLS	5	8.06%
SOCIAL /RECREATIONAL PROGRAMS	5	8.06%
EDUCATION/PREVENTION	4	6.45%
FOSTER HOME	4	6.45%
STAFF: PSYCHIATRIST	3	4.84%
CSP SERVICES	2	3.23%
HOME MANAGEMENT	2	3.23%
CHEMOTHERAPY	1	1.61%
MEDICATION MANAGEMENT	1	1.61%
MENTAL HEALTH FRIENDSHIP GROUP	1	1.61%
SPECIAL POPULATION: MI/CD	1	1.61%
STAFF: PROFESSIONAL	1	1.61%

* Rule 14 programs were asked to list their top three unmet needs. This report is the summarization of the 62 reports submitted.

APPENDIX A

STATUS OF CURRENT MENTAL HEALTH RESIDENTIAL PROGRAMS IN MINNESOTA

DECEMBER 1988

Prepared by the Mental Health Program Division

Minnesota Department of Human Services

<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health¹ Residential Program</u>	<u>Type of Health² License</u>
Anoka	Community Options	5384 Northeast 5th Street Fridley, MN 55421 (612) 572-2437	14	I	SLF
Beltrami	Spruce Woods	718 - 15th Street Northwest P.O. Box 631 Bemiji, MN 56601 (218) 759-1223	12	I	SLF
Blue Earth	Horizon Home, I	306 Byron, Box 3032 Mankato, MN 56001 (507) 625-7879	10	II (Rule 35/36)	B+L
	Horizon Home, II	347-319 Hickory Street Mankato, MN 56001 (507) 625-7879	14	II (Rule 35/36)	SLF
Brown	Nova Home	1310 South German New Ulm, MN 56073 (507) 354-2174	12	I	B+L
Carlton	Eagle Lake Home	South Highway 73 Route 1, Box 65 Cromwell, MN 55726 (218) 644-3685	25	II	B+L
Clay	Gull Harbor	1704 Belsly Boulevard Moorhead, MN 56560 (218) 233-8068	14	I	SLF
Crow Wing	Woodview Residential Services of Brainerd	2421 Pine Street Brainerd, MN 56401 (218) 828-0074	16	I	SLF

¹ I = Category I
II = Category II

² RCH = Boarding Care Home
SLF = Supervised Living Facility
B+L = Board and Lodging

<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health¹ Residential Program</u>	<u>Type of Health License</u>
Dakota	Guild South (612) 291-0067	312/314 - 2nd Street North South St. Paul, MN 55075	5	II	B+L
		316/316-1/2 - 2nd Street North South St. Paul, MN 55075	5	II	R+L
		318 - 2nd Street North South St. Paul, MN 55075	5	II	R+L
Dakota - Rice	Theodore I	1312-1314 Livingston Avenue West St. Paul, MN 55118 (612)457-6999	10	I	SLF
	Theodore II	3820 - 74th Avenue East Inver Grove Hts., MN 55075 (612) 450-1634	6	II	B+L
Douglas	St. Luke's Home	222 - 9th Avenue West Alexandria, MN 56308 (612) 763-3912	25	II	SLF
Freeborn	Rathjen House	Rural Route 3, Box 45A Albert Lea, MN 56007 (507) 373-6730	15	I	SLF
Hennepin	Anchor House	1506 Emerson Avenue North Minneapolis, MN 55411 (612) 529-2040	13	II	B+L

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<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health Residential Program</u> ¹	<u>Type of Health License</u> ²
Hennepin	Andrew Care Home	1215 South 9th Street Minneapolis, MN 55404 (612) 333-0111 (Includes 10 Rule 12 beds in special needs unit.)	212	I	BCH & ICF
	Bill Kelly House	3104 East 58th Street Minneapolis, MN 55417 (612) 726-1502	16	I	SLF
	Breckinridge House	7314 Bass Lake Road New Hope, MN 55428 (612) 536-8134	16	II	B+L
	Bristol Place, Inc.	202 Ridgewood Minneapolis, MN 55408 (612) 871-0805	15	II	B+L
		400 Ridgewood Minneapolis, MN 55408	22	II	B+L
		209 Groveland Minneapolis, MN 55403	8	II	B+L
		219 Groveland Minneapolis, MN 55403	13	II	B+L
	Carlson-Drake House	5414 West Old Shakopee Cir. Bloomington, MN 55437 (612) 888-5611	12	I	SLF

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<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health Residential Program</u> ¹	<u>Type of Health License</u> ²
Hennepin	Janus Treatment Residence (612) 854-8060	8041 - 12th Avenue South Bloomington, MN 55425	12	I	SLF
		8101 - 12th Avenue South Bloomington, MN 55425	12	I	SLF
	Journey House	18135 - 13th Avenue North Plymouth, MN 55447 (612) 476-6410	6	I	SLF
	March House	3159 Park Avenue South Minneapolis, MN 55407 (612) 822-2165	20	II	B+L
	Northwest Residence	4408 - 69th Avenue North Brooklyn Center, MN 55429 (612) 566-3650	14	II	B+L
	Oak Grove Care Center	131 Oak Grove Avenue Minneapolis, MN 55403 (612) 871-5800	21	II	BCH
	Oasis	6739 Golden Valley Road Golden Valley, MN 55427 (612) 544-1447	18	I	SLF
	Passageway (Community Involvement Program)	4735 Clear Spring Road Minnetonka, MN 55345 (612) 938-3439	20	II	B+L

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<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health¹ Residential Program</u>	<u>Type of Health² License</u>
Hennepin	Re-entry House	5812 Lyndale Avenue South Minneapolis, MN 55419 (612) 869-2411	28	I	SLF
	Sentinel	2122 Portland Avenue South Minneapolis, MN 55404 (612) 874-8845	17	II	R+L
	Tasks Unlimited Training Center	3020 Clinton Avenue South Minneapolis, MN 55408 (612) 823-0156	12	I	SLF
	Welcome Home Respite Care	7170 Bryant Lake Drive Eden Prairie, MN 55344 (612) 829-5880	16	II	R+L
	Wellspring Therapeutic Community, Inc.	245 Clifton Avenue Minneapolis, MN 55403 (612) 870-3787	24	I	SLF
Itaska	Esther House	213 - 11th Street Southeast Grand Rapids, MN 55744 (218) 326-0993	15	I	SLF
Kandiyohi	Green Lake Manor	263 Lake Avenue North Spicer, MN 56288 (612) 796-2417	25	II	R+L
	St. Francis Halfway House	202 South 3rd Street Box 75 Atwater, MN 56209 (612) 974-8850	14	I	SLF

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<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health Residential Program</u> ¹	<u>Type of Health License</u> ²
Kandiyohi	Temporary Residence	1125 South East Sixth Street P.O. Box 787 Willmar, MN 56201 (612) 235-4613	9	I (Rule 5/36)	SLF
	Willmar Health Care Center - Northside Residence	500 Russell Avenue Willmar, MN 56201 (612) 235-3181	35	II	RCH
Lyon	Patricia L. Duffy Apartments	1230 Birch Street Marshall, MN 56288 (507) 532-5402	12	I	SLF
Meeker	Red Castle	405 North Armstrong Litchfield, MN 55355 (612) 693-6318	15	I	SLF
Morrison	Whiteshell Group Home	505 - 12th Street Northeast P.O. Box 101 Little Falls, MN 56345 (612) 632-4242	15	I	SLF
Mower	Hecla House	1000 - 2nd Avenue Northeast Austin, MN 56912 (507) 433-5569	10	II	B+L
Olmsted	Crisis Receiving Unit	2116 Campus Drive Southeast Rochester, MN 55904 (507) 288-8750	8	I	SLF

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<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health Residential Program</u> ¹	<u>Type of Health License</u> ²
Olmsted	Quarry Hill Treatment	2116 Campus Drive Southeast Rochester, MN 55904 (507) 285-7050	22	I	SLF
	THOMAS House, Inc.	15 - 6th Avenue Southeast Rochester, MN 55901 (507) 287-2024	16	II	R+L
Otter Tail	St. William's Annex	Soo Street P.O. Box 54 Parkers Prairie, MN 56361 (218) 338-4671	20	I	SLF
Pennington	Northern Lights Community Residence	324 East Tenth Street Thief River Falls, MN 56701 (218) 681-8706	15	I	SLF
Pine	Grindstone Lodge	P.O. Box 400 Hinckley, MN 55037 (612) 384-7416	16	II	R+L
Polk	Northwestern Apartments	100 Gretchen Lane Crookston, MN 56716 (218) 281-5256	18	II	R+L
Ramsey	Dayton Boarding Care	740 Dayton Avenue St. Paul, MN 55104 (612) 228-1051	26	II	BCH
	Family Style, Inc.	398 Duke St. Paul, MN 55102 (612) 222-6602 23 other buildings in the vicinity	21 109	I II	BCH R+L

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<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health Residential Program</u> ¹	<u>Type of Health License</u> ²
Ramsey	Guild Hall	286 Marshall St. Paul, MN 55012 (612) 291-0067	85	II	SLF
	Guild Hall Apartments	268 Marshall Avenue St. Paul, MN 55102 (612) 291-0067	14	II	SLF
	Hewitt House	1593 Hewitt St. Paul, MN 55104 (612) 645-9424	22	I	B+L
	Hoikka House	238 Pleasant St. Paul, MN 55102 (612) 222-7491	108	I	BCH
	Marshall Residence	1489 Sherburne Avenue St. Paul, MN 55104 (612) 645-4924	10	II	B+L
	New Foundations	796 Capitol Heights St. Paul, MN 55103 (612) 221-9880	20	I	B+L
	Oakland Boarding Home	97 North Oxford St. Paul, MN 55104 (612) 227-7781	32	II	B+L
	Peterka Boarding Home	513 Portland St. Paul, MN 55102 (612) 228-9719	15	II	B+L

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<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health¹ Residential Program</u>	<u>Type of Health² License</u>
Ramsey	Petra Howard House	700 East 8th Street St. Paul, MN 55106 (612) 771-5575	14	I (Rule 36/80)	SLF
	Pineview Residence	69 North Milton St. Paul, MN 55104 (612) 227-1333	22	II	RCH
Rice	Gull House	501 Seabury Lane P.O. Box 917 Faribault, MN 55021 (507) 334-5561	5	II (Rule 5/36)	B+L
	New House	9 - 2nd Street Northwest P.O. Box 917 Faribault, MN 55021 (507) 334-5561	6	II (Rule 5/36)	B+L
	Sixth Street House	2426 Northwest 6th Street P.O. Box 917 Faribault, MN 55021 (507) 334-5561	5	II (Rule 5/36)	B+L
Rock	Unity House	1224 - 4th Avenue Worthington, MN 56187 (507) 372-7671	12	I (Rule 8/35/36)	SLF
St. Louis	Arrowhead House	225 North 1st Avenue West Duluth, MN 55806 (218) 722-5031	25	II	B+L
	Merrit House	120 North Third Avenue P.O. Box 470 Riwabik, MN 55708 (218) 865-6381	20	I	SLF

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<u>County in Which Facility is Located</u>	<u>Name of Facility</u>	<u>Address and Telephone of Facility</u>	<u>MI Resident Capacity</u>	<u>Type of Mental Health¹ Residential Program</u>	<u>Type of Health License</u>
St. Louis	Parkside Homes	Box 358 - 30 Center Street Soudan, MN 55782 (218) 753-5876	35	II	B+L
	Riverview Homes, Inc.	McCamus Road P.O. Box 349 Brookston, MN 55711 (218) 453-5522	30	I	SLF
Stearns	Northway Group Home	1509 North 24th Avenue St. Cloud, MN 56303 (612) 252-8648	10	II	B+L
Steele	Safe Harbour	250 East Main Street Owatonna, MN 55060 (507) 455-2444	11	I	SLF
Stevens	Parkview	539 Pacific Avenue Hancock, MN 56244 (612) 392-5830	14	II	SLF
	Williams	762 Union Avenue Hancock, MN 56244 (612) 392-5212	12	II	SLF
Wadena	Woodview Residential Services of Wadena	Route 1, Box 124 P.O. Box 573 Wadena, MN 56482 (218) 631-2878	13	I	SLF
Washington	Beeman Place	3819 Laverne Avenue North Lake Elmo, MN 55042 (612) 770-2224	15	I	SLF

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Winona	Broadway Center	73 West Broadway Winona, MN 55987 (507) 454-4341	9	I	SLF
	Hiawatha Hall	725 West Broadway Winona, MN 55987 (507) 454-7711	13	II	B+L
	Wenonah Hall	221 East 4th Street Winona, MN 55987 (507) 454-7711	10	II	B+L

SRF/MH

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