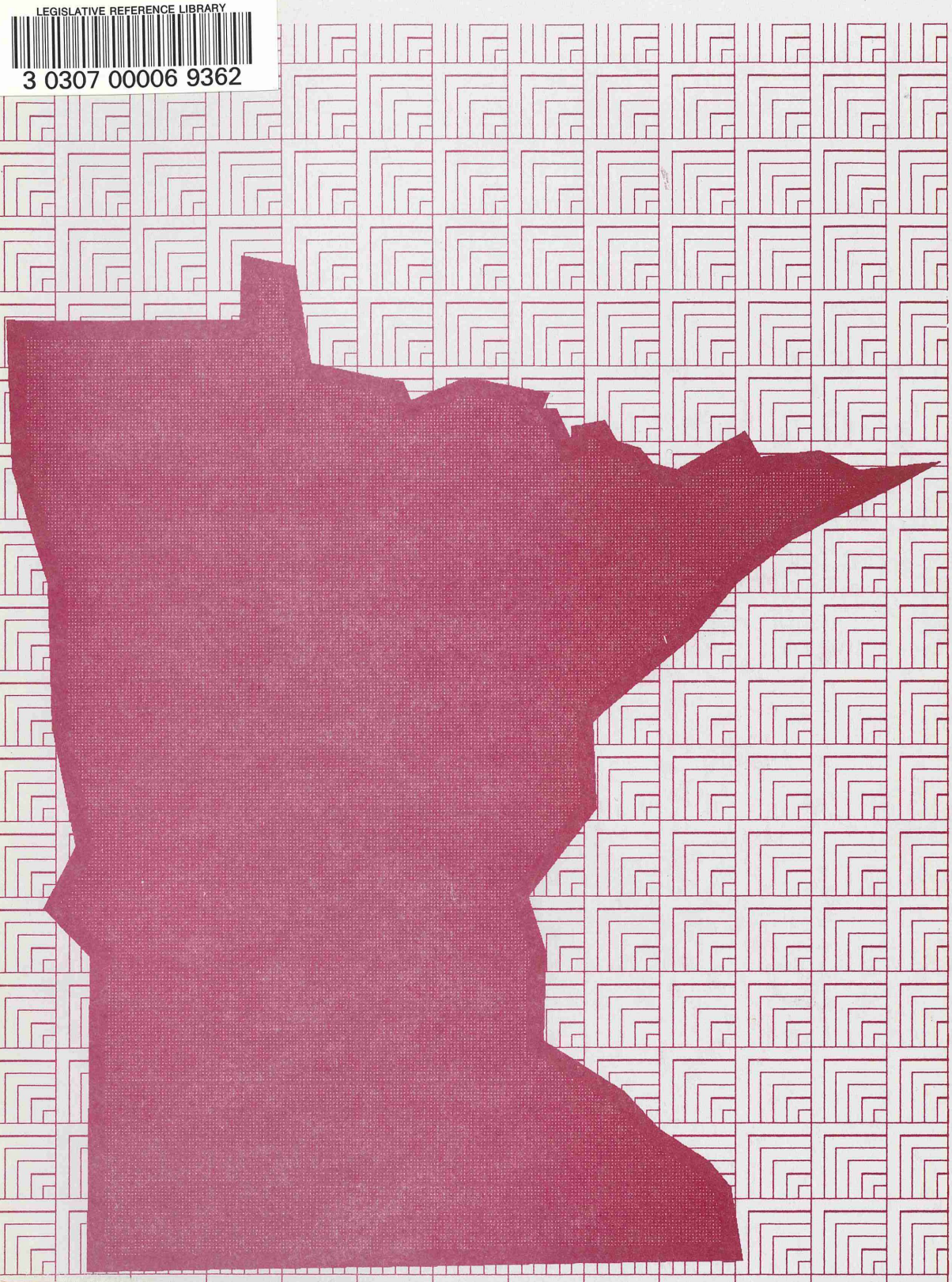
LEGISLATIVE REFERENCE LIBRARY
3 0307 00006 9362

910400



STATE OPERATED RESIDENTIAL PROGRAMS

1989 and 1990

LEGISLATIVE REFERENCE LIBRARY
645 State Office Building
Saint Paul, Minnesota 55155

RC
445
.M6
S72
1989/90

MINNESOTA HUMAN SERVICES

Pursuant to MS 246.06

STATE OPERATED
RESIDENTIAL PROGRAMS

1989 AND 1990

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

MINNESOTA
HUMAN
SERVICES

Residential Program Management Division
444 Lafayette Road
Saint Paul, Minnesota 55155
612/297-3472

TABLE OF CONTENTS

Appendix C
Developmental Disability Data

Appendix D
Mental Health Data

Appendix E
Nursing Home Data

Appendix F
Fiscal Data

Appendix G
Land, Buildings, Capital Improvements

OVERVIEW

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

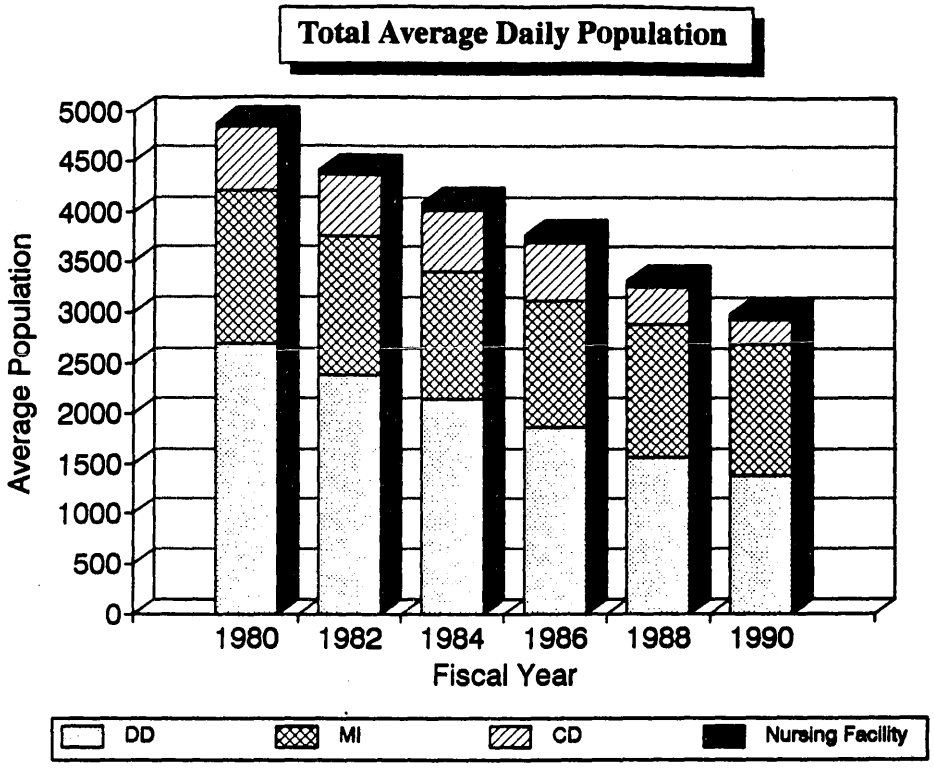
Psychiatric, developmental disability and chemical dependency programs are provided through regional treatment centers in Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar. St. Peter also operates the Minnesota Security Hospital, a forensic psychiatry program. The Anoka-Metro Regional Treatment Center provides mental health and chemical dependency programs. Regional centers in Faribault and Cambridge provide programs to serve persons with developmental disabilities. The Department operates two free-standing nursing homes – Oak Terrace in Minnetonka and Ah-Gwah-Ching near Walker, Minnesota. A nursing home unit, Woodhaven Senior Community, opened on the Brainerd campus in August of 1989. Chemical dependency services are also administered through the Lakeside Program located on the Ah-Gwah-Ching campus.

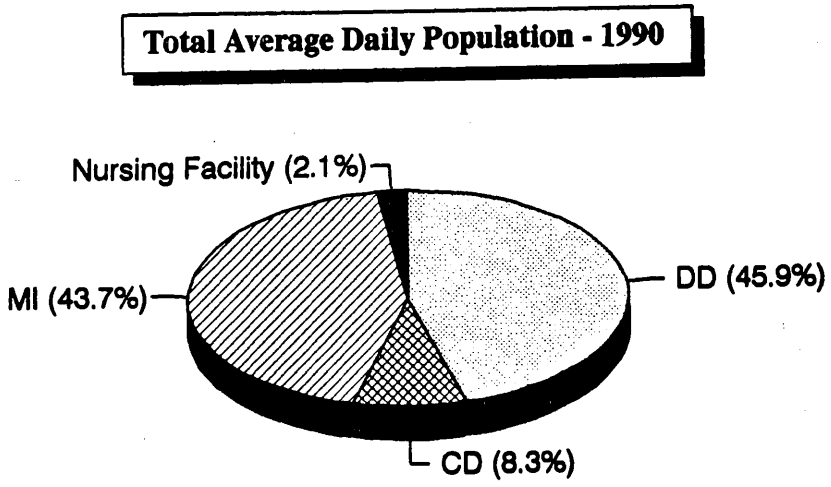
From the time the first state hospital opened at St. Peter with 50 mentally ill patients in December 1867, until 1960, when the population in state hospitals peaked at 16,335, there was constant annual growth in the number of persons residing in state hospitals. With the advent of psychotropic medications and the establishment of community based alternatives, the population in the eight regional treatment centers has been reduced to an average daily population of 2,941 in FY 1990. The combined average daily population of the nursing homes was 458.

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

Mental Health Programs

The Department operates six inpatient psychiatric programs which serve persons suffering acute and chronic episodes of severe mental illness. Over 60 percent of admitted patients are diagnosed as schizophrenic, and a number of them carry multiple diagnoses. In FY 1990, the average daily population for persons receiving psychiatric services was 1,312. Programs generally operate near or at capacity, with waiting lists at some facilities.


Total Average Daily Population
Average Population
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
1980
1982
1984
1986
1988
1990
Fiscal Year
DD
MI
CD
Nursing Facility


Total Average Daily Population - 1990
Nursing Facility (2.1%)
MI (43.7%)
DD (45.9%)
CD (8.3%)

The Department entered into an agreement in late 1989 with two private community hospitals that are now providing treatment for people who otherwise would be on regional treatment center waiting lists. Another new project will relocate 35 to 50 mentally ill clients from the Anoka-Metro Regional Treatment Center into community services designed to meet their individual needs. Funding for these initiatives is part of the Services to Special Needs Adults and Health Care for Families and Individuals program.

In 1990, the Legislature authorized the Department to develop plans for two state-operated, mental health community service programs. A program in the Willmar area would serve adolescents, and a second program in the metropolitan area would serve adults. In conjunction with legislation enacted in 1989 and 1990, working drawings for recapitalization of the psychiatric facilities at Anoka, Fergus Falls, and Moose Lake Regional Treatment Centers are being submitted to the 1991 Legislature for review and approval.

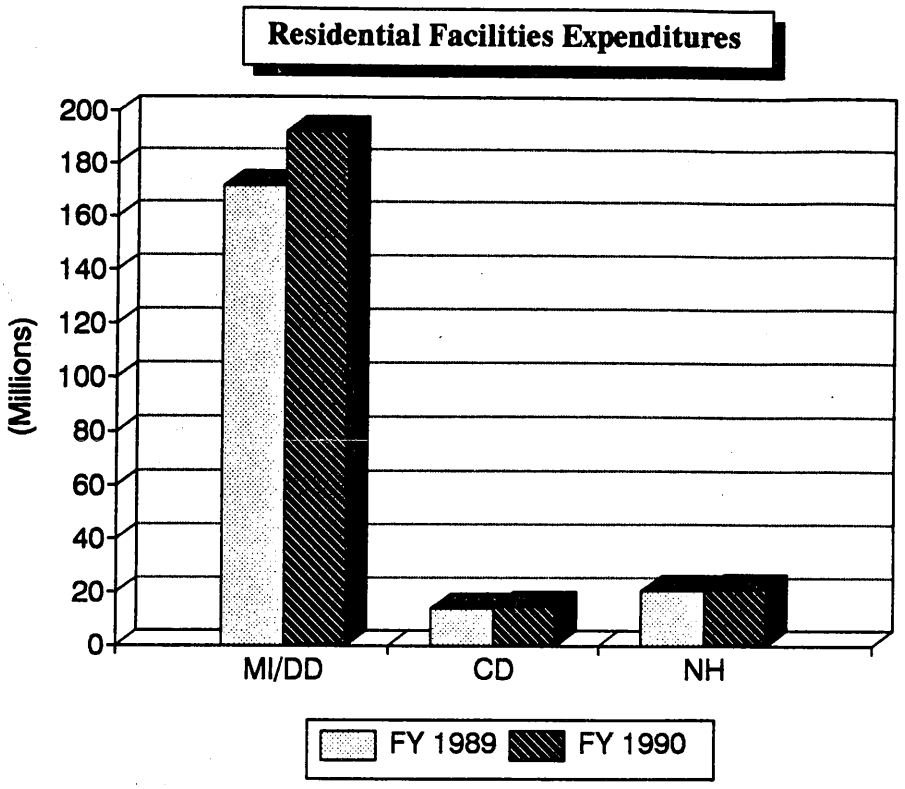
Developmental Disabilities

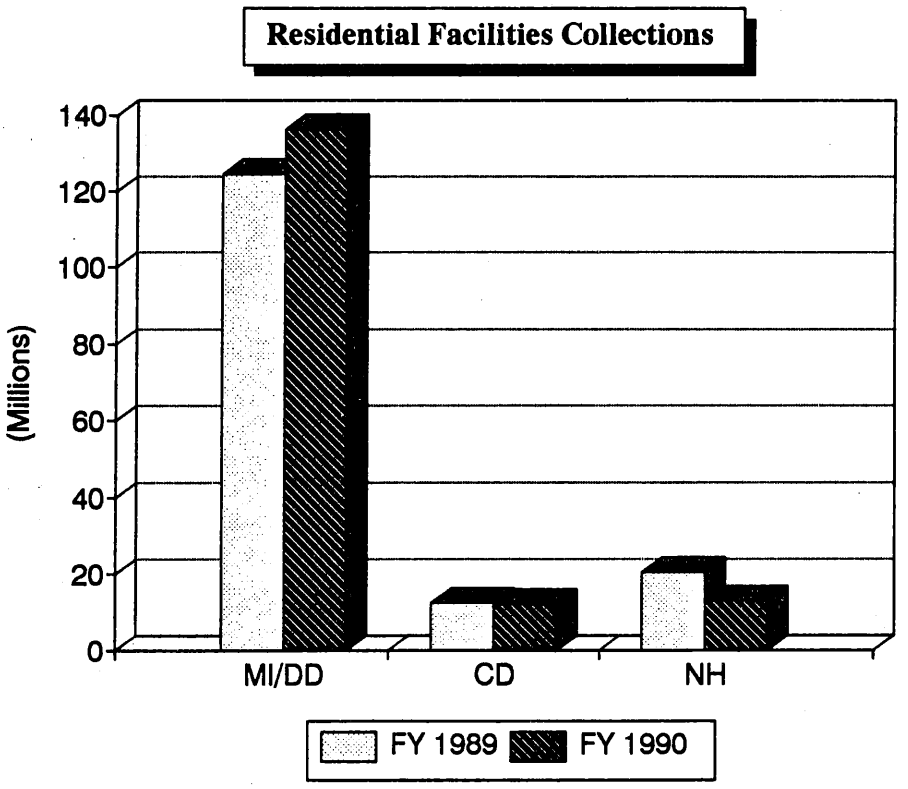
The Department provides an array of residential, training and habilitation, medical and other support services to assist persons with developmental disabilities to function as independently as possible. Over the last three decades the average daily population has steadily dropped to a level of 1,379 in FY 1990.

In the past few years, the Department has developed and operated pilot projects demonstrating that medically fragile persons and individuals with challenging behaviors can be served in community settings. Legislation enacted in 1989 and 1990 authorized construction of 18 State-Operated Community Service (SOCS) homes throughout the state to provide housing for 108 current residents in regional treatment centers. Five day training and habilitation programs were authorized to provide services to persons residing in SOCS. In addition, the Department, in conjunction with Faribault Regional Center and Cambridge Regional Human Services Center, has established two pilot Community Health Clinic projects to provide training, technical assistance, and professional health services to the SOCS as well as other community-based providers.

Chemical Dependency

The Department operates seven chemical dependency programs as a part of its multi-disciplinary regional treatment centers and one program located on the campus of Ah-Gwah-Ching Nursing Home. The programs provide specialized services to meet the needs of a varied clientele. Clients being served in DHS programs are more likely to have numerous prior treatment experiences and present serious mental health issues, are more likely to be unemployed, less well-educated and more likely to be physically disabled than clients of private sector programs.


Residential Facilities Expenditures
200
180
160
140
120
100
80
60
40
20
0
(Millions)
MI/DD
CD
NH
FY 1989
FY 1990


Residential Facilities Collections
140
120
100
80
60
40
20
0
(Millions)
MI/DD
CD
NH
FY 1989
FY 1990

On January 1, 1988, the Consolidated Chemical Dependency Treatment Fund (CCDTF) took effect, resulting in chemical dependency programs operated by the state being treated as enterprises in direct competition with private sector providers. Since that time, the regional treatment centers have experienced a steady decline in the number of primary and extended care clients served, although this is partly attributable to a national decline in numbers of persons receiving primary inpatient treatment.

The average daily census for state operated chemical dependency programs has decreased from 430 in the first half of FY 1988 (pre-CCDTF) to 250 for FY 1990. A further decrease of 20 to 25% is projected for FY 1991 as a result of a legislative directive requiring greater reliance on outpatient rather than inpatient treatment, and restrictions on Medical Assistance reimbursement due to the regional treatment centers' status as "Institutions for Mental Disease."

Nursing Homes

The Department performs a limited role as a direct provider of nursing home care to elderly persons who are medically fragile or clinically challenging, exhibit severe or challenging behaviors, or require treatment for an underlying mental illness in addition to nursing care. In FY 1990, the average daily population of nursing home residents was 458.

Nursing Home services are currently provided at Oak Terrace, located in Minnetonka, at Ah-Gwah-Ching in Walker, and at the Woodhaven Senior Community, which is part of the Brainerd Regional Human Services Center. The Oak Terrace Nursing Home is scheduled to close in June 1991 because the physical plant, which is owned by Hennepin County, requires substantial upgrading to remain in compliance with regulations. Consideration will be given to transferring the Oak Terrace licensed beds within the residential facility system.

Revenues and Expenditures

Expenditures for all state operated programs in FY 1990 totaled $225,841,748. Services for mental health and developmental disability programs accounted for $190,922,970 of the total, chemical dependency expenditures were $14,130,710 and nursing home expenditures represented $20,788,068. As in any service delivery program, salaries represented the bulk of the expenditures at 91.5 percent for mental health/developmental disability programs and 90.4 percent for nursing homes. Food, drugs and medical supplies represented the largest non-salary expenditures at 3.4 percent in regional treatment centers and 4.4 percent in nursing homes. Expenditures for mental health and developmental disability services increased 11.4 percent between FY89 and FY90 while nursing home expenditures increased by .4 percent reflecting the gradual decline in census at Oak Terrace Nursing Home.

State operated mental health, developmental disability and nursing home services receive an appropriation from the Legislature to operate programs. Reimbursements from fees for these services are deposited into the State General Fund and designated as dedicated revenue for Medical Assistance, which has the effect of reducing that appropriation. Revenues from collections for chemical dependency services are used to support operating expenditures. The Department recovered $161,448,717 for all services provided in 1990. Mental health and developmental disability services represented $136,199,503 of the total. Nursing home collections were $13,001,664. The chemical dependency programs earned $12,247,550.

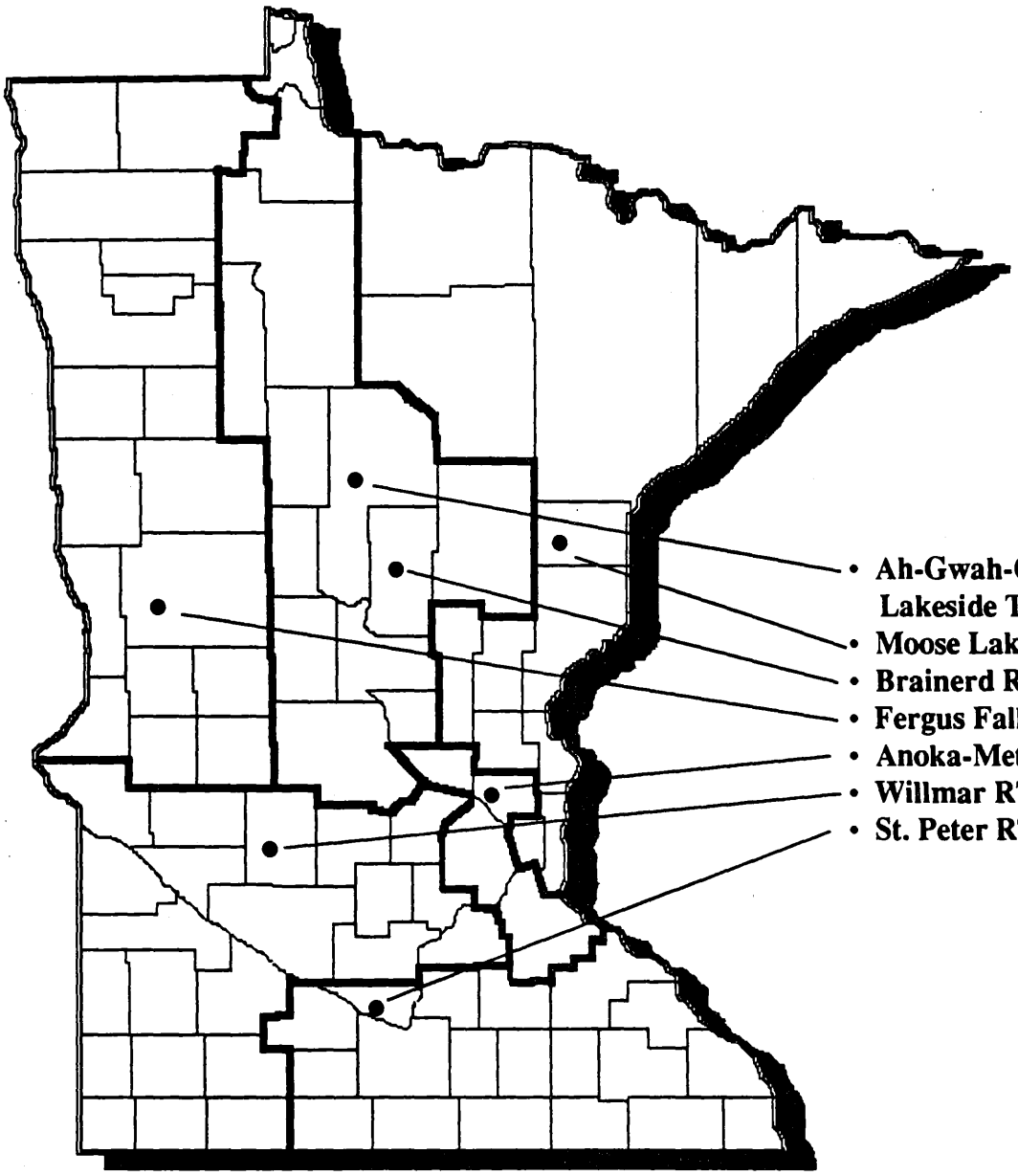
SUMMARY

State operated services to persons with special needs have continued to meet the evolving needs of a complex clientele. The average daily population in the mental health programs has remained constant with virtually all programs running at capacity. Pressure on the system to admit increasing numbers of committed patients has been alleviated by contracts with two community hospitals, where services are being provided to state clients treated under the supervision of the Department's psychiatrists. The population in programs for persons with developmental disabilities has continued to gradually decline in accordance with a strong commitment to community care. Chemical dependency services have had a significant reduction in the rate of admissions due to a national downward trend in the utilization of inpatient primary services and the shift in reimbursement policies through introduction of the Consolidated Chemical Dependency Treatment Fund in Minnesota.

Enabling legislation, passed in the 1989 and 1990 sessions, initiated the development of community-based ICF/MR group homes and day training and habilitation programs. Eighteen residential homes and five day programs to serve persons with developmental disabilities were authorized for operation in 1991. Planning was authorized for community based facilities to serve persons with mental illness. One, in Willmar, would serve emotionally disturbed adolescents and the other, in the metropolitan area, would serve adults with mental illness.

The reconfiguration legislation also called for the implementation of two new nursing home programs at Cambridge and Fergus Falls and the expansion of the nursing home program at Brainerd. Additionally, the Department received authorization to proceed with architectural drawings to modernize facilities for providing care to persons with mental illness at Anoka, Fergus Falls and Moose Lake.

Chemical Dependency Receiving Areas



* *Serves entire State*

CHEMICAL DEPENDENCY

Chemical dependency services have been provided by the Department of Human Services since 1912, with the admission of alcoholic clients to the Willmar Regional Treatment Center. By the 1950's, Willmar was internationally recognized for developing the "Minnesota Model" of primary treatment for persons suffering alcohol and drug addictions. This model continues to be the most prevalent therapeutic approach to treating chemical dependency today.

Following the treatment model developed at Willmar, several state operated facilities were offering chemical dependency programs by the mid-1950's. During the early 1970's, more facilities became multi-purpose treatment centers and began admitting chemically dependent persons. Since then, a wide range of specialized and traditional primary and extended inpatient programs have been developed to treat all types of chemical abuse. These programs are described in the specific facility sections of this report.

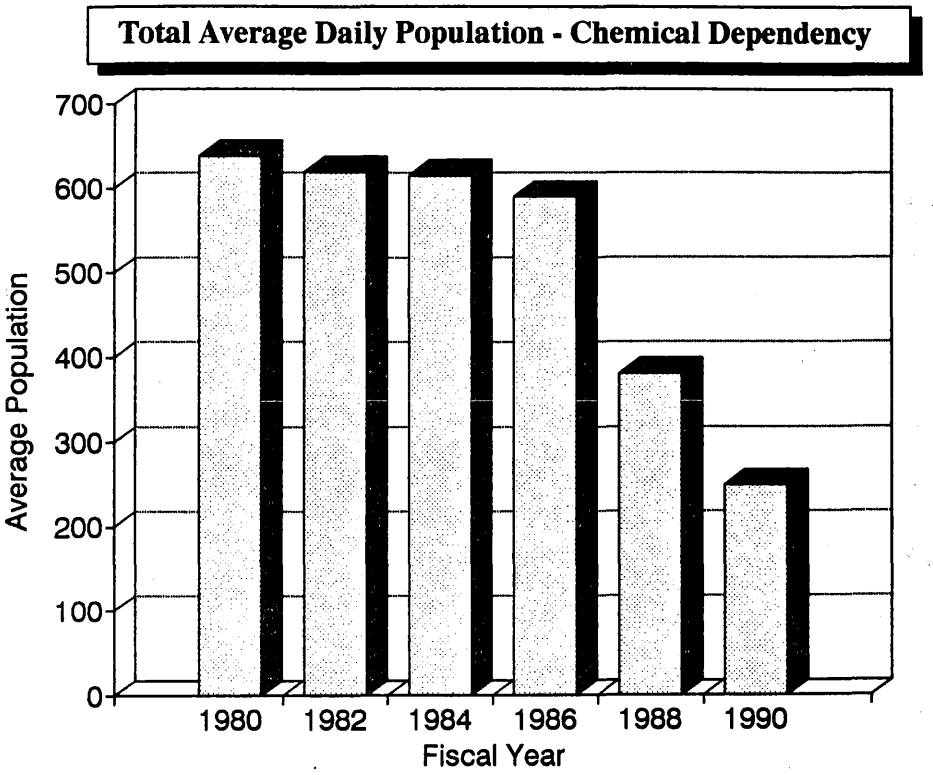
Regional programs are now located at Ah-Gwah-Ching, Anoka, Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar. Collectively, these programs are known as the Minnesota Regional Chemical Dependency Treatment Network and serve the entire state. The regional centers provide an array of inpatient services,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

The Network has a statewide licensed bed capacity of 446, and currently has 316 staffed beds. The current staff complement is 212.5. The average daily census has gradually decreased to 220 persons for the first quarter of FY91, a trend experienced in private facilities as well. The number of hours of outpatient services increased to approximately two thousand hours for the month of October, 1990.

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

Census

The Minnesota Regional Chemical Dependency Treatment Network is a substantial participant in the provision of services to the citizens of Minnesota. In FY89, the Network accounted for 2,230 of 6,619 or 33.7 percent of all CCDTF primary treatment placements in the state. During the same time period, 63 percent or 756 of 1,200 statewide extended care admissions were to Network programs.



The average daily census dropped from 430 admissions in the first half of FY88 to 250 in FY90. This trend in inpatient admissions is reflected nationally. For the Network, the decline began in 1986, two years prior to implementation of the CCDTF. Admission reductions have occurred primarily in the white, male population, which has been disproportionately represented in addiction treatment programs. Treatment rates have increased for other groups, such as women, certain minorities, and disabled persons, but in smaller numbers.

Client Characteristics

Data from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) for FY 1990 indicates that clients receiving services from the Network differ from private sector clients in significant ways. The Network admits and retains a higher proportion of chronic, behaviorally aggressive clients who require labor intensive programming and thus are more difficult and expensive to treat. Network clients are more likely to have repeated prior treatment episodes, are less well-educated, more likely to have been incarcerated, to be unmarried, to have few community or family support systems, and to be unemployed. The clustering of these attributes in a significant number of individuals presents a very treatment resistant clientele.

AGE. The average age of Network clients is 32.5 compared to 35 years for hospital-based programs and 31.5 years for free-standing treatment programs. The Network treats a higher proportion of younger clients (age 18 - 30) than other programs. Even so, the largest age group is in the 31-44 year range, as it is for the private sector.

SEX. As a Network, nearly three times as many males are treated as females. In free standing programs, the ratio is five males to one female. Certain Network programs, however, are experiencing significant success in treating women and are reaching out to this undertreated group with innovative and custom-designed programs.

RACE. The Network serves a racially diverse population depending on the geographical location of the specific program. American Indians represent 39.3 percent of all persons served by the Brainerd program, reflecting an effort to provide culturally sensitive programs. At the Anoka-Metro Center, over 26 percent of persons served are black and 2.2 percent Hispanic. Hispanics are the most under represented racial group in all treatment programs statewide. Of those Hispanics who do receive treatment, more of them are served by the Network.

CHEMICAL USE. Approximately 78.2 percent of Network clients are alcohol users, as compared to 79.3 percent in hospital-based programs and 71 percent in free-standing programs. The Network serves a higher proportion of heroin/opium, cocaine and marijuana users than the private sector. Heroin users represent 3.2 percent of Network clients versus less than one percent for private programs.

Approximately twice as many Network clients use more than one type of chemical on a daily or weekly basis than do clients treated in the private sector.

MARITAL STATUS. Network clients are somewhat more likely to be unmarried, 86 percent as opposed to 73 percent in the private sector. Unmarried persons, because they tend to be more socially isolated, are considered higher risks for successful treatment.

EDUCATION. Network clients are under represented at all levels of educational completion compared to private sector clients. Almost a third of Network clients have not graduated from high school.

EMPLOYMENT. Network clients differ from private sector clients dramatically in the area of employment. Nearly 49 percent of Network clients are unemployed at the time of admission compared to 26.8 percent in the private sector. While the comparative lack of education may contribute to this difference, it more probably reflects a significantly greater level of break down in the personal lives of the persons being admitted to Network programs. A greater proportion of Network clients are employed on an intermittent or occasional basis and a substantially larger percentage are disabled.

REFERRAL SOURCES. More network clients arrive through the efforts of county social service agencies and detoxification programs than is true for private sector programs. County social service staff refer 63.8 percent of Network clients for service, as opposed to approximately 25 percent referrals to private programs. Over six percent of Network clients are referred by detoxification programs, while less than two percent of private facilities receive detox referrals. There are significant differences in the number of Network clients who are self-referred or brought to treatment by family members and friends. Only about half as many Network clients self-refer and only about

one-third as many are brought by friends and relatives. Overall, this represents a pattern of persons who are socially estranged and who have come to the attention of authorities.

LEGAL INVOLVEMENT. Slightly more Network clients are on probation or have been arrested or convicted of a crime in the six months preceding admission than private programs. Substantially more, 41.1 to 30.2 percent, have been incarcerated in the last six months. In general, Network clients tend to have more contact with the criminal justice system than other persons served in Minnesota.

LEGAL STATUS. Surprisingly, slightly more Network clients are voluntary admissions (87 percent) for treatment than in the private sector (78.3 percent). This may be reflective of conditions being placed on participation from external authorities. The Network also serves proportionately more people who carry a dual diagnosis of mental illness, or who have been committed as mentally ill.

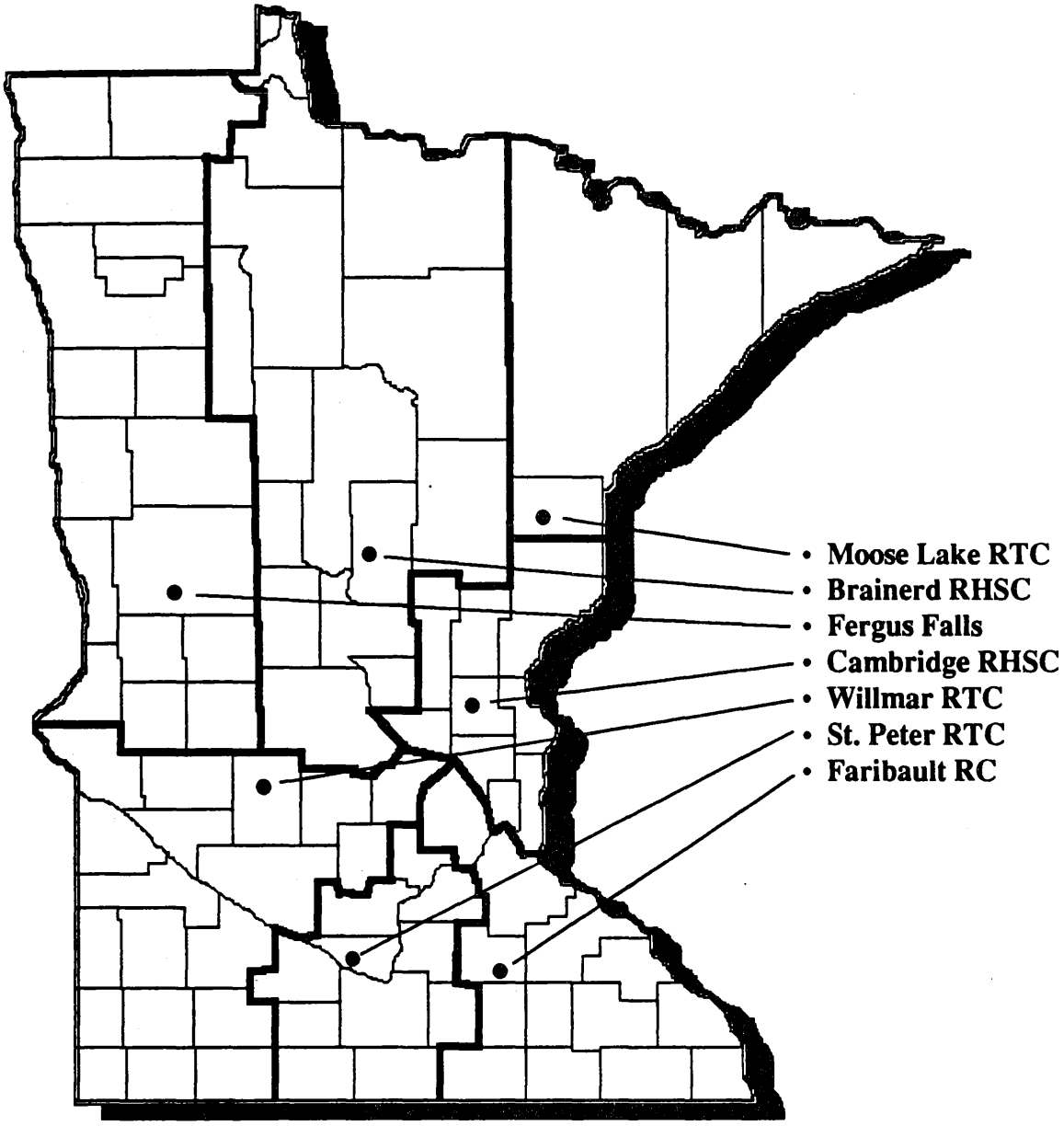
PRIOR TREATMENT. Network clients are far more likely to have been in several treatment programs prior to admission. Nearly 38 percent have been through primary treatment once or twice, and over 27 percent more than three times. In contrast, only 8.1% of private sector clients have experienced three or more prior treatment episodes. Approximately 31 percent of Network clients have been through detoxification three or more times compared to 9 percent in the private sector. Despite the treatment resistance of Network clientele as a whole, over 65 percent were fully abstinent from any chemical use six months after completion of the program. This compares with 79 percent abstinence among private sector clients.

DISCHARGE DATA. Somewhat fewer persons completed treatment in the Network than in the private sector. Network clients completed the program 64.2 percent of the time; hospital-based clients, 66.7 percent of the time; and 74.8 percent of clients in free-standing centers completed the program. Network staff requested that the client leave the program about two to three times as often as in the private sector. In contrast to the private sector, no clients were discharged because of a loss of financial support.

Summary

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

Developmental Disabilities Receiving Areas



DEVELOPMENTAL DISABILITIES

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

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

In 1972, six mentally retarded residents in state-operated programs brought suit against the Department because they were not receiving a minimal level of habilitation and because they were committed to state institutions rather than being served in the community. The Welsch case had a dramatic impact on services provided to persons with developmental disabilities who lived in state facilities. The Department of Human Services entered into a consent decree in 1980 that stipulated the reduction in the state hospital population from 2650 to 1850 by July 1, 1987. It set staffing ratios, established procedures for use of major tranquilizers and certain behavior management techniques, and set program standards in a number of areas.

Reconfiguration

When in 1989, the federal court dismissed the Welsch case, noting that all conditions had been met, a movement toward community-based care for persons with developmental disabilities had been underway for nearly three decades and the institutionalized population had been reduced to 1,442. The Department had undertaken a major initiative to determine the future role of its state institutions, and a proposal was made to the Legislature to fund state-operated community services for persons with developmental disabilities, while further reducing the institutions to a population of 254 persons by 1999.

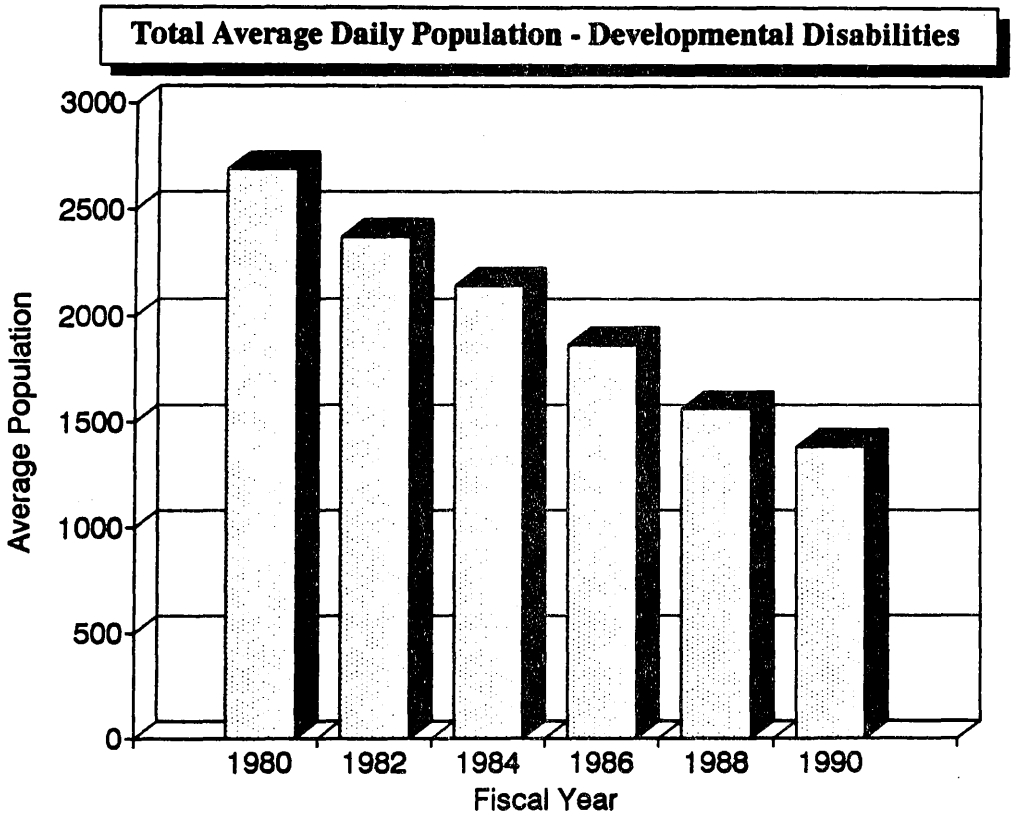
The 1989 and 1990 Legislatures passed legislation to allow construction and operation of 18 group homes and 5 day training and habilitation programs to serve 108 current residents in regional treatment centers. New programs were scheduled for development during FY 1991 in the following regions:

REGION	ICF/MR	DAY PROGRAM
Brainerd	1	0
Cambridge	3	0
Faribault	10	4
Fergus Falls	0	0
Moose Lake	3	1
St. Peter	0	0
Willmar	1	0
TOTAL	18	5

To further the movement toward community placement, the Department, in conjunction with Faribault Regional Center and Cambridge Regional Human Services Center, has established two pilot Community Health Clinic projects to provide training, technical assistance, and professional health services to state operated community programs as well as other community-based providers.

Census

Programs for the developmentally disabled have experienced a planned reduction in census over the past ten years. Since entering into the Welsch Consent Decree in 1980, the Department has reduced the population by one-half. Staff of the Residential Program Management Division review each proposed admission, diverting inappropriate referrals and actively seeking community placements for current residents.



The average daily population ranges across regional centers from largest, Faribault, with a population of 488, to the two smallest, Willmar and Moose Lake, with populations of 69 and 71, respectively.

Systemwide, current admissions of nine residents per month are exceeding projections of eight per month. For the first six months of FY 1991, discharges to private placements have averaged almost 20 per month. This exceeds the projection of 11.5 discharges per month. If this trend continues, the Department will meet its goals for downsizing the regional treatment center developmental disability programs this fiscal year.

Client Characteristics

Persons with Developmental Disabilities, who receive services from the network of state Developmental Disability Programs, frequently have multiple disabilities of varying severity. The Minnesota Department of Health, as a part of its annual Quality Assurance Review, rates each resident on a number of traits. These ratings, done in 1989, indicate evaluations of current skill levels, not potential levels. Comparative data from 1980 indicates that residents in state-operated programs require more intensive care than they have in the past, particularly in the areas of mobility and toileting. Specific programs are designed to meet the needs of each resident according to their level of functioning in each area.

AGE. Over 65 percent of residents in state-operated programs are between the ages of 30 and 49. Less than 14 percent are under 29.

SEX. Sixty percent or 849 residents in 1990 were male. Forty percent or 567 were female.

GUARDIANSHIP. Almost 80 percent, or 1,129 program residents, are under public guardianship. Only 4 percent are free agents and 13.9 percent have private guardians.

PROGRAM PARTICIPATION. Approximately 71 percent of residents participate in training and habilitation programs, while just under 25 percent are able to attend sheltered work programs.

SELF PRESERVATION. Less than 6 percent of residents are independently able to self preserve. Nearly 61 percent require the constant supervision or assistance of one or more persons.

COMMUNICATION. Over 35 percent of residents are unable to make their needs known. Approximately 49% have difficulty in communicating, use gestures or can make limited sounds. Less than 16 percent have no significant communication difficulty.

TOILETING. Approximately 42 percent of residents are incontinent. Just over 22 percent are independent in their toileting, and another 17 percent are continent, with intermittent supervision and programming. There has been a 20 percent decrease in the number of residents capable of independent toileting since 1980.

MOBILITY. Nearly 56 percent of residents are independently mobile. Another four percent require a cane, wheelchair, or other mechanical assistance for independent mobility, and 11 percent need assistance with stairs, ramps or elevators. Over 29 percent of residents need the constant assistance of one or more persons to be mobile. The number of residents who can walk independently has decreased by 16 percent since 1980.

BATHING. Less than six percent of residents are able to bathe without assistance. Over 34 percent are unable to participate in bathing themselves at all.

EATING. Approximately 22 percent of residents are able to eat without assistance. Another 20 percent must be completely fed and are unable to participate in self-feeding. Seven percent fewer residents were able to eat independently in 1990 in comparison to 1980.

GROOMING. Less than seven percent of residents are able to be independent in grooming activities. Nearly 79 percent need total assistance in grooming or constant supervision or programming.

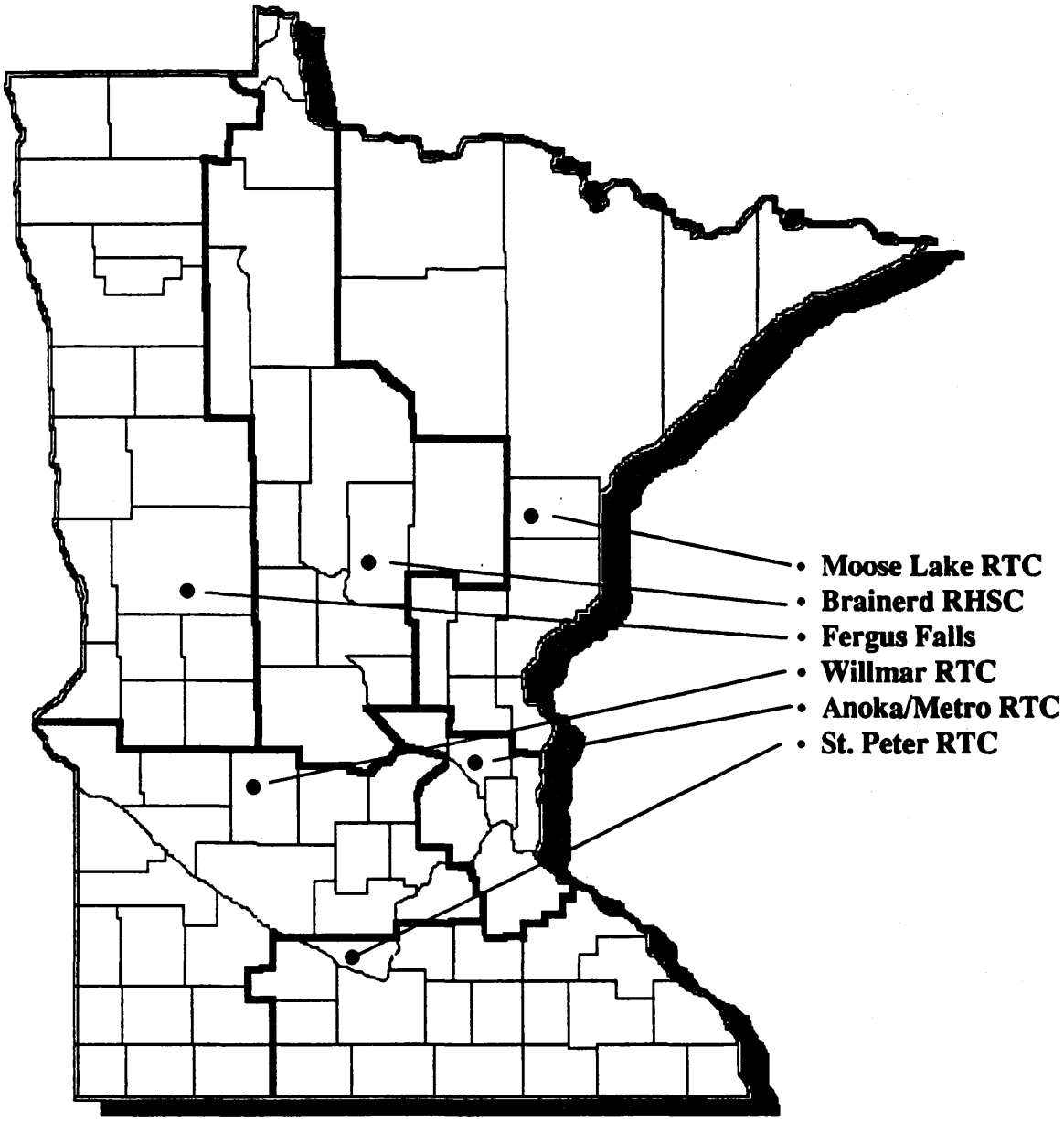
DRESSING. Approximately 53 percent of residents require the total assistance of another person in dressing. Nearly 11 percent dress independently, and the remainder need some assistance. Approximately six percent fewer residents dress independently compared to 1980.

SELF INJURIOUS BEHAVIOR. Over 17 percent of residents attempt to injure themselves every day, with over six percent requiring intervention to prevent self injury one or more times per hour. Just over 68 percent of residents do not manifest self injurious behaviors.

Summary

There has been a reversal in the last two decades of expanding institutional programs to serve persons with developmental disabilities to a major thrust toward community-based programming. The remaining population now residing in regional centers tends to have multiple disabilities, to be less mobile than in the past and to present challenging behaviors that require intensive supervision and programming. The Department has halved its institutionalized population in developmental disability programs since 1980. Since enabling legislation in 1989 and 1990, efforts were launched to develop 18 community-based group homes, five day training and habilitation programs and two community health clinics to bring services to the community in 1991.

Mental Health Receiving Areas



MENTAL HEALTH

The State of Minnesota first began providing care for its citizens with mental illness in 1866 when it opened the Minnesota Hospital for the Insane at St. Peter. In the next fifty years, "hospitals for the insane" were opened at Rochester, Fergus Falls, Anoka and Hastings. In 1911, the Asylum for the Dangerously Insane opened on the St. Peter Hospital campus. This forensic program, known today as the Minnesota Security Hospital, was renamed through a contest by patients to rename the facility.

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

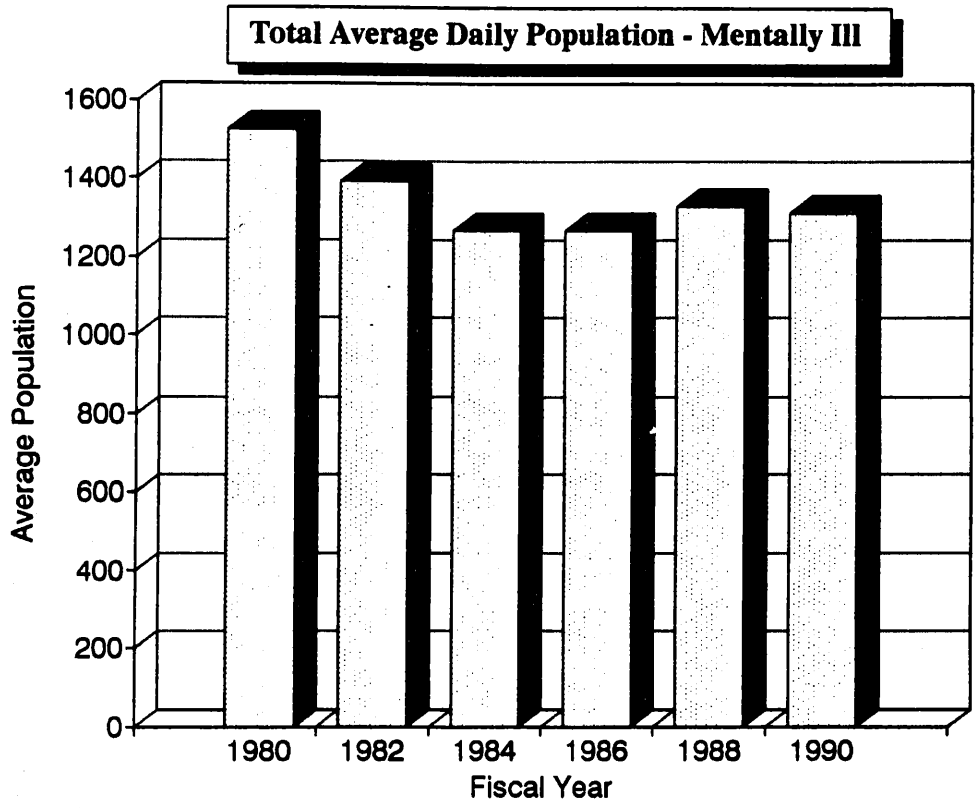
In the 1950's, the introduction of psychotropic medications brought the first real success to treating persons with severe and persistent mental illness. Antidepressants, anti-anxiety drugs and major tranquilizers allowed a number of persons to return to the community. Advances in chemical therapy continue to mark significant progress in treating severe mental illnesses. Most recently, clozapine has proved to have remarkable efficacy on many patients with schizophrenia who had previously not responded to therapy. As the etiology of mental illness is further explored and antidotes to chemical imbalances discovered, the treatment of mental illness will continue to evolve.

Inpatient psychiatric services are currently provided to adults with mental illness through a network of regional treatment centers located in Anoka, Brainerd, Fergus Falls, Moose Lake, St. Peter, and Willmar. The regional treatment centers at Brainerd and Willmar also provide special services to emotionally disturbed adolescents throughout the state. The Minnesota Security Hospital at St. Peter maintains a nationally recognized forensic psychiatry program.

All programs in the regional treatment centers are accredited by the Joint Commission on Accreditation of Healthcare Organizations. All programs are also certified by the Health Care Financing Agency as qualified Medicare/Medical Assistance providers and licensed by the Minnesota Departments of Health and Human Services.

Census

All of the mental health programs are functioning near capacity, with a total average monthly population of 1,312 for 1990. This figure has been stable since 1983, following a three-year decline from a high of 1,524 in 1980. Admission and geriatric units have a waiting list in most hospitals. In the metropolitan counties where this problem has been most acute, DHS has contracted with Fairview/Riverside and Mercy Hospitals to serve shorter term, GAMC eligible clients to reduce the Anoka-Metro RTC admissions backlog. Minnesota Security Hospital has exceeded capacity for the last six months and currently has a waiting list of 10-15 patients.



Statewide Coordination

The Residential Program Management Division (RPMD) provides policy and program development services to the regional treatment centers. It holds the Commissioner's delegation in two critical areas: 1) administration of the Interstate Compact on Mental Health; and 2) Special Review Board procedures governing the transfer or release of persons committed to the Commissioner as mentally ill and dangerous, as a psychopathic personality, or as a sex offender.

All transfers of committed clients within the Department or interagency (Corrections, University Hospital or Veteran's Hospital) are monitored and approved by staff within the Division. In FY 1989, RPMD conducted 119 hearings before the special review board. In FY 1990, 78 hearings were held.

The RPMD maintains a permanent Central Patient Registry, recording all patients admitted to state residential treatment facilities. The Division responds to a variety of requests for information, including requests from state law enforcement officials to do a background check on persons applying for a permit to purchase or carry a handgun. Last fiscal year, RPMD processed 10,970 requests for information from law enforcement agencies.

Jarvis Hearings

In 1988, the Minnesota Supreme Court ruled, in the case of Jarvis v. Levine, that a committed mentally ill person who was competent could refuse treatment with neuroleptic medications and that judicial approval was required whenever neuroleptic medications were to be forcibly administered in a non-emergency situation to patients determined to be incompetent.

The new requirement for hearings under Jarvis v. Levine, has changed the way care is provided to committed patients and added to state and county costs. Research indicates that committed patients who undergo Jarvis hearings: 1) are more likely to end up being treated in state RTCs; 2) will likely wait longer for treatment with neuroleptics and consequently require longer hospital stays; and 3) will most likely be required by court order to take neuroleptic medication.

In FY 1990, a total of 606 Jarvis hearings were held for RTC patients. Only ten of these cases resulted in the medication *not* being ordered. The costs to the state for these hearings are estimated at approximately $900,000 for fiscal year 1990. Counties covered many other related expenses.

A demonstration project authorized by the Minnesota Supreme Court utilized audio-video technology in an effort to reduce costs and physician court time in relation to Jarvis hearings. A grant from the Department of Administration, InterTechnologies Group supported the project which was conducted at the Hennepin County District Court. In this particular project, the treating psychiatrists at Anoka-Metro RTC were able to give testimony via televideo from the hospital to the court, thus saving travel costs and physician time. The Evaluation Committee (Hon. Harry Seymour Crump, et al), in their final report, "concluded that the use of two-way television is a satisfactory way to receive the testimony of the expert witness in Jarvis and Price hearings. The committee supports the continued use of this technology in the Fourth Judicial District - Mental Health Division to receive testimony from physicians at the Anoka-Metro Regional Treatment Center and other regional treatment centers in Minnesota."

Reconfiguration Plans

Legislation enacted in the 1990 session authorized recapitalization of facilities at Anoka, Fergus Falls and Moose Lake. Funds for architectural drawings were appropriated and final plans will be submitted to the 1991 Legislature for review and approval. Also a part of the reconfiguration, the 1990 Legislature provided capital funds for the development of two state operated community service (SOCS) programs for the mentally ill. One program to serve adolescents is planned for the Willmar Area. The other is to serve adults in the metropolitan area.

Patient Characteristics

Patients treated in the state's network of inpatient psychiatric programs generally have a higher level of physical and psychiatric disability than those in community programs. RTC patients tend to have fewer adaptive living skills, are more prone to violence and require more skilled nursing care than community-based clients. Most have had prior admissions to regional treatment centers. Three-fourths of the patients are committed, most with a primary diagnosis of schizophrenia. Profiles of patients receiving services in regional treatment centers reflect their need for intensive psychiatric treatment in a highly structured environment.

The survey data cited in this section is from two studies done by Policy Research Associates (based in New York) under contract with the Department. In 1989, all RTC patients with mental illness were surveyed. In 1990, a stratified and regionalized sample of 1,500 clients with mental illness in three types of community treatment programs were surveyed. Rule 14 programs are community support programs and do not provide residential services. Rule 36, Category I facilities are residential mental health programs in which there is an emphasis on services being offered on a regular basis *within* the facility. Rule 36, Category II facilities provide either a transitional semi-independent living arrangement or a supervised group supportive living arrangement for persons with mental illness with emphasis on securing community resources for most daily programming and employment.

SEX. Males represent 56.8 percent of the population in adult mental health programs. In geriatrics, they are a slight minority (46.2%). Males constitute an overwhelming majority (91.5%) in the forensic program.

AGE. The geriatric program, as expected, has the oldest average age--73.7 years. The average age of patients in the adult mental health programs is 38 years.

RACE. Whites are the dominant group in all programs, ranging from 82.5% in the forensics program to 98.9% in the geriatric mental health program. In community-based programs, whites represented 94.1 to 100 percent of the population. Clearly, minorities are seriously under represented in both public and private residentially-based mental health programs across the state.

PRIOR ADMISSIONS. A significant percentage of RTC patients have had previous hospitalizations for mental illness. The average across all mental health programs of patients with prior RTC admissions is 76.5 percent. Eighty-one percent of patients admitted to the Security Hospital have prior RTC admissions. Seventy-nine percent of patients in adult mental health programs and 69 percent of persons in geriatric mental health programs have prior admissions.

LEGAL STATUS. Approximately 72 percent of adult mental health patients are committed, with an additional four percent on hold orders. Seventy-one percent of the geriatric mental health population is committed, with an additional five percent on hold orders. In contrast, the vast majority of Rule 36 and Rule 14 clients, 87 to 97 percent, are voluntary.

VIOLENT BEHAVIOR. The proportion of patients that have been violent in the past 30 days is very similar across RTC programs: forensics (22%), adult mental health (23%), and geriatric mental health (25%). In considering whether patients are now dangerous to others, however, fully 68 percent of forensic patients are still considered to be dangerous. Both the adult and geriatric mental health programs consider approximately 20 percent of their patients to be currently dangerous. This level of violent behavior is in sharp contrast to community Rule 36 and Rule 14 clients where, respectively, less than five percent and less than one percent, were viewed as being dangerous.

PHYSICAL HEALTH. The level of need for skilled nursing varies greatly between the community programs and the RTCs. Only four percent of clients in community-based programs required skilled nursing procedures as opposed to 59 percent of patients in RTCs.

DIAGNOSIS. Schizophrenia was the most common diagnosis in the adult mental health (66%) followed by affective psychosis (20.1%). Forensic patients at the Minnesota Security Hospital, are heavily schizophrenic (62%), but have many more personality disorders (32.2%), drug abuse (22.6%) and alcohol abuse (18.6%) than affective psychosis (7.3%). Geriatric patients are predominately schizophrenic (51%) also, but many patients have organic brain syndrome (OBS) (31.9%) as well as affective psychosis (14.3%).

FUNCTIONING LEVEL. The percentage of patients in RTCs with a serious psychiatric disability (59%) was significantly higher than clients in all three community programs (Rule 14 = 32%; Rule 36, Category II = 32%; Rule 36, Category I = 44%). There were significant differences in Activities of Daily Living (ADL) as well. Virtually none of the clients in the community had problems with basic living skills (bathing, grooming, dressing) while 10% of RTC clients had serious disabilities in these areas. Additionally, the percentage of clients with a serious disability in community living skills ranged from 15%-30% in the community programs compared to 65% in the RTC.

COMMUNITY PLACEMENT. In order to compute the recommended level of care for each patient, six scales and eight indices were used following a scoring algorithm developed for the State of New York and applied annually to their patients over the past decade. High reliability scores indicate that these scales apply equally well to Minnesota. Running the algorithm against the

profiles of RTC patients, 263 or 21 percent of the 1,263 patients in mental health programs who were surveyed in June, 1989 could be placed in the community if appropriate settings were available.

Summary

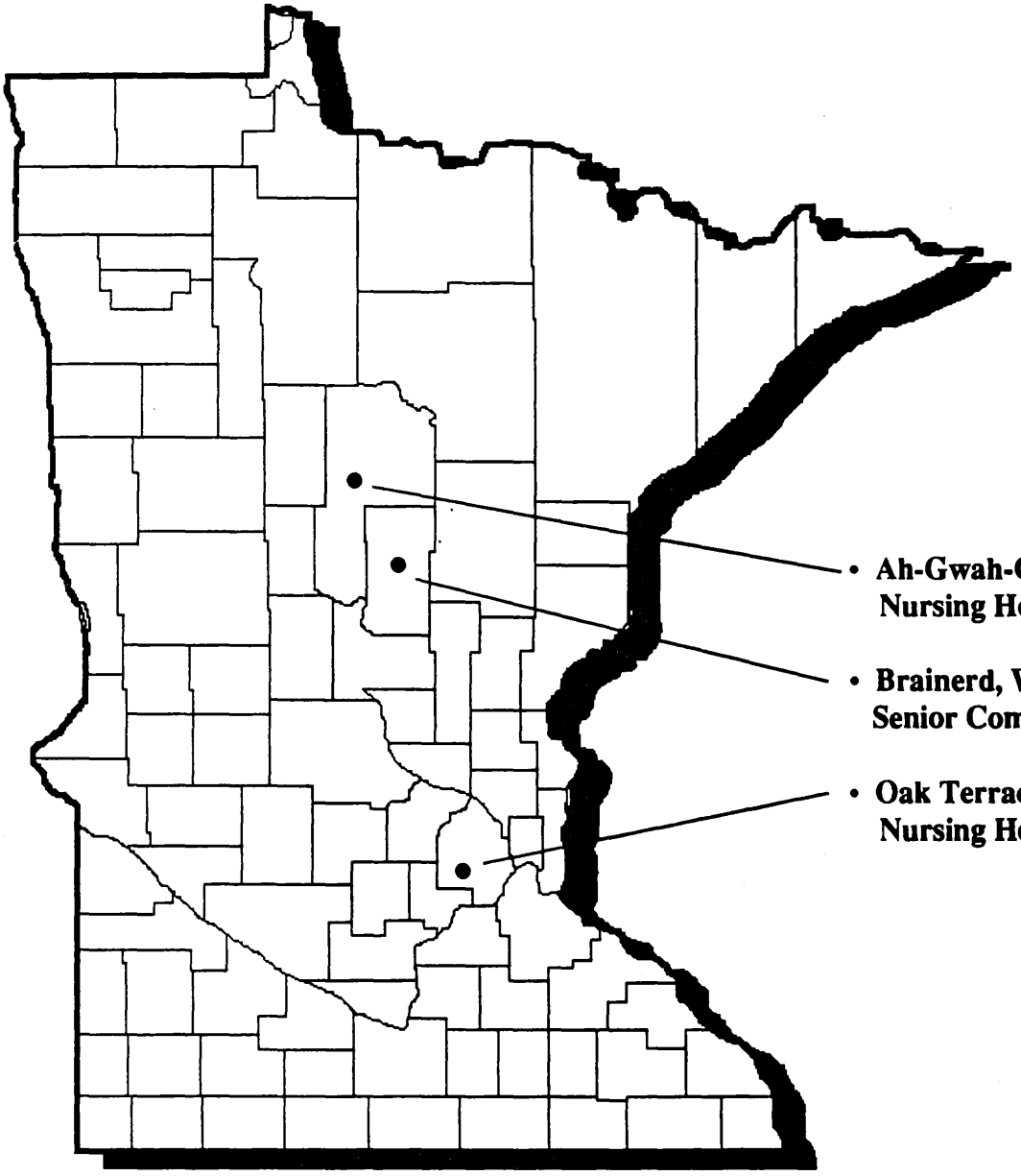
Psychiatric inpatient programs operated by the regional treatment centers have had a relatively stable population since 1983. The number of committed patients referred for admissions has resulted in waiting lists. The Department has contracted for services with community-based hospitals in the metropolitan area to relieve the backlog of waiting patients. Funds appropriated by the Legislature to find community based programs for patients with special requirements at AMRTC are helping to open needed beds for committed patients.

Research results indicate that the patients in the RTCs are different from the clients in the community programs. RTC patients are more likely to include minorities, are somewhat older, are often admitted under a commitment order, have more physical health problems, and are more violent.

Enabling legislation passed in the 1990 session authorized architectural drawings to recapitalize psychiatric programs at Anoka, Fergus Falls, and Moose Lake with modern facilities designed to enhance psychiatric treatment.

The regional treatment centers play a unique role in the treatment of patients with mental illness. For many, the stabilization, intensive treatment, and preparation for community living is an essential step in the move back into the community.

Nursing Facilities Receiving Areas



* *Nursing facilities receive admissions from the entire state*

NURSING HOMES

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

Today, the Ah-Gwah-Ching nursing home is a 343 bed facility providing services to a geriatric population from the entire state who are medically fragile or clinically challenging, exhibit severe or challenging behaviors, or require treatment for an underlying mental illness in addition to nursing care. Oak Terrace is a 350 bed nursing facility serving a similar population. In August of 1989, the Brainerd Regional Human Services Center opened a 28 bed nursing home called the Woodhaven Senior Community. The Faribault Regional Center also provides nursing home care to 35 residents who are developmentally disabled. The Oak Terrace and Ah-Gwah-Ching Nursing Homes are free standing facilities. The Nursing Homes at Brainerd and Faribault are a part of a regional treatment center campus.

State nursing homes exist to serve those persons who, in addition to needing nursing home services, require special mental health services. Often patients are admitted from community nursing homes because of challenging behaviors.

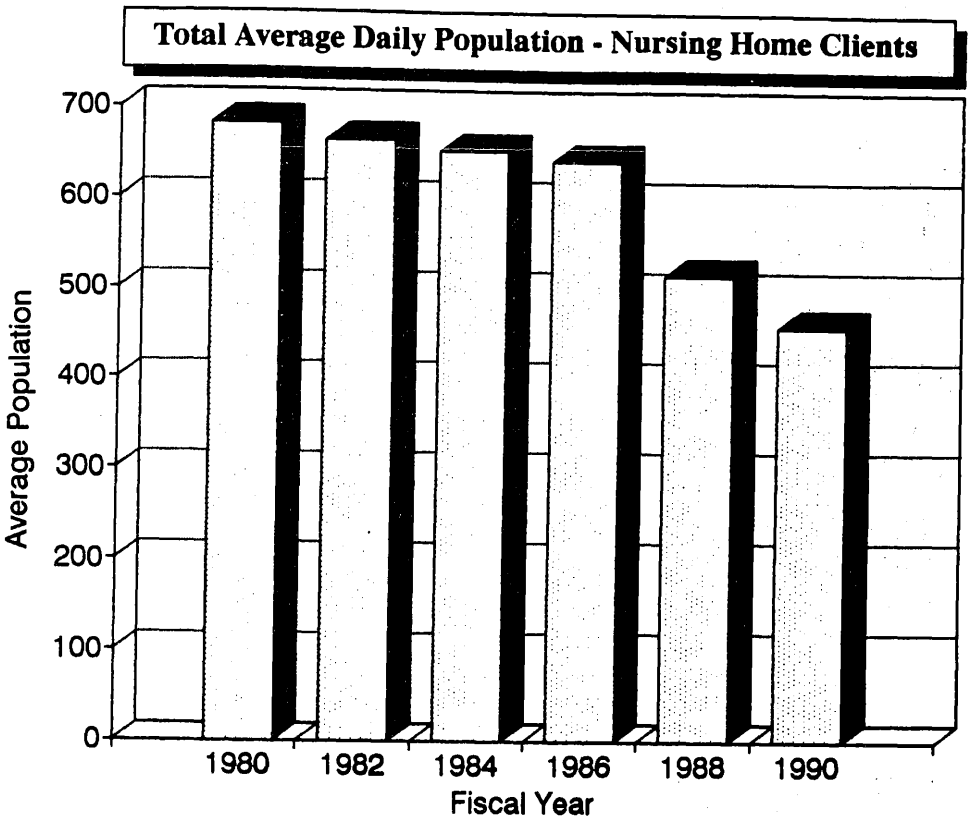
Reconfiguration

In 1989, the Legislature passed enabling legislation to close Oak Terrace Nursing Home and transfer the beds to other state sites. The decision to close Oak Terrace was based on the poor status of the physical plant and the fact that it was leased from Hennepin County. Nursing home programs were authorized for Cambridge (70 beds), and Fergus Falls (85 beds) with 105 additional beds authorized for Brainerd. The Oak Terrace facility is scheduled to close by June 30, 1991.

Census

During the 1990 fiscal year, 106 persons were discharged from Oak Terrace Nursing Home in preparation for closing in June 1991. The average daily population for Oak Terrace was 182 residents. The population at Ah-Gwah-Ching

was relatively stable with an average daily population of 284. There were 56 admissions and thirty-two discharges. The new Woodhaven Senior Community at Brainerd had an average daily population of 19 residents. With 32 admissions and four discharges during the fiscal year, the program is now operating at its maximum capacity of 28 beds. State operated nursing home programs are experiencing an increase in requests for placement. At the present time, the programs at Brainerd and Ah-Gwah-Ching both have waiting lists.



Resident Characteristics

Data from the Minnesota Department of Health, Quality Assurance and Review Program was used to compare patient profiles in community nursing homes and Ah-Gwah-Ching. Ah-Gwah-Ching was selected for the analysis because of the drastically changing populations during the phase down of Oak Terrace and start up of Woodhaven Senior Community.

PATIENT ORIGIN. A review of the 1989 Quality Assurance and Review (QAR) data, indicates that community nursing homes generally admit two-thirds of their patients directly from hospitals. In contrast, Ah-Gwah-Ching admitted only 13% of their 60 admissions from a hospital while 30 percent came from regional treatment centers, 30 percent from other nursing homes, and 22 percent from Veteran's Administration facilities. While community facilities generally admit about 25 percent of patients from their own homes, Ah-Gwah-Ching admitted only <u>two</u> percent from homes. This dramatic difference in patient origin demonstrates that Ah-Gwah-Ching is meeting it's mission by serving those patients that nursing homes cannot adequately serve.

SEX. Males represent 63 percent of the Ah-Gwah-Ching population and females 37 percent. In community facilities, males comprise less than 30 percent of the population. The much higher percentage of male patients requires additional staff resources. Male patients are generally physically larger than females and tend to be more aggressive in their behavior. Additionally, many of the male patients at Ah-Gwah-Ching have a history of mental illness.

AGE. Patients at Ah-Gwah-Ching are on the average five years younger than those in community nursing homes. In community facilities the average age of residents is 82.8 years. At Ah-Gwah-Ching the average age is 77.21 years. All of the current residents are over age 65.

CASE MIX CLASSIFICATION. Ah-Gwah-Ching clearly serves those patients with low and moderate Activities of Daily Living (ADL) dependencies who also have behavior requiring staff intervention. Ninety-one percent of current patients fall into behavioral need classes. In contrast, Ah-Gwah-Ching has no patients in C, F, or K, the classifications that indicate special nursing requirments but no behavior problems. Ah-Gwah-Ching does not match the case mix classification distribution pattern found in community nursing homes.

LENGTH OF STAY. The average length of stay in community nursing homes is one year. Residents at Ah-Gwah-Ching, on average, stay 5.77 years. This acute difference may partly reflect two factors. First, Ah-Gwah-Ching does not usually serve short term rehabilitation patients or patients who are being admitted to a nursing home due to a terminal illness. Second, many patients at Ah-Gwah-Ching have lived the majority of their adult lives in institutions, especially psychiatric treatment centers and are rarely able to be discharged.

The differences between the patient profiles in community nursing homes to those of Ah-Gwah-Ching suggest that different services and resources will be required to meet the necessary standards of care in state operated nursing homes.

Summary

It is the mission and purpose of the state operated nursing homes to provide services to those patients whose special needs are clinically and behaviorally challenging beyond the resource of the community nursing homes. Both the patients and the services in the state nursing homes are atypical in nature and scope compared to the usual nursing home population and services generally furnished by providers similarly licensed. Enabling legislation in 1989 for reconfiguring state operated nursing home services called for the closure of Oak Terrace Nursing Home and the transfer of those beds to Brainerd, Cambridge, and Fergus Falls.

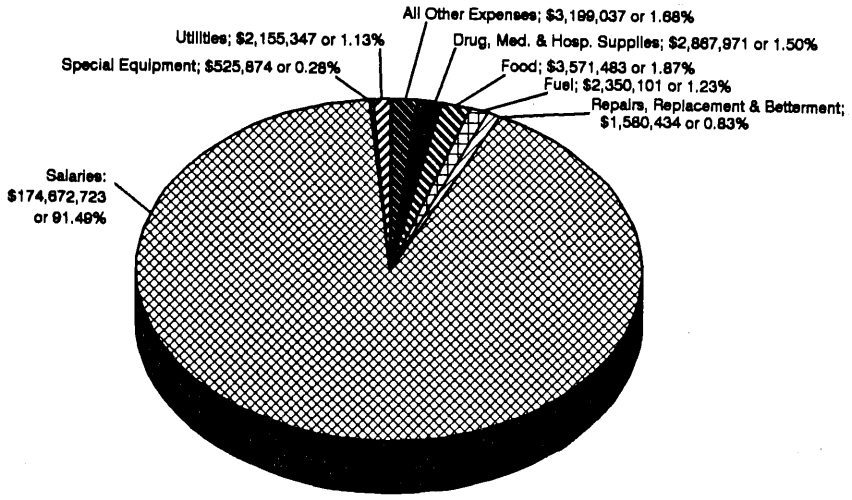
FINANCIAL OPERATIONS

The operating budget of the state regional treatment centers and nursing homes represents the largest health care system in the state of Minnesota. The services provided by the system are funded in different ways. One single appropriation supports both developmental disability and mental health services. There is also a direct appropriation for nursing home services. The Chemical Dependency program, however, is treated like a private enterprise and receives no direct appropriation.

Mental Health/Developmental Disabilities

In FY89, the total amount of actual expenditures for services to persons with developmental disabilities and mental illness was $171,329,645. In FY90, this amount increased 11.4 percent to $190,922,970. Mental health and developmental disability programs represent 84.4 percent of the total operating budget. Salaries represented $174,672,723 or 91.5 percent of MI/DD expenditures.

DEVELOPMENTAL DISABLITIES/ MENTAL HEALTH PROGRAMS
Expenditure Summary
Year Ending June 30, 1990



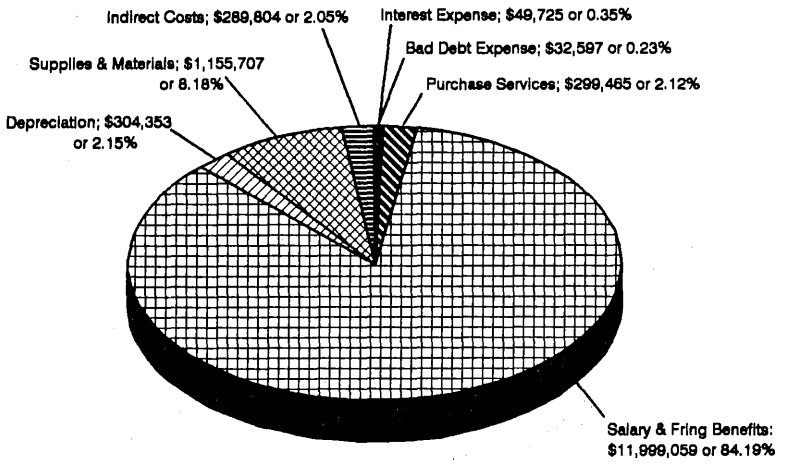
TOTAL: $190,922,970

The cost to the State of operating mental health and developmental disability programs is offset by collections for services rendered. In FY89, the Department recovered $124,408,394 or 72.6 percent of expenditures. Collections for FY90 represented 71.3 percent of expenditures or $136,199,503. (Figures include the state share of medical assistance.) Non-reimbursable expenditures generally represent the cost of care for persons who are medically indigent but receiving services which are not eligible for reimbursement from Medicare, Medical Assistance or other sources. Reimbursements for mental health and developmental disability services are deposited into the State General Fund and designated as dedicated revenue for Medical Assistance, thereby reducing that appropriation.

Chemical Dependency

Chemical dependency programs in the State health care system are operated as "enterprise funds." This means that they do not receive an appropriation from the Legislature but must generate revenue based on services rendered to cover operating expenses. In FY89, total operating costs were $13,948,055. In FY90, this amount increased 4.2 percent to $14,537,480. During this same time period, collections were $12,326,754 in FY89 and $12,247,550 in FY90. The Department was able to collect 88 percent and 84.3 percent, respectively, of operating costs in each year.

CHEMICAL DEPENDENCY
Operating Expenditures
Year Ending June 30, 1990



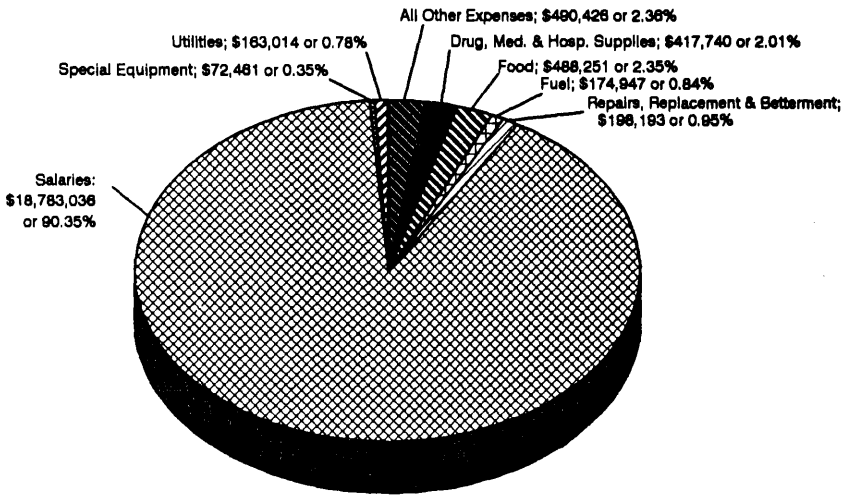
Total: $14,130,710

The complexity of operating an "enterprise" while remaining a public agency has made balancing the budget within the fund difficult. Private sector facilities rely on the Consolidated Chemical Dependency Fund (CCDTF) for only about 50 percent of revenue, charging higher rates to non-CCDTF clients. In contrast, state operated programs serve clients, almost exclusively, for whom the CCDTF is the only source of funding resulting in 95 percent of Network income being generated by CCDTF, four percent from insurance and one percent from private pay. The Network cannot recover enough of its operating expenses through the CCDTF rate structure to generate a profit. If the national trend in declining inpatient chemical dependency treatment continues, this problem will further increase losses to the system.

Nursing Homes

The cost of providing nursing home services, like mental health and developmental disability programs, is underwritten by a direct appropriation by the Legislature. In FY89, the state's two nursing homes spent a total of $20,714,757 in providing care to residents. In FY90, that amount increased by .4 percent to $20,788,068 reflecting the continued downsizing of the Oak Terrace Nursing Home. Nursing homes services were 9.2 percent of the total FY90 operating budget.

NURSING HOMES
Expenditure Summary
Year Ending June 30, 1990



TOTAL: $20,788,068

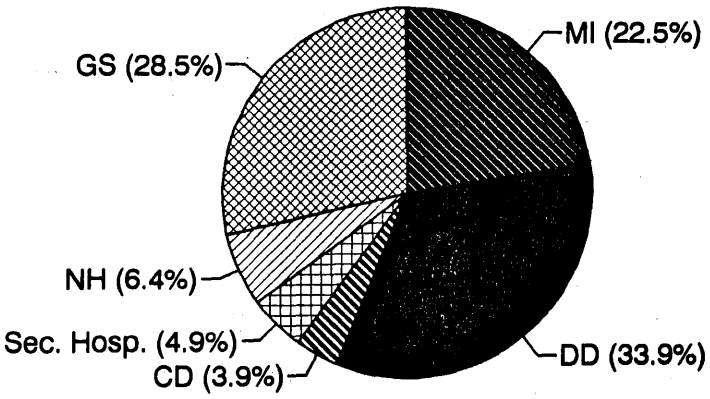
Collections for nursing home services are deposited in the State General Fund to reduce the Medical Assistance appropriation. In FY89, the Department collected $20,713,456 for nursing home care, nearly 100 percent of expenditures. In FY90, new TEFRA rules were imposed and collections were reduced to approximately 62 percent of expenditures. TEFRA is a mechanism based on federal regulation that limits rate increases to only one to two percent each year over actual costs in the base year of 1983. While the per diem for state nursing home services is approximately $130, TEFRA limits are $65 to $70 per day depending on the facility.

Staffing

Services provided to the State's health care network operate 24 hours per day and 365 days per year. Health care is one of the most labor intensive, regulated industries in the nation and this is reflected in the budget share of state operated services going toward salaries.

On July 1, 1990, state operated residential facilities had 5,481.5 full time equivalent positions providing care and support services to an average daily population of 3,399 persons. Salary and fringe benefits represented 91.5 percent of all expenditures for mental health and developmental disability programs, 90.5 percent for nursing home programs and 84.9 percent for chemical dependency programs.

RESIDENTIAL FACILITIES
Percent of FTE Position Allocated by Program
July 1, 1990

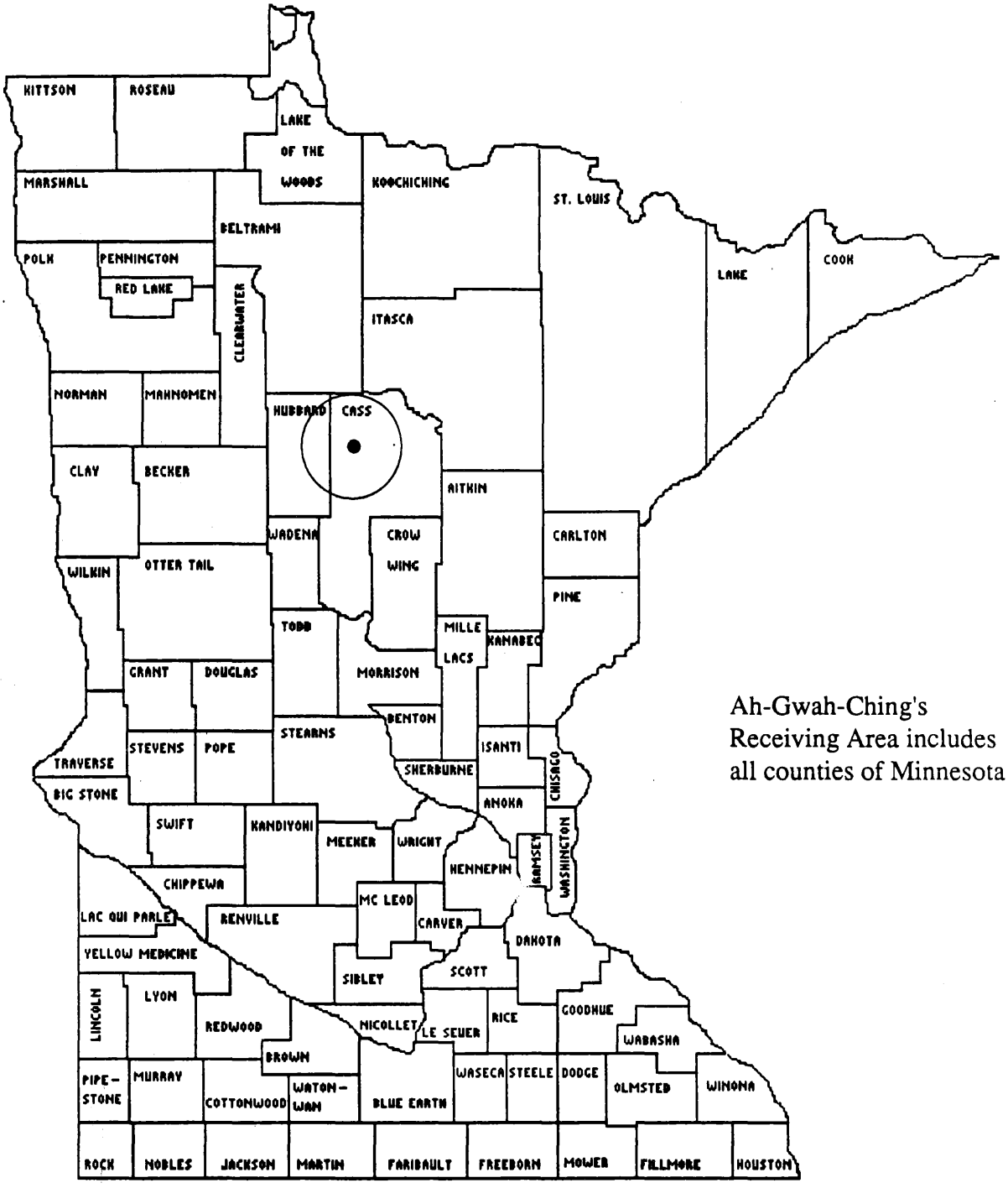


Volunteer Services

Volunteers play an important role in the regional treatment centers and nursing homes assisting with patient monitoring, recreational activities, clerical tasks, and teaching among others. All of the contributions of time and effort by the volunteers are valuable--and necessary. Their help not only enhances the lives of clients, but forges critical links to the community.

In FY90, 199,255 hours of service, with an estimated value of $1,811,228, were donated by volunteers. The total dollar value of all volunteer services, cash contributions, in-kind donations and volunteer hours, is estimated at $2,764,604. But another value, the caring and interest of the volunteers, can't be measured.

Ah-Gwah-Ching Nursing Home
and
Lakeside Chemical Dependency Program



Ah-Gwah-Ching's Receiving Area includes all counties of Minnesota

AH-GWAH-CHING NURSING HOME

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

In 1962 the sanatorium was converted to a state nursing home with the majority of residents admitted from state hospitals. These residents were determined to be unresponsive to treatment and therefore considered inappropriate for placement in the state hospitals. Consequently, until 1982 Ah-Gwah-Ching essentially provided only maintenance, supervision, and protection for residents, although in the least restrictive environment possible. Since 1982, a planned and concentrated approach has been developed to provide the best services possible to these psychogeriatric residents. As this program evolved, Ah-Gwah-Ching began to receive an increasing number of referrals from other sources such as private nursing homes and the Veteran's Hospital.

Nursing Home

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

Ah-Gwah-Ching is specifically structured to give skilled and intermediate nursing home care to elderly persons with behavior problems. For that reason, Ah-Gwah-Ching took the steps necessary to become a nursing home with an Institution of Mental Diseases (IMD) designation during the summer of 1987. An IMD is defined as "an institution that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services." Ah-Gwah-Ching historically has served as a back-up resource to community nursing homes for residents with severe behavior problems which cannot be handled in another setting. As an IMD, Ah-Gwah-Ching is in a better position to continue to provide back-up service for residents 65 and over with mental illness. Ah-Gwah-Ching is a vital link in providing an uninterrupted continuum of care for the geriatric population in Minnesota.

Chemical Dependency

Lakeside Chemical Dependency Treatment Center was opened in 1983. It is a 40-bed, Rule 35 chemical dependency treatment center located in a free-standing unit on the Ah-Gwah-Ching campus. This program provides both inpatient and outpatient treatment for the chronically chemically dependent population. Its goal is to help chemically dependent clients who have been unsuccessful in previous treatment programs. As with the nursing home units, referrals are statewide.

AH-GWAH-CHING NURSING HOME

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	NURSING HOME	CD	CD OUTPT	TOTAL
1975-76	386			386
1976-77	363			363
1977-78	369			369
1978-79	358			358
1979-80	351			351
1980-81	328			328
1981-82	330			330
1982-83	326			326
1983-84	319	20		339
1984-85	322	24		346
1985-86	318	18		336
1986-87	296	27		323
1987-88	240	23		263
1988-89	249	25		274
1989-90	257	27	2	284

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	NURSING HOME	CD	CD OUTPT	TOTAL
1985-86	48	59		107
1986-87	40	118		158
1987-88	43	71		114
1988-89	66	95		161
1989-90	56	114	2	170

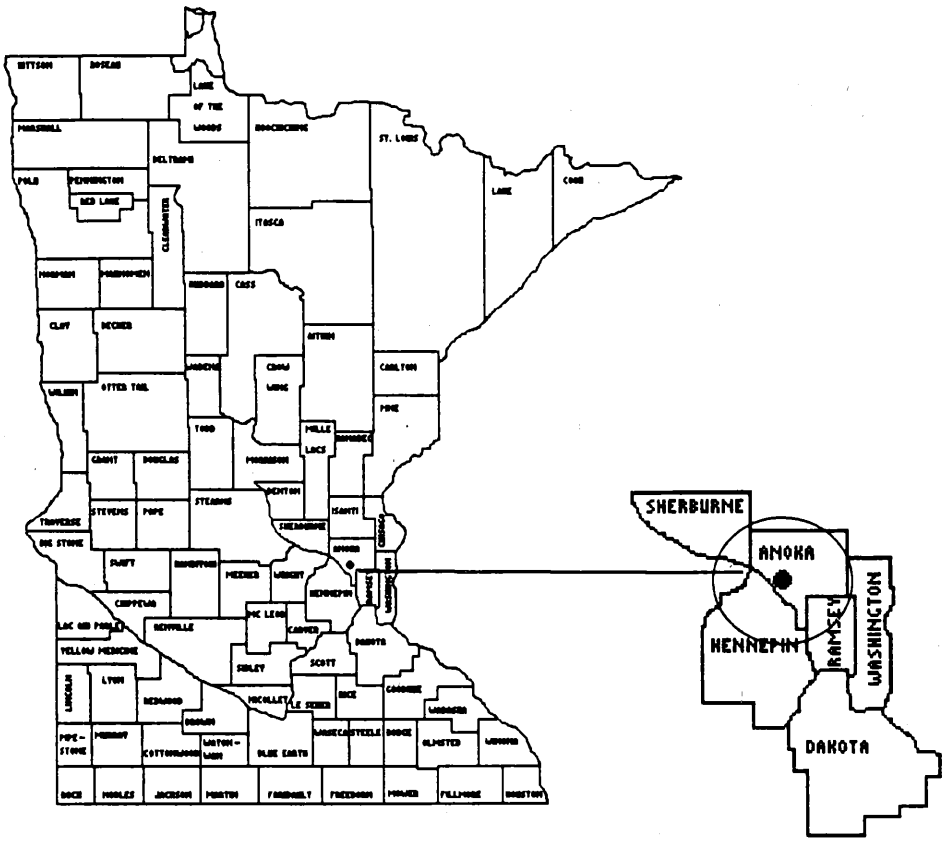
DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	NURSING HOME	CD	CD OUTPT	TOTAL
1985-86	46	53		99
1986-87	100	112		212
1987-88	19	76		95
1988-89	30	89		119
1989-90	32	120		152

AH-GWAH-CHING NURSING HOME
Operating Expenditures

	FY 1989	FY 1990
NURSING HOME		
Salaries	$9,306,120	$10,298,809
Current Expense	$959,996	$923,944
Repairs & Replacements	$157,551	$86,911
Special Equipment	$41,356	$24,202
Total	$10,465,023	$11,333,866
CD ENTERPRISE		
Salaries	$448,010	$500,807
Current Expense	$73,774	$96,682
Indirect Costs	$38,806	$46,927
Total	$560,590	$644,416

Anoka - Metro
Regional Treatment Center



Receiving Area for Mentally Ill
and Chemically Dependent

ANOKA-METRO REGIONAL TREATMENT CENTER

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

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

Anoka-Metro Regional Treatment Center provides inpatient mental illness and chemical dependency treatment services to severely disabled persons from the metro region, most of whom have exhausted community hospital and outpatient program alternatives and are medically indigent. The facility has a total of 347 licensed beds, 257 in the mental illness treatment program and 90 in the chemical dependency treatment program. The facility is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Mental Health

The Mental Illness Treatment Program includes several units designed to provide active psychiatric treatment through a multi-disciplinary team. The program's service area includes the metropolitan area counties of Anoka, Dakota, Hennepin, Ramsey, Sherburne, and Washington. At present, 97 percent of the clients admitted to the program are court committed and have an average of two weeks stay in a community psychiatric unit immediately prior to transfer to AMRTC.

AMRTC has 247 utilized psychiatric beds, however, demand for admission greatly exceeds this capacity. The program's occupancy rate averages near 90 percent of the utilized bed capacity. Typically, the units with locked beds, including the admissions unit, operate at full capacity. Each month, a number of admission requests are diverted to other state-operated regional treatment centers.

AMRTC provides a number of specialized psychiatric treatment programs tailored to the needs of patients. Most patients are admitted directly to an Admissions Unit for a period of observation, assessment and stabalization from which they are transferred to one of the other six units depending on their assessed needs. AMRTC maintains a 23-bed secure, intensive care unit which provides assessment and treatment to persons with mental illness who persistently demonstrate assaultive behaviors and are considered to pose serious danger to others. Special treatment units provide programs for: dually disabled patients with active major mental illnesses and limited mobility, organic or phsyiological illness which require significant additonal medical and nursing care; patients with severe and persistent mental illness who are particularly vulnerable; and patients dually diagnosed as mentally ill and chemically dependent.

Anoka Alternatives

In July 1990, DHS contracted with two hospitals to alleviate the need for holding patients or diverting them. Psychiatric beds were established at these hospitals to absorb some of the demand. Under the terms of these contracts, committed patients who are GAMC eligible and are assessed to have short term hospitalization needs will be directly admitted, treated and discharged from these programs. The patients will be under the care of a board certified psychiatrist who is a member of AMRTC's medical staff.

In July, 1990, the State Legislature allocated a one-time fund of $500,000 to provide special services to "difficult to place" patients currently residing at the Anoka-Metro Regional Treatment Center. The funds are to be used to facilitate the transition of patients into the community. A number of patients have been placed following intensive collaborative review, and individualized coordination and planning efforts by the hospital social workers, County Mental Health Division and the Mental Health Division of DHS. An approximate total of 35 patients are anticipated to be discharged from AMRTC and placed in the community through this effort by June 30, 1991. The placements through this project are in addition to the usual discharges from AMRTC.

The 1990 Legislature appropriated funds to begin preliminary planning for the replacement of many buildings on the AMRTC campus. The intent of the legislature is to design state-of-the-art treatment facilities for the persons with mental illness. Hospital, staff, and community representatives have been actively involved for several months in the process of developing these architectural plans. A 300-bed psychiatric hospital including all support services is being planned to better meet the needs of the metropolitan catchment area the hospital serves. These plans, along with construction estimates, will be presented to the 1991 State Legislature.

Chemical Dependency

The Chemical Dependency Treatment Programs are designed to facilitate the rehabilitation of persons admitted primarily for the treatment of chemical dependency by providing a structured therapeutic environment; diagnostic and overall needs assessment; supportive health care services, group, individual and family conferences; education; appropriate referrals; aftercare planning and follow-up.

The chemical dependency programs at Anoka are segregated by gender in order to enhance the quality of treatment offered to both men and women. Staff of the Women's Unit have developed specialized expertise in treating the needs of this population and work very closely with the specialized community resources for women.

The Primary Treatment Program is open-ended, but averages approximately 26 days for a staff-approved discharge. Programming includes group and individual therapy, three lectures and/or films a day, selective reading assignments, and exposure to community Alcoholics Anonymous groups. The program relies primarily on group versus individual counseling. It draws substantially from the steps and traditions of Alcoholics Anonymous and recommends total abstinence from mood-altering chemicals.

Brief/Combination Treatment is provided as a component of primary treatment. Patients are typically admitted for 10 - 14 days of inpatient treatment and then transferred to an outpatient program. Outpatient treatment may be provided by another community agency or by AMRTC for individuals who live near to the treatment center.

The Extended Treatment Program is provided for those individuals in the advanced stages of chemical dependency who have apparent secondary deterioration in most areas of their lives. The clients admitted to the extended program usually remain in treatment for two to three months before receiving a staff-approved discharge.

ANOKA - METRO
REGIONAL TREATMENT CENTER

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	MI	CD	CD OUTPT	TOTAL
1975-76	255	83		338
1976-77	246	76		322
1977-78	248	88		336
1978-79	281	87		368
1979-80	280	82		362
1980-81	240	80		320
1981-82	228	78		306
1982-83	224	81		305
1983-84	237	79		316
1984-85	234	79		313
1985-86	235	78		313
1986-87	240	79		319
1987-88	236	67	4	303
1988-89	233	63	3	296
1989-90	230	59	3	289

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	MI	CD	CD OUTPT	TOTAL
1985-86	431	833		1264
1986-87	329	849		1178
1987-88	343	899	5	1242
1988-89	311	940	61	1251
1989-90	324	825	62	1149

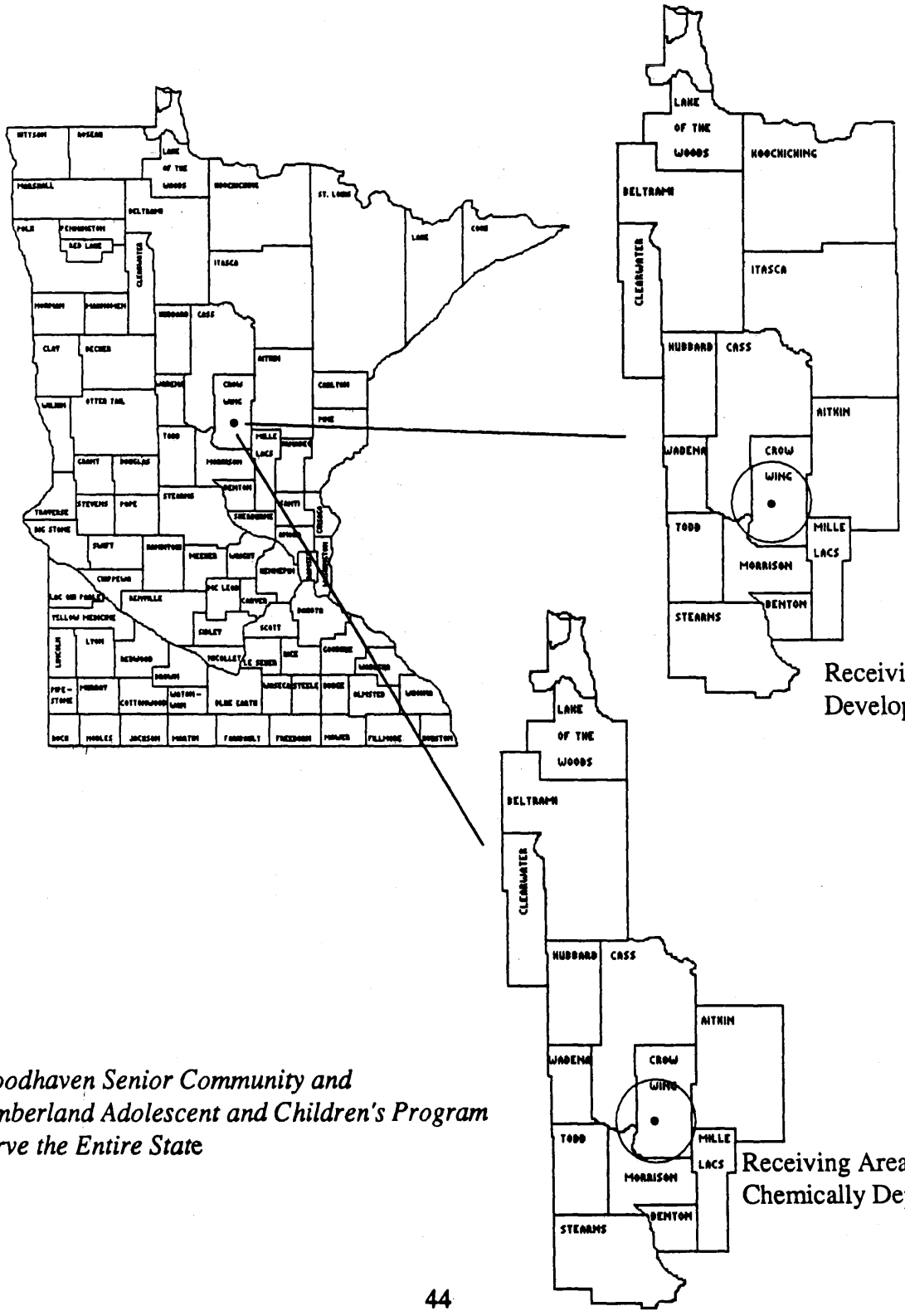
DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	MI	CD	CD OUTPT	TOTAL
1985-86	422	834		1256
1986-87	324	849		1173
1987-88	349	924	2	1273
1988-89	299	937	59	1236
1989-90	317	813	60	1130

ANOKA - METRO
REGIONAL TREATMENT CENTER
Operating Expenditures

	FY 1989	FY 1990
MI/DD PROGRAMS		
Salaries	$12,819,024	$14,590,677
Current Expense	$1,051,515	$1,248,570
Repairs & Replacements	$354,427	$180,569
Special Equipment	$60,887	$66,659
Total	$14,285,853	$16,086,475
CD ENTERPRISE		
Salaries	$2,273,851	$2,622,073
Current Expense	$364,702	$438,875
Indirect Costs	$151,095	$142,300
Total	$2,789,648	$3,203,248

Brainerd Regional Human Services Center



Receiving Area for Developmentally Disabled

Woodhaven Senior Community and Timberland Adolescent and Children's Program Serve the Entire State

Receiving Area for Mentally Ill and Chemically Dependent

BRAINERD REGIONAL HUMAN SERVICES CENTER

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

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

In response to a growing need for services to meet the needs of the rapidly expanding elderly population, a new program, Woodhaven Senior Community, was opened on the Brainerd Regional Human Services Center campus on August 18, 1989.

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

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

Developmental Disabilities

Lakes Area Residential Communities (LARC) currently provides residential and medical services and habilitation training to 160 persons with developmental disabilities. The area of service for LARC consists of a 14-county area in north central Minnesota. Temporary care admissions have increased dramatically in the past year and now represent the majority of admissions.

LARC is located in four residential buildings consisting of 11 living areas licensed for 16 clients each. The number of persons with mental retardation LARC serves has declined over the years as community development continues. During this time the percentage of individuals suffering from serious chronic medical conditions or behavior problems has increased. The gradual change in the LARC population has resulted in a rough division between clients who present challenging behavior and clients who are medically involved. Residential areas of LARC are dedicated to Dually Diagnosed Persons (MR/MI), Aged Retarded, Medically Involved or Fragile, as well as several living areas that serve clients who suffer from a mix of these disabilities, albeit at less intense levels.

The number of individuals with mild mental retardation who also experience psychiatric disabilities has remained steady for the past several years despite efforts to intensify community services. This group accounts for 90% of the current admissions, and receives specialized care in the areas of psychotropic medication, behavioral programming and counselling, work training, and sexuality training. The Dual Diagnosis Program served 43 persons during the past 12 months, representing 24% of all clients served during that period. During the last year the average length of stay for discharged clients for this program was 2.84 years compared with 17.21 years for the remainder of the LARC Program.

The State Operated Community Services Project has developed slowly in the Brainerd area with one group home approved and funded to this point. The land for this first group home has been purchased. Opening for this home is expected after July, 1991. One other Brainerd SOCS proposal has been approved for Little Falls, and other proposals are pending from Aitkin county and Itasca County.

Chemical Dependency

All chemical dependency services are housed in the newly remodeled Peterson Building. Two chemically dependent treatment units operated specialized treatment programs which are designed to meet the treatment needs of their patients. The Aurora Unit provides 28-day residential primary treatment, 96-hour outpatient primary treatment, 60-day extended care residential treatment, and 48-hour outpatient extended care treatment. In addition, the Aurora Unit provides chemical abuse/chemical dependency services to Crow Wing County jail inmates. The Four Winds Lodge Unit provides specialty primary residential and extended care residential treatment to meet the unique cultural needs of Native Americans. This program has been recognized for outstanding contributions made to Minnesota's Native Americans.

Approximately 80% of the patients admitted to the programs are placed as public pay clients. Over 50% of the patients have been incarcerated during the last six months proceeding admission to treatment. Nearly all North Central counties utilize the programs to provide affordable and accessible services for

the "most difficult to place" segment of the population. The treatment programs and staff members reflect the experience in serving a population where only one of four patients is living with a spouse/partner and children, 60% of patients are unemployed, and 65% of the patients have less than a high school education. Many patients, particularly those in the residential extended care treatment programs, are individuals in the advanced stages of chemical dependency. These individuals are likely to have secondary deterioration conditions in most areas of their lives. Most of the clients have exhausted community hospitals and are also medically indigent.

Mental Health

The Timberland Mental Health Programs include three units designed to provide active psychiatric treatment through a multi-disciplinary team approach. The program's service area for adult patients consists of a 12-county catchment area in north central Minnesota. The adolescent and children's program serves the entire state. The programs have a total of 124 licensed and utilized beds. The occupancy rate averages 96 percent for the adult program.

All new adult patients are initially assigned to a locked admissions unit for a period of observation, assessment, and stabilization. Although some patients may only require a brief stay prior to discharge from the facility, others may be transferred to the Rehabilitation Unit for a longer length of stay. In fiscal 1990, 331 patients were admitted, 210 of these patients were on a 72-hour emergency hold order. Patients with severe and persistent mental illness receive behavioral and vocational treatment. Patients admitted to the Rehabilitation Unit have frequently experienced multiple attempts to live in the community and lack the capacity to function without daily supervision.

The Adolescent And Children's Unit serves children who are 5 to 17 years of age and reside in the state of Minnesota, are emotionally disturbed and in need of inpatient psychiatric treatment. Those admitted to this unit have typically been involved in lengthy mental health treatment prior to admission. The average length of stay is 117 days. The program recently moved to a completely remodeled building on the BRHSC campus. The surroundings are brightly and attractively furnished and conducive to the provision of active psychiatric treatment.

In 1990, the legislature identified the need for a secure unit at the Brainerd Regional Human Services Center through an appropriation of $1,500,000 in the capital budget to renovate building space on the BRHSC campus. The purpose of the proposed unit is to provide active psychiatric treatment for mentally ill patients who are not only severely deficient in self-management and social skills but who must have a secure environment.

Nursing Home

In response to a growing need for services to meet the needs of the rapidly expanding elderly population, a new nursing home program, Woodhaven Senior Community, was opened on the Brainerd Regional Human Services Center campus on August 18, 1989.

The program, which is licensed as a 28-bed nursing home, is anticipating expansion to a total licensed capacity of 133 beds. Legislation enacted during the 1989 legislative session stipulated the establishment of 105 additional nursing home beds at Brainerd and provided funding for remodeling of existing buildings to house the program. Admission Criteria stated in this legislation provides for admission of persons who require treatment for underlying mental illness, persons with severe or challenging behavior problems, or who are medically fragile or clinically challenging. Architectural planning is presently in progress for the remodeling of Building #5 and Building #7 for this purpose.

Woodhaven Senior Community is being developed as a health care resource for elderly persons with disruptive behaviors which, in combination with health care needs, make them undesirable candidates for admission to private nursing homes. The present Woodhaven population consists of 13 females and 15 males. Of this group, ten were transferred from Oak Terrace Nursing Home which is scheduled for closure, six are from Ah-Gwah-Ching Nursing Home, seven from regional treatment center programs for mentally ill, and five are from private nursing homes or health care facilities. Ages range from 62 to 92 with an average age of 75.6 years. The case mix average is 2.6 as compared to 2.32 for private nursing homes statewide, indicating a higher difficulty of care.

BRAINERD REGIONAL HUMAN SERVICES CENTER

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	DD	MI	TACP	CD	CD OUTPT	WSC	TOTAL
1975-76	581	49		36			666
1976-77	562	58		42			662
1977-78	511	67		42			620
1978-79	470	72		38			580
1979-80	440	60		43			543
1980-81	360	65	36	47			508
1981-82	328	74	35	49			486
1982-83	311	78	41	49			479
1983-84	287	65	37	60			449
1984-85	261	57	37	69			424
1985-86	239	64	35	63			401
1986-87	206	69	37	52			364
1987-88	182	72	38	51	6		343
1988-89	170	72	33	43	0		318
1989-90	164	75	21	35	52	19	314

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	TACP	CD	CD OUTPT	WSC	TOTAL
1985-86	45	473	47	762			1327
1986-87	29	515	71	605			1220
1987-88	8	477	95	518	18		1116
1988-89	16	439	92	422	0		969
1989-90	6	330	73	368	42	32	851

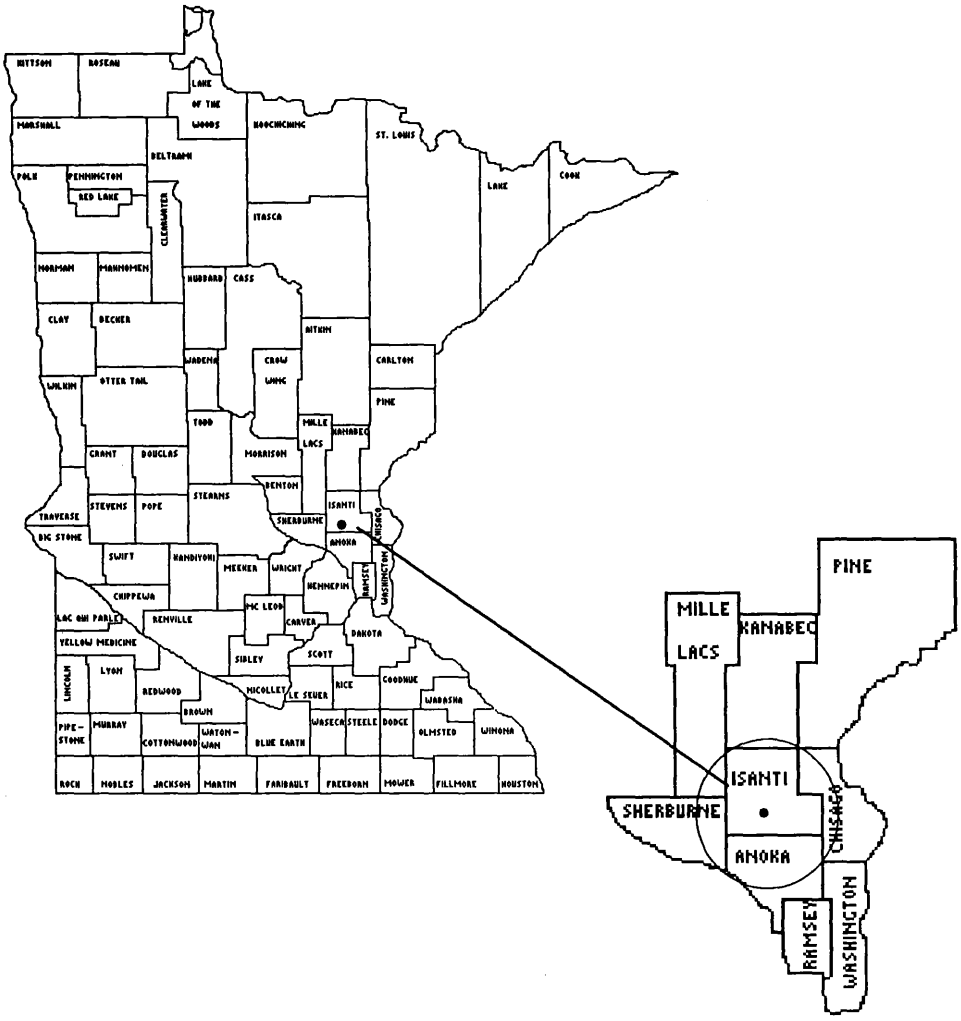
DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	TACP	CD	CD OUTPT	WSC	TOTAL
1985-86	72	450	67	728			1317
1986-87	65	512	69	618			1264
1987-88	29	484	98	538	18		1167
1988-89	20	421	106	424	0		971
1989-90	16	339	64	368	36	4	827

BRAINERD REGIONAL
HUMAN SERVICES CENTER
Operating Expenditures

	FY 1989	FY 1990
MI/DD/NH PROGRAMS		
Salaries	$17,580,742	$20,387,944
Current Expense	$1,426,485	$1,629,172
Repairs & Replacements	$357,001	$225,808
Special Equipment	$88,174	$45,391
Total	$19,452,402	$22,288,315
CD ENTERPRISE		
Salaries	$1,475,360	$1,641,711
Current Expense	$217,507	$164,975
Indirect Costs	$90,798	$75,564
Total	$1,783,665	$1,882,250

Cambridge Regional Human Services Center



Receiving Area for
Developmentally Disabled

CAMBRIDGE REGIONAL HUMAN SERVICES CENTER

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

The function, services offered and population of the Center have changed dramatically since its establishment in 1925, when the initial purpose was to provide services to individuals with epilepsy. The population has steadily declined from its peak of 2,008 in 1961 to an average daily population of 295 in 1990. The population as of December 1, 1990, was 265. This decline in population is attributable to an increasing availability of programs in the community and to a commitment by the Center to promote community integration and maximize each individual's ability to live and work in the least restrictive environment possible.

Community Health Clinic Pilot Project

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

Health Source Community Health Clinic is located in the south wing of Cambridge Regional Center's Infirmary building, and began providing services on November 19, 1990. A Clinic Administrator and Office Manager were temporarily appointed to oversee the establishment and function of this program in its pilot phase. Services immediately available include physician, dental and psychological services, and occupational and physical therapy. Additional specialized services may be available in the future as client needs are identified and resources made available.

The clinic will make it possible to retain and utilize the services of specialized health and rehabilitation professionals in geographic locations where they are in short supply. The clinic will also provide a mechanism through which federal reimbursement can be maximized to partially offset state appropriations.

Nursing Home

The 1989 Legislature approved the Health and Human Services bill which directed the closure of Oak Terrace Nursing Home and the transfer of 70 nursing home beds to Cambridge Regional Center. The Legislature subsequently approved a bonding bill appropriating funds for building renovation to meet nursing facility requirements.

Pre-Admission Evaluation Project

In March 1990, Cambridge Regional Center began the operation of a pilot program called the Pre-Admission Evaluation Project. This pilot program is designed to evaluate persons at risk of admission to an RTC Developmental Disability Program. When possible, the project also provides crisis intervention for clients in order to retain their community placements and avoid admission or return to a Regional Treatment Center. The team is comprised of a licensed psychologist and three behavior analysts. The services consist chiefly of consultation to a client's interdisciplinary team, which includes diagnosis, evaluation, and the development and implementation of individualized program plans.

Since the team began offering this unique service, it has worked with 31 individuals. Of this number, 25 individuals continue to receive active services while the remaining six require only follow-up and maintenance services.

Preliminary evaluations indicate that the team's services have been highly successful in retaining clients in their community settings.

State Operated Community Services (SOCS)

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

The 1989 Legislature authorized Cambridge Regional Center to develop three additional State Operated Community Service (SOCS) homes during fiscal year 1990-91. These homes will be ICF-MR's and will serve six clients each. Staff from the Regional Center have worked closely with various county social services staff in the development of these homes. A SOCS for Pine County will be located in Pine City, Minnesota. Construction is almost complete. Land acquisition is proceeding for SOCS homes in Anoka County and Chisago County.

Day Program Services

The vocationally based day program at Cambridge Regional Center offers evaluation, program development and employment options to clients. The principal goal of the day program is to assist each client to achieve the highest level of personal, economic and social independence possible through quality training and habilitation services.

One component of the Cambridge Regional Center's day program is the Rum River Ornamental Products and Services business, located in the industrial park area in Isanti, Minnesota. This vocational operation provides prime product manufacturing and community supported employment using entrepreneurial, mobile crew and single placement models. Rum River Ornamental Products and Services is licensed to serve 30 clients. Client wages are paid through the sale of products and services. The average biweekly payroll is $1,100.

In June 1989, the Rum River program received a separate license under DHS Rule 38. It has also been incorporated as a non-profit business and is operated by a Board of Directors. Board members consist of professionals and business persons from the surrounding community.

The Four Star Products vocational program was developed at Cambridge Regional Center to employ clients who are physically and developmentally disabled. Approximately 25 clients participate in this program. Some clients require staff assistance to perform tasks, while others are able to perform using special adaptive jigs or other equipment. Clients in this program make hand crafted items, complete packaging projects and perform some office services such as stapling and shredding paper. Funds raised facilitate the purchase of additional program supplies and equipment and expanded employment for the clients.

Day Program Services has finalized its plans to further integrate clients by moving the Four Star Products program into the business community in Cambridge, Minnesota. Effective January 1991, 30 clients will participate in this off-campus program.

CAMBRIDGE REGIONAL
HUMAN SERVICES CENTER

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	DD	LAKE OWASSO	TOTAL
1975-76	628	61	628
1976-77	603		603
1977-78	576		576
1978-79	553		553
1979-80	527		527
1980-81	510		510
1981-82	509		509
1982-83	503		503
1983-84	483		483
1984-85	459		459
1985-86	406		406
1986-87	368		368
1987-88	335		335
1988-89	302		302
1989-90	295		295

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	DD	TOTAL
1985-86	20	20
1986-87	12	12
1987-88	15	15
1988-89	17	17
1989-90	21	21

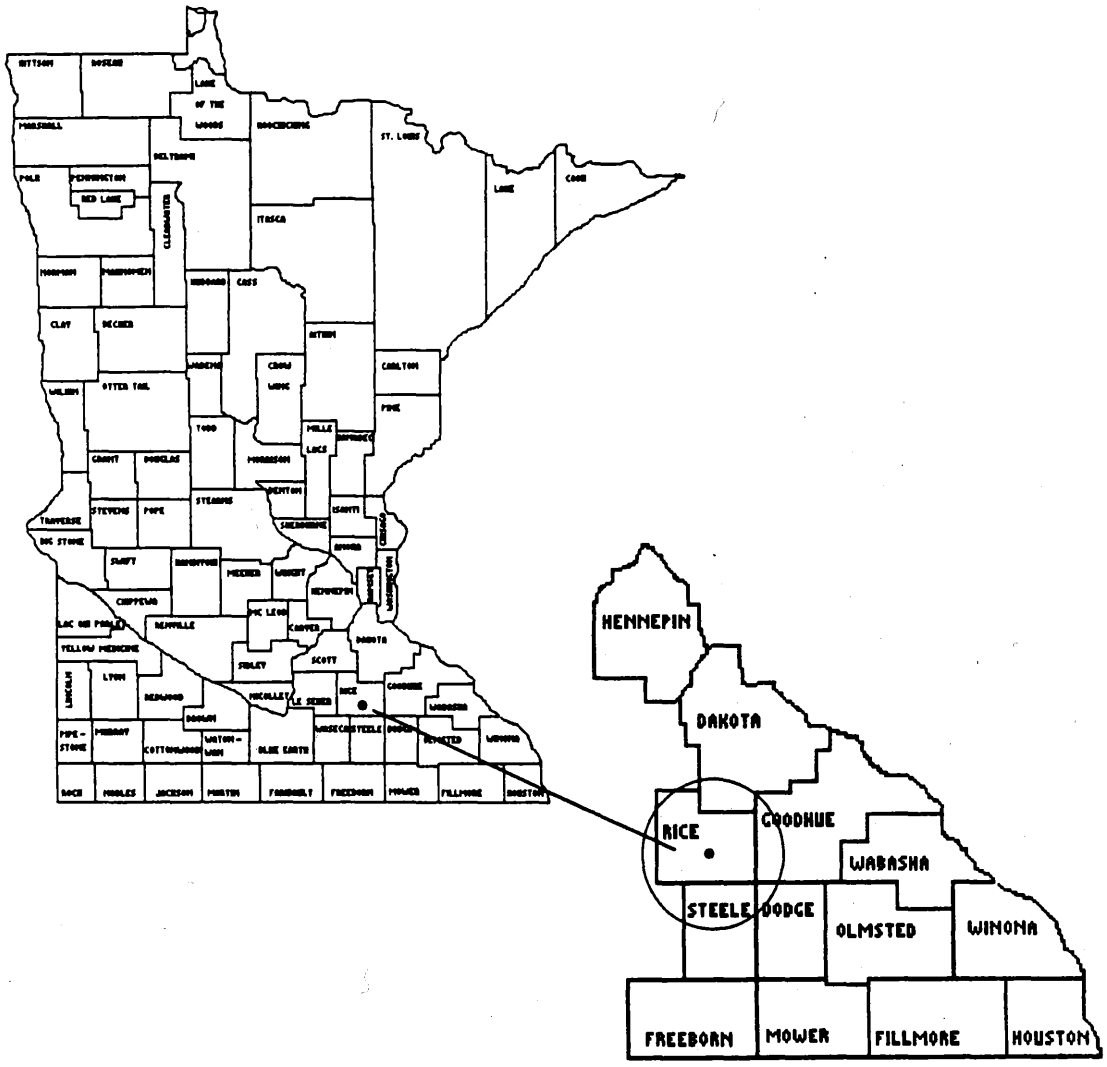
DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	DD	TOTAL
1985-86	72	72
1986-87	43	43
1987-88	49	49
1988-89	23	23
1989-90	24	24

CAMBRIDGE REGIONAL HUMAN SERVICES CENTER
Operating Expenditures

	FY 1989	FY 1990
DD PROGRAM		
Salaries	$20,284,107	$21,375,744
Current Expense	$1,533,714	$1,768,490
Repairs & Replacements	$178,543	$129,959
Special Equipment	$49,120	$36,793
Total	$22,045,484	$23,310,986

Faribault Regional Center



Receiving District for
Developmentally Disabled

FARIBAULT REGIONAL CENTER

Faribault Regional center is a public residential facility serving persons with developmental disabilities. Established in 1881 following a two-year experimental program under the administration of the Minnesota Deaf School, it served the entire state until the mid-1950's with a peak population of 3,355 in 1955. Currently, the average daily population is 486 residents with 61 percent from Hennepin County.

Residential Programs

The Faribault Regional Center provides services designed to meet identified needs of individual clients including behavior management, treatment of physically handicapping conditions, activities of daily independent living, support employment and vocational training, recreation, socialization, communication and health services within a basic framework of community integration and natural environment.

The philosophy of service delivery at Faribault Regional Center is guided by the principles of least restrictive environment and the development of client self-sufficiency skills. Services are delivered in a manner which maximizes individual potential for return to an integrated community setting, reinforces self-sufficiency goals, and minimizes the likelihood of physical harm to self or others.

Fifty-six percent of Faribault residents are profoundly retarded, 31 percent severely retarded; and 13 percent are moderately or mildly retarded. Thirty-five percent of FRC residents are also physically handicapped. The Center is licensed by the Minnesota Department of Health and Human Services for 598 beds -- 528 as an Intermediate Care Facility for the Mentally Retarded (ICF/MR), 35 beds as a skilled nursing facility and 35 beds as a medical hospital. FRC is also certified by the U.S. Department of Health and Human Services.

Day Programs

In the Day Habilitation Program, clients are assisted in developing skills associated with self-care, domestic living, social interaction, vocational skills, and other skills necessary for community integrated living. The Day Program has a strong vocational training emphasis and currently provides work opportunities for clients, regardless of functional level and/or degree of handicapping condition. Those services include work activity on campus and supported work in the community. Clients participate in the day programs each weekday.

Special programs and services for persons with hearing or visual impairments is provided through a cooperative effort with the state Academies for the Deaf and Blind which are also located in Faribault. Eight Center residents participate in the Faribault School District's Trainable Mentally Handicapped (TMH) program.

Community Based Programs

The Faribault Regional Center is significantly enhancing its regional service component to assist clients living in natural homes and a variety of community provider facilities. The development of these community based, training and habilitation services has become increasingly important as the Department makes available additional space to the Department of Corrections for the Faribault Correctional Facility.

The Faribault Regional Center has established three licensed off-campus day program sites in the City of Faribault which serve 80 clients. Currently, clients are involved in light manufacturing, hog farming, motel cleaning, automated car washing, city park maintenance, auto repair and various services involving local businesses and individuals.

FRC is currently participating in the development of four ICF/MR, 6-bed homes in the cities of Lakeville, Rochester, and Austin with additional homes planned. These homes will be in addition to the four waivered services group homes FRC currently operates in Byron, Dodge Center, Farmington, and Faribault.

Faribault is currently the site of a pilot project for development of state operated Community Health Clinics. The Clinic provides specialized professional services to community consumers with an emphasis on serving developmentally delayed persons.

FARIBAULT REGIONAL CENTER

AVERAGE POPULATION - 15 YEAR PERIOD	
FISCAL YEAR	**DD**
1975-76	1021
1976-77	911
1977-78	856
1978-79	833
1979-80	807
1980-81	774
1981-82	772
1982-83	747
1983-84	709
1984-85	668
1985-86	627
1986-87	592
1987-88	547
1988-89	515
1989-90	503

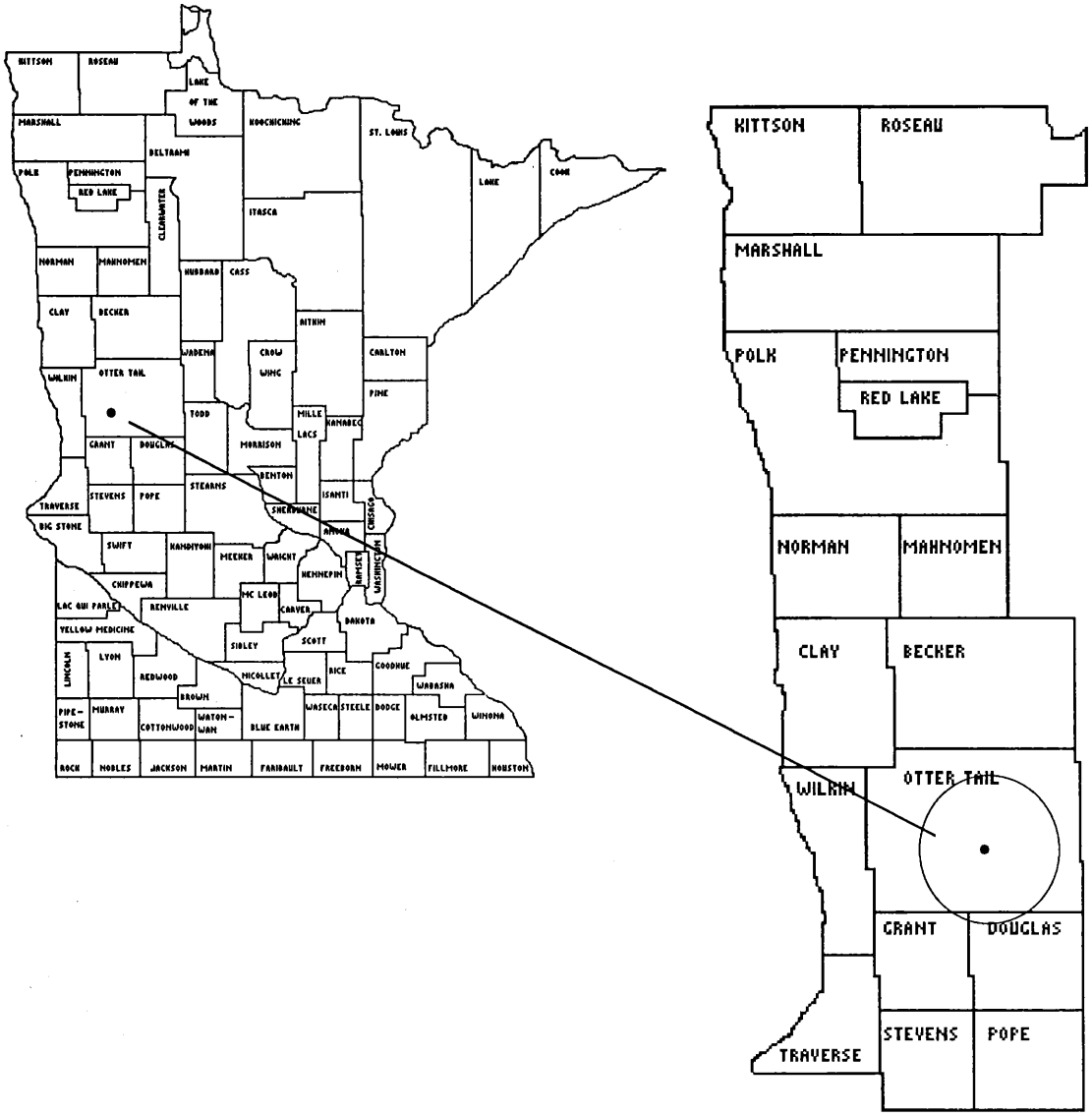
ADMISSIONS - 5 YEAR PERIOD	
FISCAL YEAR	**DD**
1985-86	14
1986-87	15
1987-88	20
1988-89	41
1989-90	11

DISCHARGES - 5 YEAR PERIOD	
FISCAL YEAR	**DD**
1985-86	44
1986-87	61
1987-88	57
1988-89	48
1989-90	19

FARIBAULT REGIONAL CENTER
Operating Expenditures

	FY 1989	FY 1990
DD PROGRAM		
Salaries	$29,757,593	$32,662,278
Current Expense	$2,147,585	$2,565,696
Repairs & Replacements	$284,442	$223,995
Special Equipment	$18,507	$112,777
Total	$32,208,127	$35,564,746

Fergus Falls Regional Treatment Center



Receiving District for
Mentally Ill, Developmentally Disabled and
Chemically Dependent

FERGUS FALLS REGIONAL TREATMENT CENTER

In July of 1990 the Fergus Falls Regional Treatment Center (FFRTC) completed a century of service to the people of Minnesota. Former clients, staff, community citizens, agencies, Department of Human Services staff and elected officials celebrated with the FFRTC in centennial festivities, sharing memories, games, good food, and the initiation of a second century of caring services to the citizens of Minnesota.

The treatment services provided by FFRTC are licensed by the State of Minnesota and accredited by the Joint Commission on Accreditation of Healthcare Organizations. In 1969, FFRTC became a multi-disciplinary treatment campus when treatment programs were opened to treat persons with chemical dependency problems or with developmental disabilities, in addition to the existing psychiatric services. The facility is licensed for a total of 517 beds. Current average daily census is approximately 261.

In 1990, the Legislature authorized the development of nursing faclitity services at FFRTC. An existing structure will be remodeled to provide 85 licensed, nursing home beds. In addition, the legislature provided funds to develop architectural plans for a new 100 bed psychiatric facility.

Mental Health

The Mental Health Division (MHD) of the FFRTC assists people to cope with stress in their lives and to find mental health through a program of individualized professional psychiatric treatment services. MHD serves clients who are 18 years of age or older and operates five treatment programs designed to meet the needs of a diverse clientele.

The Admission and Crisis Center serves as the admissions unit for the Division and also provides crisis intervention treatment services for clients experiencing an acute psychiatric distress. The FACT Unit and the Hursh Unit serve clients whose mental illness is serious and persistent. Often treatment of these clients is complicated by a dual diagnosis of chemical dependency. Many of these clients are unable to cope with severe stress and they often exhibit significant behavioral management problems. The Sporre Unit and the Youngdahl Unit provide active psychiatric treatment services to a psychogeriatric population. These services are designed to meet the treatment needs of ambulatory and nonambulatory clients whose persistent mental illness has caused significant cognitive impairment. These clients also have behavior problems which are complicated by medical problems and physical disabilities associated with the aging process.

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

Chemical Dependency

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

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

The DDRC is also involved in a cooperative arrangement with Clay County Social Services in the joint operation of a outpatient chemical dependency treatment program at Moorhead, Minnesota. The DDRC provides counselling programs to area schools in Pelican Rapids and Barnesville, Minnesota.

Developmental Disabilities

The State Regional Residential Center (SRRC) assists developmentally disabled persons to develop to the maximum of their ability through a program of individualized professional residential care, treatment services and opportunities for learning. Through its Achievement Center for the Multiply Handicapped (ACMH) and Community Training Achievement Center (CTAC). SRRC operates small homelike residential units.

The services and programs provided by SRRC are developed by an interdisciplinary team and coordinated by a Qualified Mental Retardation Professional. SRRC provides for its clients a comprehensive program of

services based on the normal rhythm of day. Residential services include training in self-help skills, socialization and leisure recreation. Day program services include classroom, on and off campus, vocational education, community orientation and resident pay opportunities for learning.

Accredited Academic Programs Offered By FFRTC

The FFRTC Drug Dependency Rehabilitation Center offers a one-year chemical dependency counselor training program for academic credit in cooperation with the Fergus Falls Community College or Moorhead State University. The FFRTC Chaplaincy Department offers a Clinical Pastoral Education Program (CPE) in conjunction with the Association for Clinical Pastoral Education. A Human Services Technician Training program is offered for academic credit by the FFRTC Staff Development Department in cooperation with the Fergus Falls Community College. The Student Live-In Program, managed by the FFRTC Volunteer Services Program in conjunction with the Fergus Falls Community College, provide dormitory space for college students. In return, the students spend 20 hours per week helping on the treatment units and earn college credits in sociology as well. FFRTC also offers various professional student internships in conjunction with area colleges and universities.

FERGUS FALLS
REGIONAL TREATMENT CENTER

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	CD OUTPT	DETOX	TOTAL
1975-76	294	133	89			516
1976-77	289	132	105			526
1977-78	288	131	128			547
1978-79	282	142	155			579
1979-80	278	129	143			550
1980-81	268	125	157			550
1981-82	268	113	166			547
1982-83	245	108	169			522
1983-84	231	98	140			469
1984-85	222	104	144			470
1985-86	200	99	136		3	435
1986-87	179	99	122	8	3	400
1987-88	165	100	82	7	3	347
1988-89	148	102	49	6	2	299
1989-90	133	101	39	7	2	273

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	CD OUTPT	DETOX	TOTAL
1985-86	9	369	1393			1771
1986-87	4	424	1020	37	493	1448
1987-88	5	393	640	101	410	1038
1988-89	6	333	457	64	393	796
1989-90	6	330	376	61	368	712

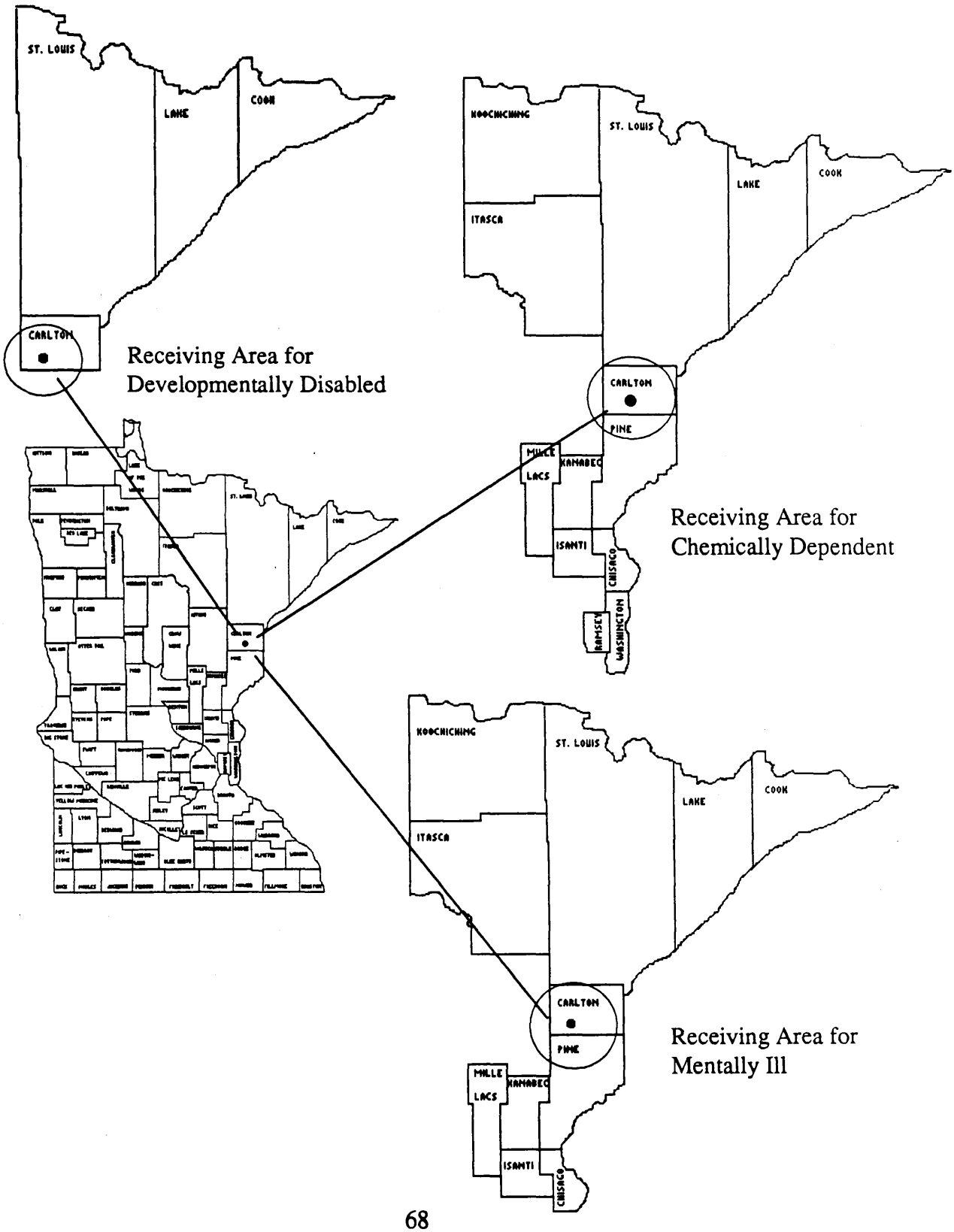
DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	CD OUTPT	DETOX	TOTAL
1985-86	37	380	1408			1825
1986-87	15	417	1207	29	338	1639
1987-88	25	378	771	94	319	1174
1988-89	23	331	537	66	316	891
1989-90	21	314	464	66	294	799

FERGUS FALLS
REGIONAL TREATMENT CENTER
Operating Expenditures

	FY 1989	FY 1990
MI/DD PROGRAMS		
Salaries	$16,386,712	$18,230,369
Current Expense	$1,158,201	$1,324,513
Repairs & Replacements	$236,447	$217,317
Special Equipment	$36,720	$45,006
Total	$17,818,080	$19,817,205
CD ENTERPRISE		
Salaries	$2,424,273	$2,435,511
Current Expense	$262,002	$231,127
Indirect Costs	$159,407	$135,627
Total	$2,845,682	$2,802,265

Moose Lake
Regional Treatment Center



MOOSE LAKE REGIONAL TREATMENT CENTER

Established by an act of the Legislature in 1935, the Moose Lake Regional Treatment Center (MLRTC) opened in May of 1938, with its first patients being transferred from other state facilities. In August, the first patients were directly admitted from the Probate Courts. In the 1950's, the departments of psychology, social service, rehabilitation, and chaplaincy became an integral part of the organization.

The introduction of chemotherapy in the late 1950's made a more open facility a reality and minimized the need for restrictive measures. More recently, the thrust has been to develop programs and services designed to meet individual client needs while achieving and maintaining compliance with appropriate state and national programmatic standards.

The Moose Lake Regional Treatment Center programs are fully accredited by the Joint Commission on Healthcare Organizations (JCAHO) and licensed by the State of Minnesota Departments of Health and Human Services. Specialized mental health, developmental disability and chemical dependency programs are provided to residents of counties in the northeast region of the state. Moose Lakes's role as a regional treatment center is to serve clients who require treatment in a structured, intensive setting, restore them to the optimal level of functioning, and return them to society where they can become active members of their local community.

Day Programs

The "Works" Activity Center/Supported Employment program has grown from eight clients in 1987 to a current size of ninety-three. This component of day services provides vocational opportunities with remunerative on-the-job skills training for residents with developmental disabilities, as well as for some clients from geriatric and mental health units. The on-campus sheltered workshop also provides a setting for functional and age-appropriate associated skill training, such as socialization, communication, and mobility in natural environments.

Work projects are contracted through community businesses. Jobs include packaging, assembly, painting, and clerical. As a part of the RTC's recycling efforts, the workshop collects and crushes aluminum cans, and has developed a market for shredded paper. The program has contracts with seven businesses in Moose Lake and the surrounding area for custodial, grounds-maintenance, and clerical work. Currently, eight individuals have been successfully placed at community-based sites.

Chemical Dependency

The Chemical Dependency Program is designed to serve specialized clients not readily served in the private sector. The Chemical Dependency Program offers two types of extended care programs for men: 1) the Stabilization Model designed for the "fragile" chemically dependent clients who have long term withdrawal issues, cognitive deficits, or need monitoring/evaluation to stabilize appropriate medication for mental disorders; and 2) the Relapse Model designed to help the male client who has not maintained sobriety after primary treatment. A day outpatient program is available for clients who live in the vicinity of the RTC.

The Specialized Hearing Impaired Program (SHIP) is a unique program specifically designed to provide primary and extended care services to hearing impaired persons. A wide range of communication methods are used including speech/speech reading, amplification, sign language and total communication. SHIP is available to men and women, 18 years of age and over. Since opening in the fall of 1987, SHIP has had an average of 36 admissions annually. The latest progress report noted some significant positive results: 1) Ninety-five percent of clients completed the program with an approved aftercare plan; (2) Six months after discharge, 65 percent of the clients contacted were enjoying successful recovery; (3) clients have been admitted to SHIP from nineteen states in the past three years.

The Liberalis Program is designed for chemically dependent women who are vulnerable due to gender specific issues. All professional and direct care staff are women which is an important factor in creating a safer, more trusting treatment climate. The programming focuses on recovery needs, self-learning behavioral changes with emphasis on self strengths and independence. The educational component gives information on a variety of concerns a woman may encounter within her recovery including the development of healthy relationships, setting boundaries, assertiveness skills, eating disorders, grief and sexuality issues. An aftercare component helps clients increase independence by learning how to mobilize personal and community resources.

Liberalis offers both primary and extended care programming with varying lengths of stay. Since it began in 1987, Liberalis has averaged 178 admissions per year, with the number of admissions increasing 10% each year. This is highly significant in light of the steady decrease in the utilization of inpatient chemical dependency programs throughout the state.

Developmental Disability

The Developmental Disabilities Program utilizes a wide array of program techniques directed toward carrying out an individualized program plan that has been developed for each adult resident. One of the primary objectives is to provide the most normalized environment possible with an emphasis on a broad range of learning experiences. Living units are organized into apartments. Residents living in each apartment are functionally integrated into daily

living situations aimed at enhancing their independence. This program helps each person to reach an optimal level of functioning and be able to progress to the least structured environment possible.

MLRTC's Developmental Disabilities Program, along with the Department of Human Services, has moved into the final phase of development of a 6-bed, ICF-MR group home. In recognizing the need for continued movement of persons with developmental disabilities into community-based living arrangements, three State Operated Community Services (SOCS) group homes, along with two SOCS Day Programs were approved for development in Carlton and St. Louis counties.

Mental Health

MLRTC's Adult Psychiatric Services Program provides acute as well as extended treatment for patients with emotional disorders. The Admissions Unit serves clients from northeastern Minnesota counties who are in need of care and treatment for psychiatric dysfunctions. This 30-bed unit focuses on intensive, short-term treatment for acute mental illness. Treatment modalities provide a medical orientation applying the most current accepted practices and interventions in treating mental illness and include recreation, vocational, and occupational therapies in addition to psychotherapy and self-management techniques. The treatment approach is active and patient-centered.

Care and treatment for patients with serious and persistent mental illness is provided in the Life Adjustment Center (LAC). The LAC is comprised of two distinct units. A 30-bed unit, provides treatment to persons in need of long term care. A 20-bed unit specializes in psychiatric disorders that require a high frequency of staff to patient contact. LAC patients exhibit deficits that range from organic to behavioral. Both units rely on multi-disciplinary teams to develop highly individualized treatment plans that frequently emphasize skill building in conjunction with symptomatic remission and foster successful re-entry to the community.

A Psychogeriatric Program also provides services to two groups representing different treatment needs. An admission unit specializes in the diagnosis and treatment of psychiatric disorders of the older adult and provides behavioral intervention programming for those persons with special behavior problems. Emphasis is on early return to community living when behavior problems are under control or placement in an appropriate long term care program.

A skilled nursing unit focuses on psychiatric behavior problems for adults that need nursing home placement. This unit also handles patients with psychiatric problems who are mobile but with physical disabilities. Clients, whose symptoms are brought under control, are generally discharged to nursing homes.

In all programs, family, case managers and community members play an integral role in in-hospital and preparations for post-hospital care. The overall goal is to help the patient achieve maximum potential and return home or to another appropriate living arrangement as quickly as possible.

MOOSE LAKE
REGIONAL TREATMENT CENTER

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	CD OUTPT	TOTAL
1975-76	146	184	127		457
1976-77	148	179	138		465
1977-78	143	155	158		456
1978-79	141	155	163		459
1979-80	133	150	174		457
1980-81	129	145	197		471
1981-82	122	163	185		470
1982-83	112	193	185		490
1983-84	107	169	159		435
1984-85	103	171	161		435
1985-86	96	164	157		417
1986-87	94	179	117		390
1987-88	83	196	74		353
1988-89	73	205	52		330
1989-90	69	196	46	12	323

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	CD OUTPT	TOTAL
1985-86	3	328	1318		1649
1986-87	5	399	1149		1553
1987-88	1	403	784		1188
1988-89	1	343	473		817
1989-90	8	353	449	12	822

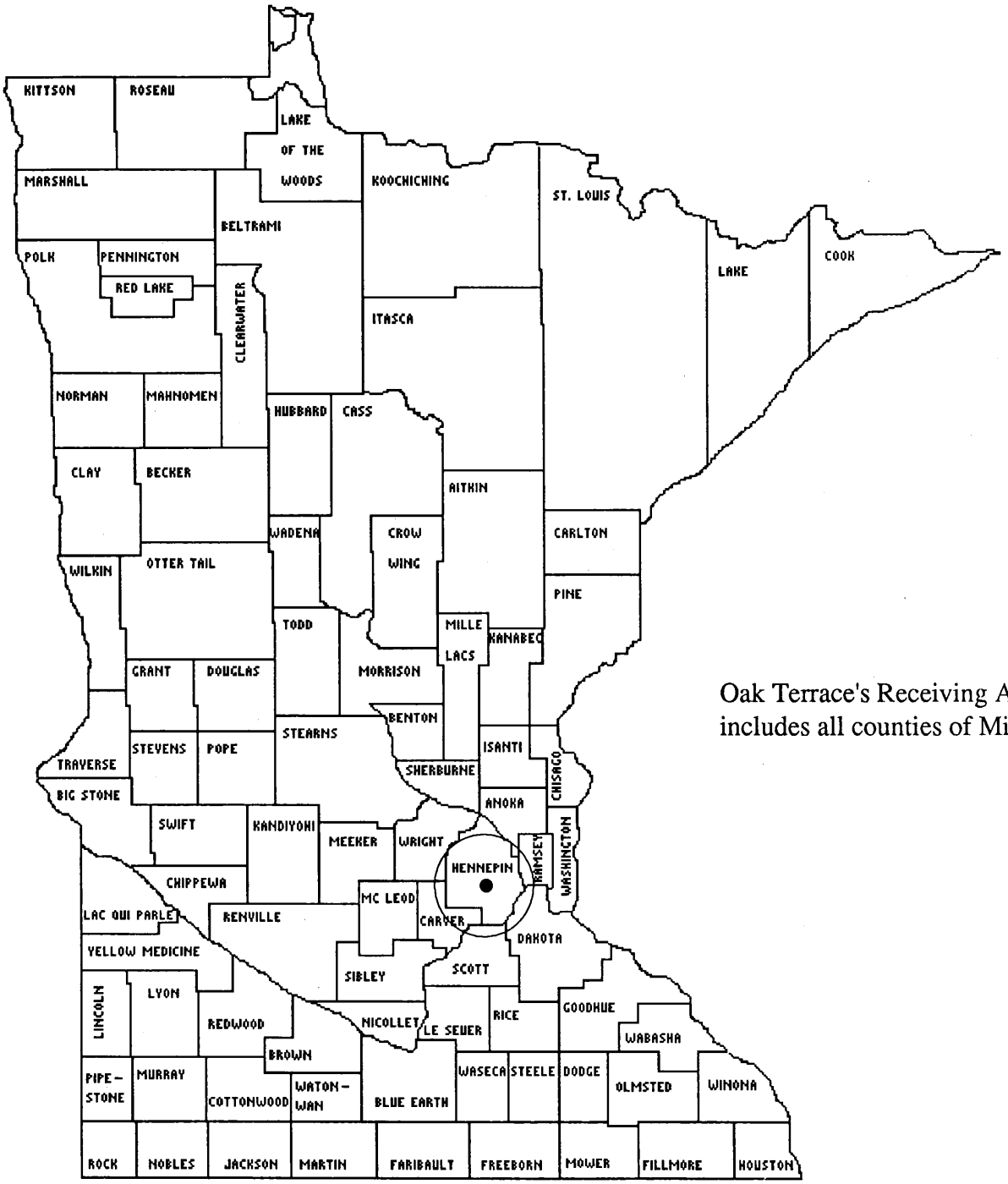
DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	CD OUTPT	TOTAL
1985-86	10	342	1322		1674
1986-87	6	399	1196		1601
1987-88	15	358	834		1207
1988-89	12	325	468		805
1989-90	12	359	464	12	847

MOOSE LAKE REGIONAL TREATMENT CENTER
Operating Expenditures

	FY 1989	FY 1990
MI/DD PROGRAMS		
Salaries	$13,739,800	$15,506,573
Current Expense	$1,178,549	$1,318,826
Repairs & Replacements	$394,147	$171,405
Special Equipment	$38,726	$72,905
Total	$15,351,222	$17,069,709
CD ENTERPRISE		
Salaries	$2,612,639	$2,517,446
Current Expense	$257,062	$242,005
Indirect Costs	$148,605	$141,569
Total	$3,018,306	$2,901,020

Oak Terrace Nursing Home



Oak Terrace's Receiving Area includes all counties of Minnesota

OAK TERRACE NURSING HOME

The Oak Terrace Nursing Home in Minnetonka began operation in 1962 following legislative authorization to lease facilities at the Glen Lake Sanatorium from Hennepin County for thirty-five years. The Oak Terrace Nursing Home was opened on the sanatorium campus and the state operated both programs until 1976 when the sanatorium closed.

Today, the Oak Terrace Nursing Home provides skilled nursing care to geriatric patients with special needs such as severe behavioral problems which may have accompanying complex nursing care needs.

Oak Terrace is currently licensed by the Department of Health to serve 322 geriatric patients. The Minnesota Legislature, in 1989, authorized closure of Oak Terrace because of the poor condition of the physical plant which is not owned by the state, Since that time, relocation of residents has been carefully planned taking into account ties to family or community, available capacity in private and state-operated nursing homes and personal choices and needs of the resident. As of January 1991, alternative placements have been found for all but 67 patients. The facility is scheduled to close in June, 1991.

OAK TERRACE NURSING HOME

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	SANITORIUM	NURSING HOME	TOTAL
1975-76	2	331	333
1976-77		339	339
1977-78		336	336
1978-79		336	336
1979-80		331	331
1980-81		333	333
1981-82		334	334
1982-83		331	331
1983-84		333	333
1984-85		329	329
1985-86		323	323
1986-87		299	299
1987-88		265	265
1988-89		242	242
1989-90		182	182

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	NURSING HOME	TOTAL
1985-86	36	36
1986-87	28	28
1987-88	16	16
1988-89	8	
1989-90	2	3

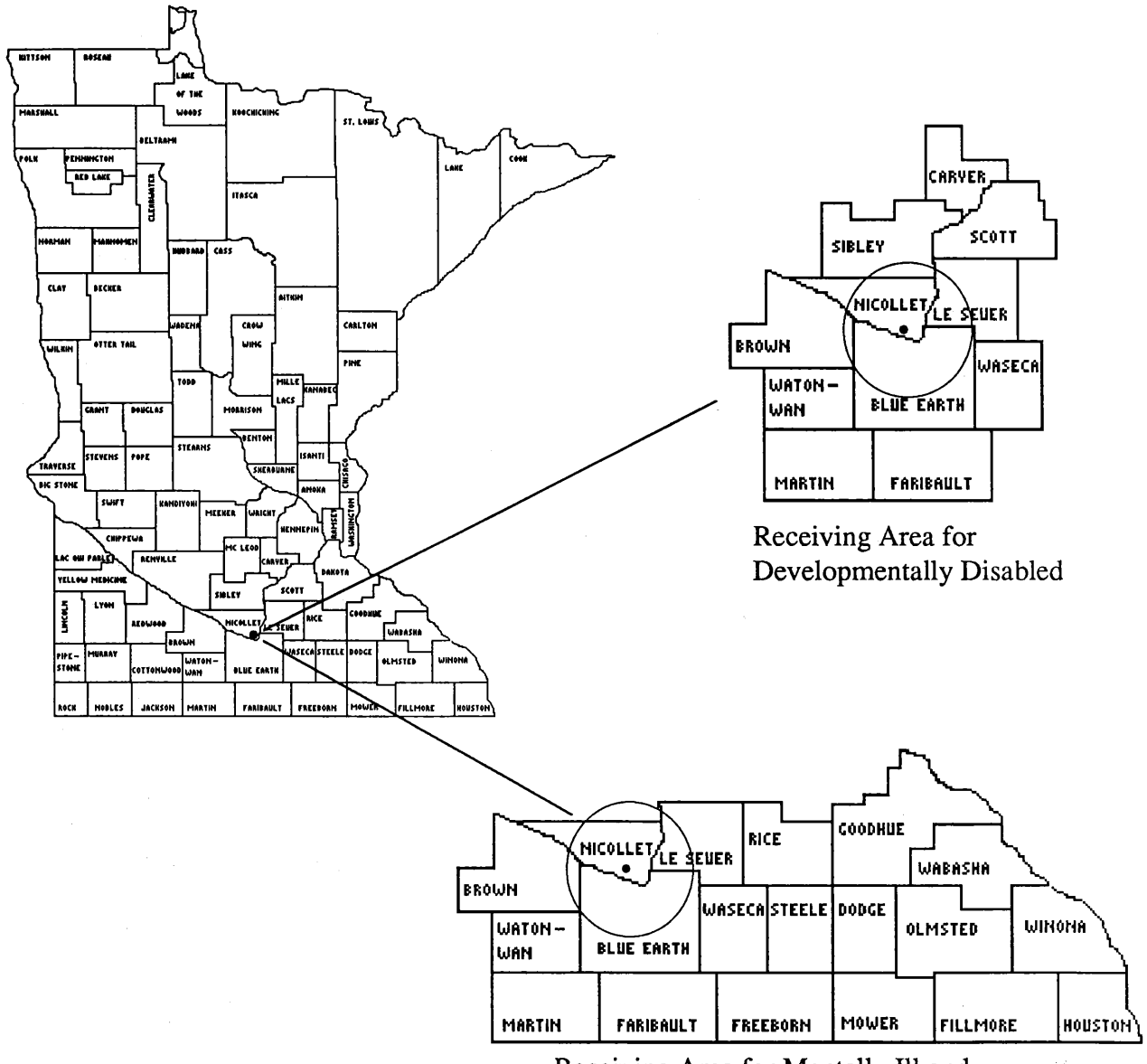
DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	NURSING HOME	TOTAL
1985-86	41	41
1986-87	60	60
1987-88	42	42
1988-89	44	
1989-90	115	106

OAK TERRACE NURSING HOME
Operating Expenditures

	FY 1989	FY 1990
NURSING HOME		
Salaries	$9,012,833	$8,484,227
Current Expense	$1,017,314	$841,434
Repairs & Replacements	$192,087	$111,282
Special Equipment	$27,500	$17,259
Total	$10,249,734	$9,454,202

St. Peter Regional Treatment Center
and
Minnesota Security Hospital



Receiving Area for
Developmentally Disabled

Receiving Area for Mentally Ill and
Chemically Dependent

The Minnesota Security Hospital receives patients from the entire state

ST. PETER REGIONAL TREATMENT CENTER

St. Peter Regional Treatment Center (SPRTC), formerly St.Peter State Hospital, opened in 1866 as Minnesota's first state hospital for the care and treatment of persons with mentall illness. It was created to offer protection and psychiatric services to those with special needs. In 1911, the Minnesota Security Hospital was located on the St. Peter campus to house and treat mentally ill and dangerous men from the entire state. In 1967, the Legislature directed that a unit for persons with developmental disabilities be established at St. Peter. This unit became known as Minnesota Valley Social Adaptation Center and opened in August of 1968. In 1970, a separate unit for persons with chemical dependency was established in St. Peter. A statewide unit for persons with mental illness who also have impaired hearing was opened in the fall of 1985. SPRTC is the largest regional treatment center in Minnesota, and has a licensed bed capacity of 640. In 1991, it will celebrate 125 years of continuous service to Minnesota.

SPRTC is a regional resource for people with severe degrees of mental illness or disability which cannot be effectively treated by existing community resources. It presently serves persons with developmental disabilities from Region IX plus Scott and Carver counties (11 counties), patients who are mentally ill and/or chemically dependent from Regions IX and X (19 counties), and mentally ill and dangerous men and women from the entire state.

Mental Health

The Mental Health Division has a licensed capacity of 176 beds. It provides high quality, comprehensive psychiatric services to mentally ill adults in south central and southeastern Minnesota. There are several processes through which individuals are admitted to this division. They may be legally committed by a county court; they may voluntarily seek treatment by requesting admission; or they may be transferred from other facilities throughout the state. The Mental Health Division has five separate units. Shantz Hall 1 East, Shantz Hall 1 West, Pexton 1 North, and Pexton 2 North specialize in treating individuals with severe and/or persistent mental illness. These units provide a continuum of psychiatric care with varying degrees of structure. Clients are assigned to these units based on their assessed need for structured care and treatment. Pexton Extended Care Unit (PECU) provides treatment primarily to psychogeriatric clients with mental and physical problems and minimal self-care abilities. The program includes a comprehensive patient assessment, resulting in a carefully tailored biopsychosocial rehabilitation plan. Treatment modalities utilized include chemotherapy, individual and group therapy, social skills training, activity programming, and family counseling.

The Mental Health Division is also a pioneer in the Midwest in offering comprehensive inpatient psychiatric and psychological services to clients who are mentally ill and hearing impaired. A large number of SPRTC direct care staff have been trained in sign language, allowing clients who are mentally ill and hearing impaired to be placed on most units of the Mental Health Division, as the need arises. The Mental Health Division is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), licensed under DHS Rule 36, and certified by the Department of Health and Human Services for Title XVIII and XIX.

Chemical Dependency

Johnson Chemical Dependency Center (JCDC), licensed for 58 beds, provides chemical dependency treatment to men and women 18 and older. It offers several treatment options for chemically dependent clients. The 28-day primary program is a flexible program that offers three phases of treatment: acceptance, family and re-entry. A client may enter or exit at the beginning or end of any phase depending upon the client's needs. The program also offers a 2 x 4 program component with a combination of inpatient and outpatient treatment. Johnson Center utilizes a multi-disciplinary treatment team to assist the person in identifying, recognizing and accepting his or her problem. Although the inpatient program specializes in treatment of persons with behavior problems and with the multi-diagnosed individual, it is open to all who desire sobriety and health.

Specialized program components at JCDC include an Outpatient Program which provides individualized treatment services for those who are in need of intensive chemical dependency treatment, but who are able to continue living in the community; a Women's Program which includes inpatient, outpatient or extended care options; a Dual Diagnosis Program for clients who have psychiatric and chemical dependency problems; an Extended Care Relapse Prevention Program which is available for individuals who have been unable to maintain lasting sobriety; a Family Program which provides education and support to a client's family members and significant others; and Aftercare Services to all who have completed treatment at Johnson Center.

The primary objective of JCDC is to help the chemically dependent person discover inner resources for a sober life. The Center has been offering chemical dependency treatment to Minnesotan's for over two decades. JCDC is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and licensed under DHS Rules 35 and 43.

Developmental Disabilities

Minnesota Valley Social Adaptation Center (MVSAC) is a treatment facility, licensed for 170 beds, serving people with a primary diagnosis of mental retardation and whose service needs are complicated by additional physical

and/or mental disabilities. The type of client served by this facility is characterized by multiple and/or severe impairments which require a full range of on-site professionally directed intense treatment efforts. This facility strives to provide not only high quality mental retardation programs, but to integrate the usual adaptive and behavioral efforts into a comprehensive treatment strategy which may include the treatment of mental illness, hearing and other sensory impairments, psychosexual disorders, physical disabilities and/or severe behavioral disorders. MVSAC operates this multiple diagnosis program in response to the type of client being committed to MVSAC and the anticipated need for such programs within the total service delivery system.

The individual served by this facility is one who may present severe aggression toward others or self, or one whose noncompliance with societal expectations is active and pervasive. A significant number of clients also have moderate to severe psychiatric problems requiring close psychiatric supervision and frequent medication adjustment. Such individuals are not well served nor long tolerated in the community service delivery system. The facility is an integral part of Minnesota's developmental disabilities service delivery system, and works with other human services agencies and vendors to provide expertise and assistance in treating developmentally disabled clients. As such, MVSAC is continually in the process of developing new programs to better meet the needs of the clients it serves.

MVSAC is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), certified by the Health Care Financing Agency, and licensed by the Minnesota Departments of Health and Human Services.

Forensics

Minnesota Security Hospital (MSH) was established by the Minnesota Legislature in 1907 for the custody and care of the criminally insane. In 1911, the first free-standing Minnesota Security Hospital was erected; it was occupied until June of 1982 at which time a modern, new facility with a capacity of 164 beds was opened. An additional 72 secure beds in another section of the facility are also part of the Minnesota Security Hospital. During a recent JCAHO review, Minnesota Security Hospital was described as one of the finest forensic hospitals in the U.S. in terms of its physical plant and was praised for its excellence of treatment.

The Security Hospital serves all 87 counties of Minnesota, and provides court-ordered evaluations for competency to stand trial, the insanity defense, pre-sentence evaluations, and evaluations of sex offenders. MSH provides services to clients in the following legal categories: court ordered evaluations and hold orders, mentally ill and dangerous, mentally ill, informal condition of probation (sex offenders), psychopathic personality, and mentally ill and mentally retarded. The Minnesota Security Hospital can house up to 18 female patients, where evaluation, treatment, and discharge services are provided.

In addition to evaluation services, MSH has intensive treatment programs for aggressive clients and will accept transfers within the Department of Human Services from other regional treatment centers for evaluation and treatment. Additionally, clients from the Department of Corrections may be accepted by transfer or on parole status. MSH admits approximately 235 persons per year and maintains an average daily population of 230 clients. It provides a full range of psychiatric, psychological, nursing, and social work services.

The Intensive Treatment Program for Sexually Aggressives was one of the first programs in the Midwest to treat sex offenders. This program has been recognized by the American Psychiatric Association for its innovative treatment and overall excellence.

Minnesota Security Hospital is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations and meets Rule 36 licensure requirements.

ST. PETER
REGIONAL TREATMENT CENTER

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	MSH	CD OUTPT	TOTAL
1975-76	278	158	31	108		575
1976-77	237	157	40	139		573
1977-78	208	150	42	167		567
1978-79	191	137	44	198		570
1979-80	192	136	40	203		571
1980-81	180	144	45	193		562
1981-82	183	159	45	189		576
1982-83	179	165	54	212		610
1983-84	170	156	54	210		590
1984-85	164	160	54	219		597
1985-86	161	153	53	222		589
1986-87	155	157	50	222		584
1987-88	157	161	36	223	2	577
1988-89	156	170	31	229	5	586
1989-90	140	165	22	229	2	556

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	MSH	CD OUTPT	TOTAL
1985-86	39	301	513	292		1145
1986-87	61	350	517	254		1182
1987-88	43	326	401	260	19	1030
1988-89	30	339	294	246	18	909
1989-90	11	356	230	227	9	824

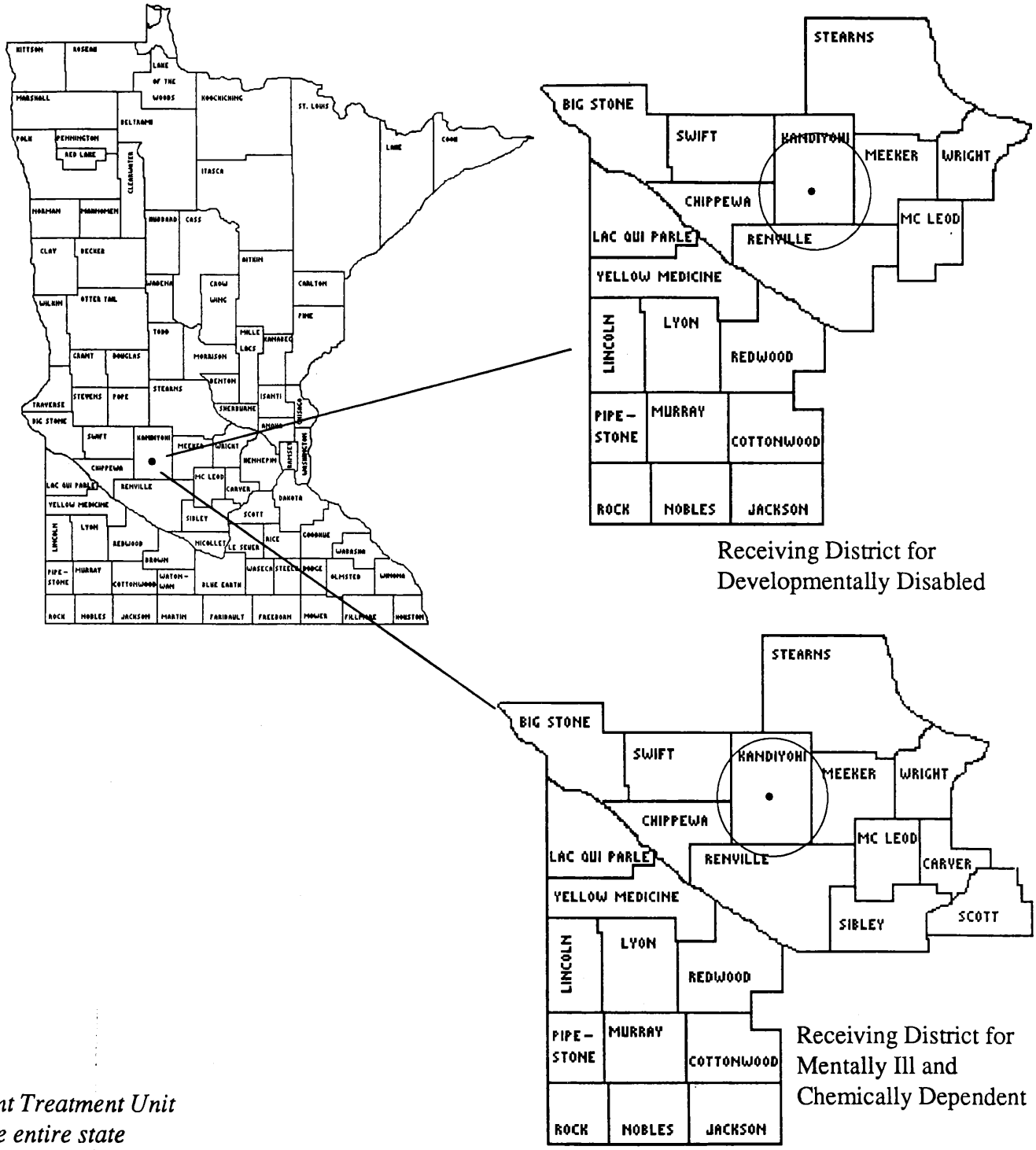
DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	CD	MSH	CD OUTPT	TOTAL
1985-86	44	311	516	280		1151
1986-87	68	336	524	249		1177
1987-88	41	266	412	255	19	974
1988-89	28	332	288	246	17	894
1989-90	25	354	252	229	9	860

ST. PETER REGIONAL TREATMENT CENTER
Operating Expenditures

	FY 1989	FY 1990
MI/DD PROGRAMS		
Salaries	$18,249,053	$21,097,180
Current Expense	$2,291,870	$2,679,633
Repairs & Replacements	$289,693	$269,631
Special Equipment	$58,376	$89,314
Total	$20,888,992	$24,135,758
CD ENTERPRISE		
Salaries	$1,081,405	$1,010,293
Current Expense	$165,584	$157,274
Indirect Costs	$73,255	$72,727
Total	$1,320,244	$1,240,294

Willmar Regional Treatment Center



Receiving District for Developmentally Disabled

Receiving District for Mentally Ill and Chemically Dependent

Adolescent Treatment Unit
Serves the entire state

WILLMAR REGIONAL TREATMENT CENTER

In 1912, the Willmar State Asylum opened for the treatment of inebriates and drug addicts. Enabling legislation was passed in 1907 to impose a two percent tax on liquor licenses to build the facility and support operating costs. By 1917, an increase in the number of "dry" counties drastically reduced the number of inebriate patients. To meet the increasing need for custodial care of the insane, Willmar began accepting the overflow of mentally ill patients from Minnesota's other state asylums.

By the mid-1950's, major developments in medication led to dramatic improvement in the treatment of the mentally ill and Willmar State Hospital was being nationally recognized for a new method of treating the chemically dependent, known internationally as the "Minnesota Model." This therapeutic approach remains the basis for modern chemical dependency treatment. In 1959, Willmar became the first of Minnesota's state hospitals, and the fifth psychiatric hospital in the nation, to unlock its doors and become a completely "open" hospital.

Willmar was the first Minnesota State Hospital to be accredited by the Joint Commission on the Accreditation of Hospitals and all WRTC programs have been continuously accredited since. In 1986, the Willmar State Hospital was renamed the Willmar Regional Treatment Center to more accurately reflect its mission as a regional resource and multi-disciplinary campus.

Willmar Regional Treatment Center provides services to persons with developmental disabilities, chemical dependency and mental illness who reside in a 23 county area of southwestern Minnesota. The counties are each represented by a commissioner and social service director on the WRTC Regional Planning and Advisory Board which plays a major role in planning and implementing programs.

Mental Health

Adult psychiatric programs at WRTC use a "track" system to quickly assign new admissions to therapy groups with similar programming needs, diagnosis and anticipated length of stay. The tracks include an Admission and Evaluation Unit (24 beds) for accelerated assessment and evaluation; a Stabilization Unit (35 beds) for patients who may be treated and discharged in a very short time; and two Transition Units (40 beds each) for patients on the threshold of experiencing serious and persistent mental illness. The program also includes a Geriatric Rehabilitation Unit to provide services to elderly persons with mental illness. A nine bed, High Observation Unit, provides secure services to patients who present serious risk to themselves and others. The primary goal of this unit is to diffuse the crisis and return the patient to an open unit as soon as possible.

Willmar operates a coeducational adolescent treatment program on its campus. The program serves twelve to seventeen year old children and maintains a six-bed locked protective unit. The program provides a comprehensive approach to the treatment of severely emotionally and behaviorally disturbed youth. The Adolescent Treatment Unit (ATU) celebrated its twenty-fifth anniversary in 1990. The program has received funding for the construction of a community-based treatment facility. ACTS, Adolescent Community Treatment Services, is in the planning stage.

Developmental Disabilities

Glacial Ridge Training Center is both a homelike residence and training center for nearly seventy developmentally disabled and mentally retarded men and women. The program's goal is to teach residents skills they need to live as independently as possible and to provide experiences that will enrich their lives. Glacial Ridge Training Center consists of three campus residences and three day training and habilitation programs, two located on the campus of WRTC and one in the community.

Chemical Dependency

WRTC has a seventy-five year legacy of providing progressive and innovative treatment to persons with chemical dependency. The Bradley Center which houses WRTC's inpatient programs in recognition of Dr. Nelson Bradley, who with Dan Anderson and others, pioneered the "Minnesota Model" for chemical dependency treatment which originated at WRTC.

The Bradley Center offers an array of intensive treatment programs for persons suffering addiction disorders. The Primary Residential Treatment program uses a combination of individual and group therapy, education and spiritual services to assist clients move to sobriety. The average length of stay in this program is 30 days. For clients who are prone to relapse and require a fully structured environment, the Extended Care program deals with barriers to recovery and develops coping techniques to improve daily living skills. Clients stay an average of three to four months in Extended Care.

The Bradley Center has a special Cocaine/Opiate Withdrawal and Treatment program that consists of 14 days of medically managed withdrawal. The second phase of this program involves a minimum of thirty days of primary treatment. The Bradley Center is the only state facility licensed for the use of methadone which is used only during the withdrawal process. In addition, the Bradley Center has a dually licensed program designed for persons diagnosed as both chemically dependent and mentally ill. It also offers a Day Treatment program which clients attend from 8:00 AM to 4:30 PM everyday.

The Cardinal Recovery Center operates a Primary Outpatient Treatment program for adults who can maintain sobriety during treatment. Clients receive an average of 60 hours of treatment. A combination program is also available with two weeks of intensive inpatient treatment prior to transferring to the outpatient component. The Center operates a Women's Day Treatment program which is designed to be sensitive to the special needs of chemically dependent women. The program averages 5 weeks in length with an additional 12 weeks of aftercare. An outpatient program for adolescents, The Youth Program, is designed to guide young drug and alcohol abusers, aged 13 to 18, to an understanding of their relationship with their chemical of choice. The Youth Program is a ten week course of treatment averaging 150 hours per client.

WILLMAR REGIONAL TREATMENT CENTER

AVERAGE POPULATION - 15 YEAR PERIOD

FISCAL YEAR	DD	MI	PEU	ATU	CD	CD OUTPT	TOTAL
1975-76	161	320			111		592
1976-77	175	336			100		611
1977-78	162	316			105		583
1978-79	161	321			109		591
1979-80	158	313			104		575
1980-81	158	310			97		565
1981-82	162	306			96		564
1982-83	159	312			99		570
1983-84	155	296			103		554
1984-85	151	290			96		537
1985-86	133	294			84		511
1986-87	109	288			82		479
1987-88	90	304			48		442
1988-89	78	304	6		26		414
1989-90	74	260	6	29	19	27	388

ADMISSIONS - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	PEU	ATU	CD	CD OUTPT	TOTAL
1985-86	24	479			776		1279
1986-87	14	516			765		1295
1987-88	14	549			464		1027
1988-89	10	653	38		238		939
1989-90	8	676	7	39	213	48	943

DISCHARGES - 5 YEAR PERIOD

FISCAL YEAR	DD	MI	PEU	ATU	CD	CD OUTPT	TOTAL
1985-86	49	465			745		1259
1986-87	13	450			780		1243
1987-88	25	533			476		1034
1988-89	14	639	31		255		939
1989-90	10	667	5	41	213	43	936

WILLMAR REGIONAL TREATMENT CENTER
Operating Expenditures

	FY 1989	FY 1990
MI/DD PROGRAMS		
Salaries	$20,006,336	$22,280,650
Current Expense	$1,394,752	$1,602,386
Repairs & Replacements	$223,773	$161,750
Special Equipment	$38,709	$45,029
Total	$21,663,570	$24,089,815
CD ENTERPRISE		
Salaries	$1,555,683	$1,271,218
Current Expense	$126,416	$124,234
Indirect Costs	$84,218	$61,765
Total	$1,766,317	$1,457,217

APPENDIX A

POPULATION DATA

AVERAGE MONTHLY POPULATION

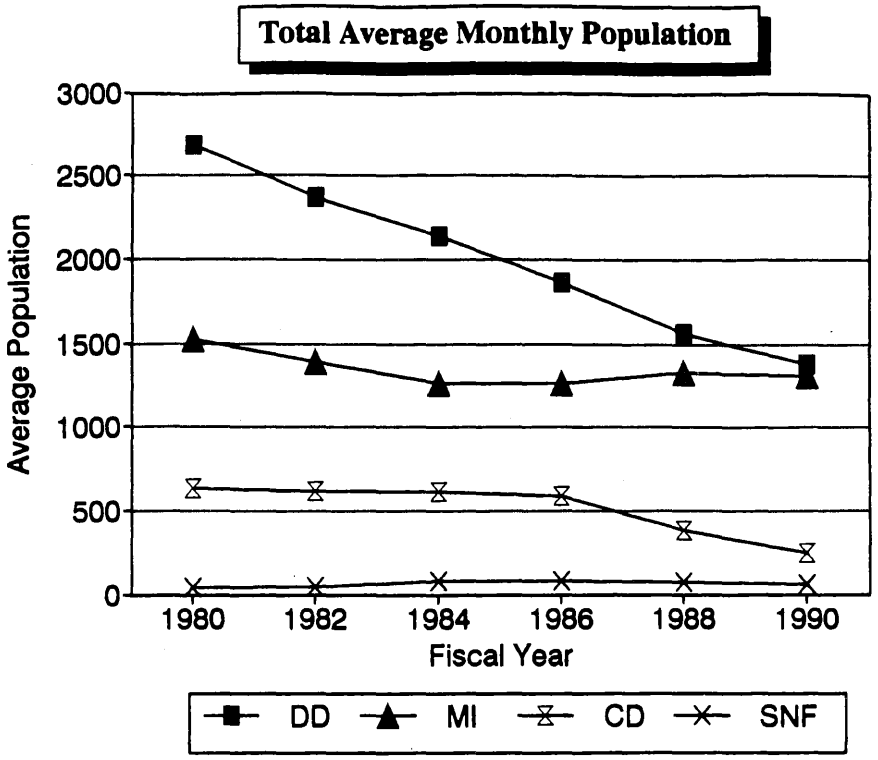
Facility	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Anoka															
MI	255	246	248	281	280	240	228	224	237	234	235	240	236	233	230
CD	83	76	88	87	82	80	78	81	79	79	78	79	67	63	59
Total:	338	322	336	368	362	320	306	305	316	313	313	319	303	296	289
Brainerd															
DD	581	562	511	470	440	360	328	311	287	261	239	206	182	170	164
MI	49	58	67	72	60	65	74	78	65	57	64	69	72	72	75
TACP						36	35	41	37	37	35	37	38	33	21
SNF															19
CD	36	42	42	38	43	47	49	49	60	69	63	52	51	43	35
Total:	666	662	620	580	543	508	486	479	449	424	401	364	343	318	314
Cambridge															
DD	628	603	576	553	527	510	509	503	483	459	406	368	335	302	295
Faribault															
DD	1021	911	856	833	807	774	772	747	709	668	627	592	547	515	503
Fergus Falls															
DD	294	289	288	282	278	268	268	245	231	222	200	179	165	148	133
MI	133	132	131	142	129	125	113	108	98	104	99	99	100	102	101
CD	89	105	128	155	143	157	166	169	140	144	136	122	82	49	42
Total:	516	526	547	579	550	550	547	522	469	470	435	400	347	299	276
Moose Lake															
DD	146	148	143	141	133	129	122	112	107	103	96	94	83	73	70
MI	184	179	155	155	150	145	163	193	169	171	164	179	196	205	196
CD	127	138	158	163	174	197	185	185	159	161	157	117	74	52	46
Total:	457	465	456	459	457	471	470	490	435	435	417	390	353	330	312
Rochester															
DD	166	153	146	153	153	129	36								
MI	308	227	259	251	253	224	125								
CD	31	38	41	54	51	38	0								
Total:	505	418	446	458	457	391	161								
St. Peter															
DD	278	237	208	191	192	184	175	179	170	164	161	155	157	156	140
MI	158	157	150	137	136	144	159	165	156	160	153	157	161	170	165
MSH	108	139	167	198	203	193	189	212	210	219	222	222	223	229	229
CD	31	40	42	44	40	45	45	54	54	54	53	50	36	31	22
Total:	575	573	567	570	571	566	568	610	590	597	589	584	577	586	556
Willmar															
DD	161	175	162	161	158	158	162	159	155	151	133	109	90	78	74
MI	320	336	316	321	313	310	306	312	296	290	294	288	304	304	260
PEU														6	6
ATU															29
CD	111	100	105	109	104	97	96	99	103	96	84	82	48	26	19
Total:	592	611	583	591	575	565	564	570	554	537	511	479	442	414	388
Ah-Gwah-Ching															
SNF	386	363	369	358	351	328	330	326	319	322	318	296	240	249	257
CD									20	24	18	27	23	25	27
Total:	386	363	369	358	351	328	330	326	339	346	336	323	263	274	284
Oak Terrace															
SNF	331	339	336	336	331	333	334	332	333	333	323	297	275	241	182

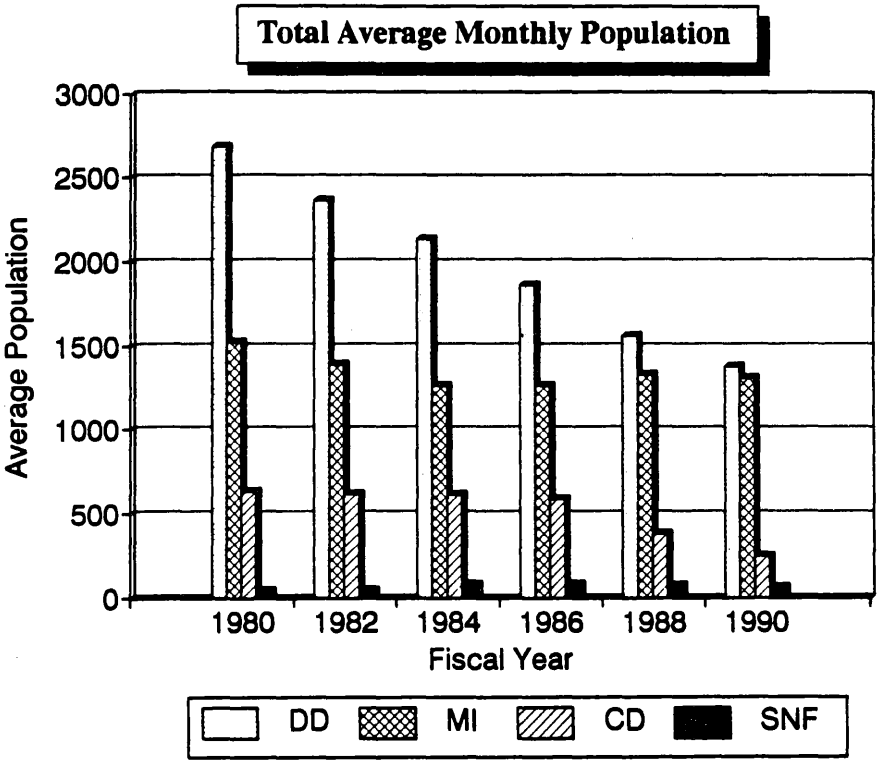
TOTAL AVERAGE MONTHLY POPULATION

Disability	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
MI	1,515	1,474	1,493	1,557	1,524	1,482	1,392	1,333	1,268	1,272	1,266	1,291	1,330	1,354	1,312
DD	3,275	3,078	2,890	2,784	2,688	2,512	2,372	2,256	2,142	2,028	1,862	1,703	1,559	1,442	1,379
CD	508	539	604	650	637	661	619	637	615	627	589	529	381	289	250
SNF	717	702	705	694	682	661	664	658	652	655	641	593	515	490	458
TOTAL:	6,015	5,793	5,692	5,685	5,531	5,316	5,047	4,884	4,677	4,582	4,358	4,116	3,785	3,575	3,399

RESIDENTIAL FACILITIES
AVERAGE DAILY POPULATION AND CERTIFIED, LICENSED AND UTILIZED BED CAPACITIES
(June 30, 1990)

		BED STATUS									
				CERTIFIED			LICENSED				
FACILITY	Avg Daily Pop	Utilz Beds	% of Occup	Psych Hosp	ICF/MR	SNF	Spec Mental Hosp	SLF-A	SLF-B	Hosp (Med)	NH
Ah-Gwah-Ching	270	337	80.12%		164	179		40			343
Anoka	267	337	79.23%	257			257				
Brainerd	314	400	78.50%	151	192	28	151	33	192		28
Cambridge	294	330	89.09%		372				372		
Faribault	496	528	93.94%		485	35			485	35	35
Fergus Falls	261	368	70.92%	185	160		232	125	160		
MN Security Hospital	233	236	98.73%				72	164			
Moose Lake	315	471	66.88%	415	101		460	42	143		
Oak Terrace	119	148	80.41%			322					322
St. Peter	332	404	82.18%	176	170		234		170		
Willmar	363	504	72.02%	426	127		467		170		


Total Average Monthly Population
3000
2500
2000
1500
1000
500
0
Average Population
1980
1982
1984
1986
1988
1990
Fiscal Year
DD
MI
CD
SNF


Total Average Monthly Population
3000
2500
2000
1500
1000
500
0
Average Population
1980
1982
1984
1986
1988
1990
Fiscal Year
DD
MI
CD
SNF

APPENDIX B

CHEMICAL DEPENDENCY DATA

MINNESOTA CHEMICAL DEPENDENCY TREATMENT NETWORK

Selected Characteristics of Persons with Chemical Dependency Receiving Inpatient Care During Fiscal Year 1990.

	Ah-Gwah-Ching		Anoka		Brainerd		Fergus Falls		Moose Lake		St. Peter		Willmar		Total	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
SEX																
Males	44	86.3%	250	67.2%	147	85.0%	143	80.3%	278	58.9%	94	81.0%	99	73.9%	1055	70.5%
Females	7	13.7%	122	32.8%	26	15.0%	35	19.7%	194	41.1%	22	19.0%	35	26.1%	441	29.5%
RACE																
White	43	86.0%	240	66.5%	104	60.5%	155	87.1%	367	77.8%	110	87.3%	116	86.6%	1135	76.0%
Black	1	2.0%	98	27.1%	0	0.0%	0	0.0%	28	5.9%	0	0.0%	8	6.0%	135	9.0%
Native American	6	12.0%	23	6.4%	68	39.5%	16	9.0%	72	15.3%	16	12.7%	8	6.0%	209	14.0%
All Other	0	0.0%	0	0.0%	0	0.0%	7	3.9%	5	1.1%	0	0.0%	2	1.5%	14	0.9%
AGE																
Below 30	5	9.8%	182	48.9%	92	53.2%	87	48.9%	237	50.2%	60	51.7%	57	42.2%	720	48.1%
31-59	31	60.8%	186	50.0%	77	44.5%	82	46.1%	220	46.6%	51	44.0%	74	54.8%	721	48.2%
60 and older	15	29.4%	4	1.1%	4	2.3%	9	5.1%	15	3.2%	5	4.3%	4	3.0%	56	3.7%
MARITAL STATUS																
Single	14	27.5%	214	57.5%	93	53.8%	89	50.0%	248	52.5%	60	51.7%	69	51.1%	787	52.6%
Divorced, Separated or Widowed	28	54.9%	113	30.4%	46	26.6%	63	35.4%	177	37.5%	36	31.0%	45	33.3%	508	33.9%
Married	9	17.6%	45	12.1%	34	19.7%	26	14.6%	47	10.0%	20	17.2%	21	15.6%	202	13.5%
EDUCATION																
High School or Less	43	84.3%	315	84.7%	155	89.6%	149	83.7%	400	84.7%	98	84.5%	112	83.0%	1272	85.0%
College	8	15.7%	57	15.3%	18	10.4%	29	16.3%	72	15.3%	18	15.5%	23	17.0%	225	15.0%
EMPLOYMENT STATUS																
Employed	6	11.8%	136	36.6%	41	23.7%	47	26.4%	75	15.9%	41	35.3%	44	32.6%	390	26.1%
Unemployed	20	39.2%	113	30.4%	112	64.7%	93	52.2%	292	61.9%	52	44.8%	65	48.1%	747	49.9%
Other	25	49.0%	123	33.1%	20	11.6%	38	21.3%	105	22.2%	23	19.8%	26	19.3%	360	24.0%
ADMISSION																
Informal	39	76.5%	339	91.1%	166	96.0%	159	89.3%	394	83.5%	95	81.9%	108	80.6%	1300	86.9%
Other	12	23.5%	33	8.9%	7	4.0%	19	10.7%	78	16.5%	21	18.1%	26	19.4%	196	13.1%
INCARCERATED IN LAST SIX MONTHS	11	22.9%	177	48.5%	104	60.1%	55	35.0%	168	35.6%	45	38.8%	47	35.1%	607	41.0%
PRIMARY DIAGNOSIS																
Alcohol Abuse	1	2.0%	1	0.3%	19	11.0%	10	6.3%	2	0.4%	2	1.7%	7	5.2%	42	2.9%
Alcohol Dependency	43	86.0%	129	35.0%	96	55.5%	100	62.9%	209	44.3%	96	82.8%	62	46.3%	735	49.9%
Drug Abuse		0.0%	2	0.5%		0.0%	0	0.0%		0.0%	2	1.7%	3	2.2%	7	0.5%
Drug Dependency		0.0%	34	9.2%	4	2.3%	3	1.9%	19	4.0%	7	6.0%	27	20.1%	94	6.4%
Alcohol and Drug Abuse		0.0%	1	0.3%	4	2.3%	4	2.5%	4	0.8%	4	3.4%	4	3.0%	21	1.4%
Alcohol and Drug Dependency	6	12.0%	167	45.3%	50	28.9%	41	25.8%	237	50.2%	4	3.4%	31	23.1%	536	36.4%
Other		0.0%	35	9.5%		0.0%	1	0.6%	1	0.2%	1	0.9%	0	0.0%	38	2.6%

SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES).

Table 1

Sex, Race and Age of Persons Receiving Chemical Dependency Service by Program Type - FY 1990

SEX	RTC		Hospital		Free Standing	
	Num	%	Num	%	Num	%
Male	1158	70.8%	2016	75.0%	3686	77.7%
Female	478	29.2%	672	25.0%	1056	22.3%
Total	1636		2688		4742	

RACE	RTC		Hospital		Free Standing	
	Num	%	Num	%	Num	%
White	1263	77.2%	2368	88.1%	3992	79.3%
Black	135	8.3%	167	6.2%	363	7.2%
Native American	204	12.5%	110	4.1%	590	11.7%
Hispanic	29	1.8%	23	0.9%	60	1.2%
Asian/Pacific Islander	3	0.2%	7	0.3%	14	0.3%
Other	2	0.1%	12	0.4%	18	0.4%
Total	1636		2687		5037	

AGE	RTC		Hospital		Free Standing	
	Num	%	Num	%	Num	%
01 - 14	1	0.1%	2	0.1%	10	0.2%
15 - 17	16	1.0%	36	1.3%	106	2.1%
18 - 20	134	8.2%	197	7.3%	397	7.9%
21 - 25	313	19.1%	407	15.1%	946	18.8%
26 - 30	341	20.8%	528	19.7%	1219	24.2%
31 - 44	607	37.1%	983	36.6%	1825	36.2%
45 - 59	169	10.3%	365	13.6%	454	9.0%
60 - 64	30	1.8%	64	2.4%	51	1.0%
65+	26	1.6%	105	3.9%	35	0.7%
Total	1637		2687		5043	
Below 30	805	49.2%				
31 - 59	776	47.4%				
60 Plus	56	3.4%				
Average Age	32.5*		35		31.5	

* Does not include data for Moose Lake Regional Treatment Center

SOURCE: DAANES

Table 2

Marital Status, Education and Employment Status of Persons Admitted for Chemical Dependency Service by Program Type - FY 1990

MARITAL STATUS	RTC		Hospital		Free Standing	
	Num	%	Num	%	Num	%
Single	852	52.0%	1078	40.1%	2540	50.6%
Divorced	411	25.1%	494	18.4%	924	18.4%
Separated	105	6.4%	188	7.0%	301	6.0%
Widowed	36	2.2%	79	2.9%	66	1.3%
Married	233	14.2%	846	31.5%	1188	23.7%
Total	1637		2685		5019	

EDUCATION	RTC		Hospital		Free Standing	
	Num	%	Num	%	Num	%
Not H.S. Grad	517	31.6%	635	23.7%	1318	26.2%
H.S. Grad	592	36.2%	1140	42.5%	1929	38.4%
G.E.D.	271	16.6%	246	9.2%	594	11.8%
Some College	195	11.9%	436	16.3%	814	16.2%
College Grad	43	2.6%	97	3.6%	227	4.5%
Graduate Degree	16	1.0%	128	4.8%	144	2.9%
Total	1634		2682		5026	

EMPLOYMENT	RTC		Hospital		Free Standing	
	Num	%	Num	%	Num	%
Full Time	359	22.0%	1301	48.7%	2472	49.0%
Part Time	105	6.4%	211	7.9%	336	6.7%
Occassional	109	6.7%	64	2.4%	177	3.5%
Unemployed	793	48.5%	761	28.5%	1390	27.6%
Disabled	120	7.3%	65	2.4%	90	1.8%
Other	148	9.1%	268	10.0%	580	11.5%
Total	1634		2670		5045	

SOURCE: DAANES

Table 3

Disabilities, Referral Source and Legal Status of Persons Admitted for Chemical Dependency Service by Program Type - FY 1990

DISABILITIES	RTC Num	RTC %	Hospital Num	Hospital %	Free Standing Num	Free Standing %
Physical	217	13.3%	171	6.4%	207	4.1%
MI	111	6.8%	32	1.2%	76	1.5%
LD	69	4.2%	54	2.0%	121	2.4%
Hearing	67	4.1%	41	1.5%	63	1.2%
Visual	31	1.9%	32	1.2%	84	1.7%
Other	56	3.4%	98	3.6%	149	3.0%
None	1085	66.3%	2262	84.1%	4345	86.1%
Total	1636		2690		5045	

REFERRAL SOURCE	RTC Num	RTC %	Hospital Num	Hospital %	Free Standing Num	Free Standing %
Family/Relative	69	4.2%	385	14.3%	387	7.7%
Friend/Neighbor	17	1.0%	87	3.2%	219	4.3%
Employer	15	0.9%	98	3.6%	160	3.2%
Court	253	15.5%	272	10.1%	546	10.8%
Court Services	152	9.3%	263	9.8%	935	18.5%
Corrections	61	3.7%	46	1.7%	274	5.4%
Detox	106	6.5%	81	3.0%	99	2.0%
Other CD Program	33	2.0%	58	2.2%	158	3.1%
County S.S. Agency	1044	63.8%	504	18.7%	1046	20.7%
Self	253	15.5%	973	36.2%	1369	27.1%
Other	292	17.8%	972	36.1%	1198	23.7%

NOTE: Some referrals are duplicates.

LEGAL STATUS	RTC Num	RTC %	Hospital Num	Hospital %	Free Standing Num	Free Standing %
Emergency Hold	2	0.1%	21	0.8%	12	0.2%
Court Hold Order	26	1.6%	50	1.9%	110	2.2%
Court Commitment CD	112	6.9%	180	6.7%	724	14.5%
Court Commitment MI	18	1.1%	1	0.0%		0.0%
Court Commitment MR		0.0%		0.0%	3	0.1%
Court Commitment MI&CD	17	1.0%	1	0.0%	6	0.1%
Court Commitment MI&D		0.0%	1	0.0%	3	0.1%
Court Commitment Other	3	0.2%	11	0.4%	118	2.4%
Informal	1422	87.0%	2322	86.6%	3733	74.6%
Other	35	2.1%	93	3.5%	298	6.0%
Total	1635		2680		5007	

SOURCE: DAANES

Table 4

Criminal Justice System Status of Persons Admitted for Chemical Dependency Treatment by Program Type - FY 1990

STATUS	RTC		Hospital		Free Standing	
	Num	%	Num	%	Num	%
Currently on Probation	569	34.8%	745	27.7%	2039	42.0%
Arrested or Convicted in Last 6 Months	698	42.6%	962	35.8%	2356	48.5%
Incarcerated in Last 6 Months	672	41.1%	671	24.9%	1693	34.9%

SOURCE: DAANES

Table 5

Persons Discharged from Chemical Dependency Services by Program Type and Reason - FY 1990

DISCHARGE REASON	RTC		Hospital		Free Standing	
	Num	%	Num	%	Num	%
Completed Program	689	64.2%	1686	66.7%	3061	75.0%
Transfer to Other	52	4.8%	386	15.3%	105	2.6%
Assessed Inappropriate	19	1.8%	66	2.6%	83	2.0%
Against Staff Advice	51	4.8%	171	6.8%	278	6.8%
Patient Left	152	14.2%	100	4.0%	325	8.0%
Commitment Expired	13	1.2%	1	0.0%	2	0.0%
Death	1	0.1%	1	0.0%	1	0.0%
Lost Financial Support		0.0%	5	0.2%	5	0.1%
Staff Requested	77	7.2%	63	2.5%	156	3.8%
Other	19	1.8%	48	1.9%	63	1.5%
Total	1073		2527		4079	

NOTE: Moose Lake data unavailable.

SOURCE: DAANES

Table 6

Percent of Clients by Program Type with Daily or Weekly Chemical Use in the Last 6 Months prior to Admission - FY 1990

CHEMICAL USED	RTC	Hospital	Free Standing
Alcohol	78.2%	79.3%	71.0%
Mar	26.2%	21.7%	24.1%
Heroin/Opium	3.2%	1.1%	0.9%
Cocaine	12.7%	12.6%	9.5%
Other Sedatives/Barb.	3.6%	4.1%	2.7%
Other Hallucigens	1.0%	0.7%	0.7%
Inhalients	0.7%	0.4%	0.5%
Other Stimilants	4.2%	4.7%	2.8%
Other Narcotics	2.7%	3.4%	2.0%
Other Substances	0.9%	1.3%	1.5%

SOURCE: DAANES

Table 7

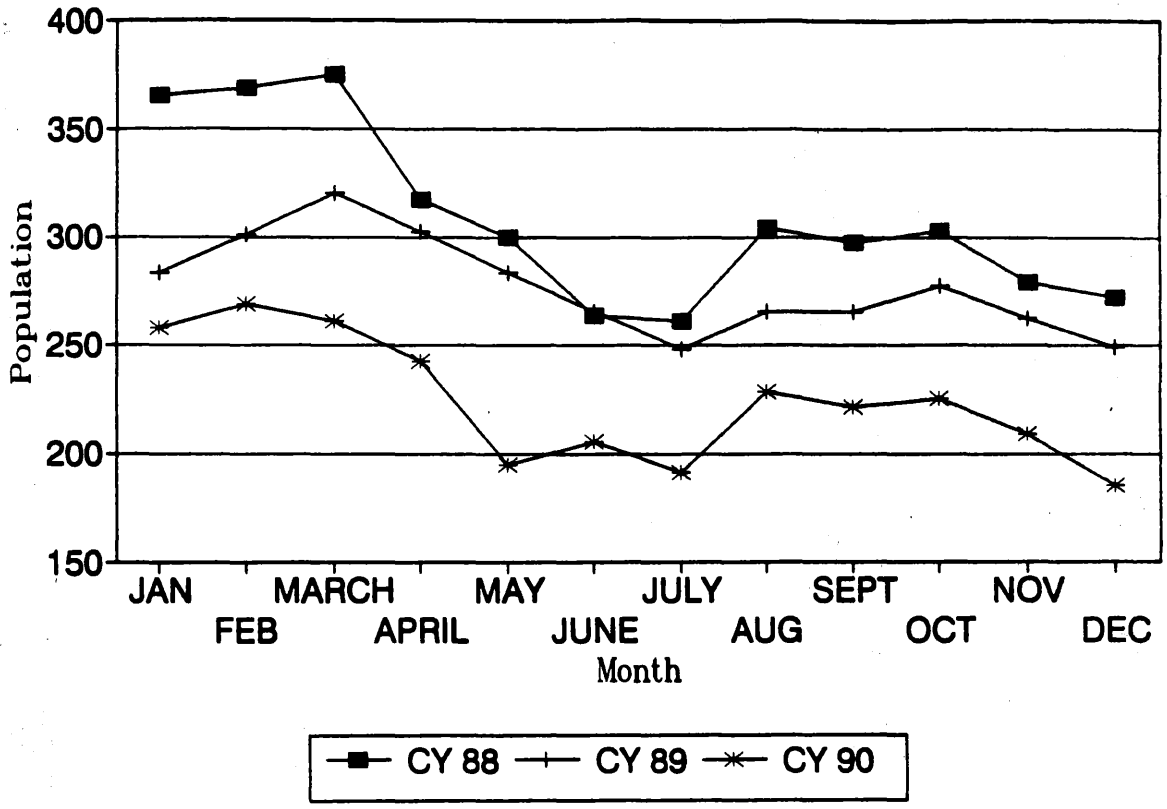
Percent of Client Admissions with Previous Treatment for Chemical Dependency by Program Type - FY 1990

PREVIOUS TREATMENT	RTC		Hospital		Free Standing	
	1-2	3 or more	1-2	3 or more	1-2	3 or more
This Facility	19.9%	5.9%	13.1%	0.6%	9.8%	0.5%
Detox Program	29.1%	30.7%	24.9%	8.9%	23.5%	9.1%
Primary Inpatient	37.7%	26.9%	31.3%	7.8%	28.8%	8.4%
Primary Outpatient	25.5%	1.1%	23.5%	1.1%	25.2%	1.4%
Halfway House	19.7%	3.4%	8.1%	0.4%	8.6%	1.0%
Exteded CD	7.8%	1.6%	2.6%	0.3%	2.7%	0.2%
Structured Aftercare	9.3%	0.7%	10.3%	0.7%	10.7%	0.6%

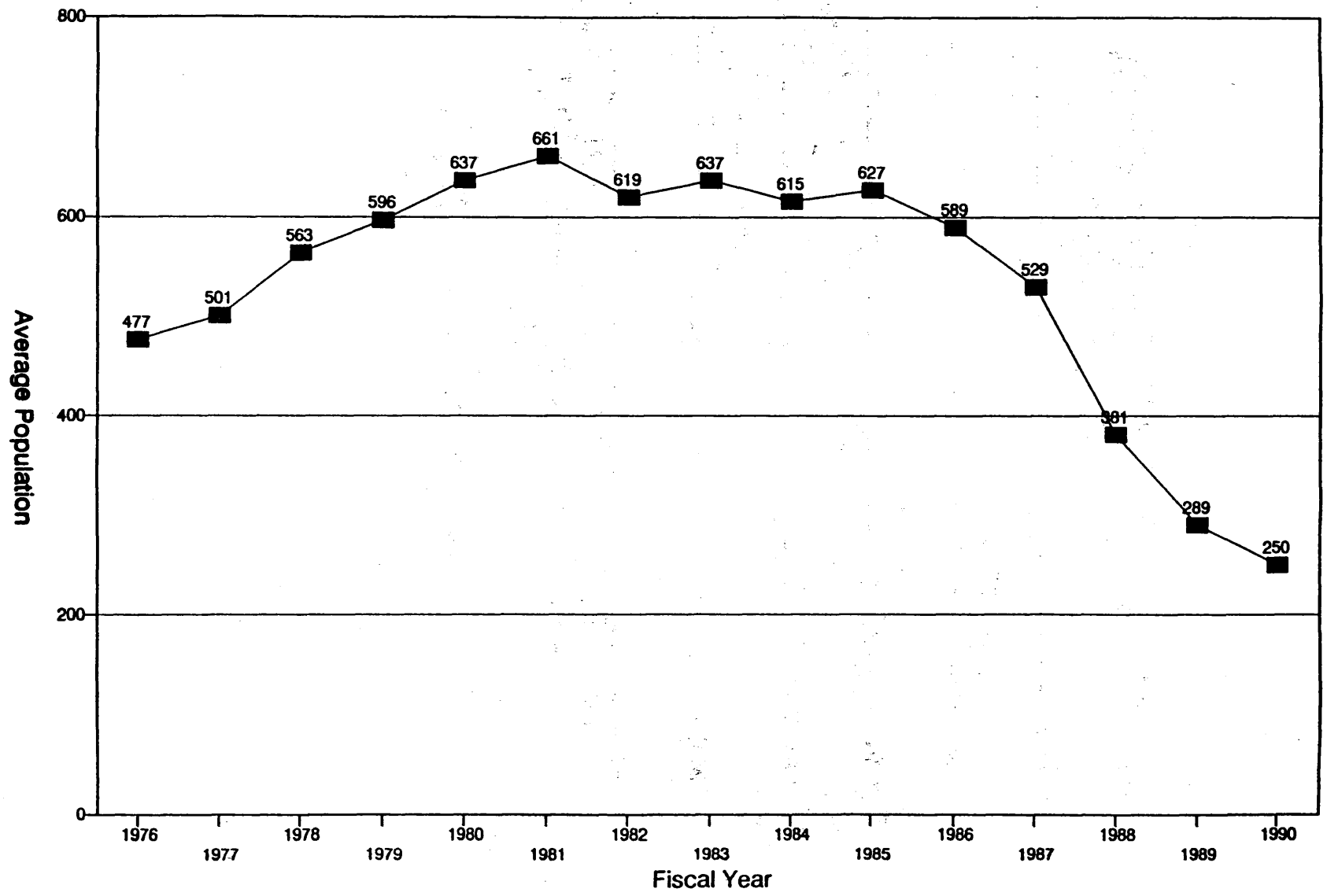
SOURCE: DAANES

AVERAGE MONTHLY POPULATION

Chemically Dependent



TOTAL AVERAGE MONTHLY POPULATION
Chemically Dependent



APPENDIX C

DEVELOPMENTAL DISABILITY DATA

DEVELOPMENTAL DISABILITIES

Selected Characteristics of Persons Receiving Developmental Disability Services

	Brainerd		Cambridge		Faribault		Fergus Falls		Moose Lake		St. Peter		Willmar		Total	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
SEX																
Males	90	54.9%	172	57.5%	307	60.7%	85	61.2%	46	61.3%	98	64.1%	50	63.3%	848	59.9%
Females	74	45.1%	127	42.5%	199	39.3%	54	38.8%	29	38.7%	55	35.9%	29	36.7%	567	40.1%
AGE																
Under 18	2	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	1	1.3%	4	0.3%
18 - 21	5	3.0%	0	0.0%	7	1.4%	0	0.0%	0	0.0%	5	3.3%	1	1.3%	18	1.3%
22 - 29	30	18.3%	34	11.4%	50	9.9%	15	10.8%	3	4.0%	23	15.0%	11	13.9%	166	11.7%
30 - 39	57	34.8%	148	49.5%	191	37.7%	53	38.1%	26	34.7%	52	34.0%	36	45.6%	563	39.8%
40 - 49	32	19.5%	82	27.4%	142	28.1%	35	25.2%	26	34.7%	32	20.9%	17	21.5%	366	25.9%
50 - 59	19	11.6%	25	8.4%	57	11.3%	21	15.1%	10	13.3%	19	12.4%	3	3.8%	154	10.9%
60 and older	19	11.6%	10	3.3%	59	11.7%	15	10.8%	10	13.3%	21	13.7%	10	12.7%	144	10.2%
GUARDIAN																
Public	112	68.3%	253	84.6%	446	88.1%	103	74.1%	64	85.3%	92	60.1%	59	74.7%	1129	79.7%
Private	43	26.2%	35	11.7%	38	7.5%	30	21.6%	9	12.0%	26	17.0%	16	20.3%	197	13.9%
Free Agent	6	3.7%	9	3.0%	12	2.4%	1	0.7%	1	1.3%	25	16.3%	2	2.5%	56	4.0%
PROGRAM PARTICIPATION																
Day Activity Center	139	70.9%	266	81.6%	380	68.8%	118	73.3%	65	63.1%	118	58.1%	72	74.2%	1158	70.7%
School	10	5.1%	2	0.6%	7	1.3%	1	0.6%		0.0%	3	1.5%		0.0%	23	1.4%
Sheltered Workshop	46	23.5%	53	16.3%	144	26.1%	35	21.7%	33	32.0%	75	36.9%	22	22.7%	408	24.9%
Community Service		0.0%	2	0.6%	15	2.7%		0.0%		0.0%	5	2.5%		0.0%	22	1.3%
None	1	0.5%	3	0.9%	6	1.1%	7	4.3%	5	4.9%	2	1.0%	3	3.1%	27	1.6%

SOURCE: Quality Assurance and Review, 1989

DEVELOPMENTAL DISABILITIES

Activities of Daily Living Ratings for Persons Receiving Developmental Disability Services

	Brainerd		Cambridge		Faribault		Fergus Falls		Moose Lake		St. Peter		Willmar		Total	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
SELF PRESERVATION:																
Independent	4	2.4%	12	4.0%	24	4.7%	5	3.6%	3	4.0%	36	23.5%	7	8.9%	91	6.4%
Intermittent supervision/ assistance	11	6.7%	30	10.0%	64	12.6%	13	9.4%	10	13.3%	41	26.8%	6	7.6%	175	12.4%
Constant supervision/ guidance	53	32.3%	63	21.1%	64	12.6%	44	31.7%	19	25.3%	27	17.6%	40	50.6%	310	21.9%
Constant supervision/ assistance of one	49	29.9%	131	43.8%	231	45.7%	44	31.7%	33	44.0%	28	18.3%	11	13.9%	527	37.2%
Constant physical assistance of two	47	28.7%	63	21.1%	123	24.3%	33	23.7%	10	13.3%	21	13.7%	15	19.0%	312	22.0%
COMMUNICATION																
Communicates needs	23	14.0%	31	10.4%	76	15.0%	26	18.7%	10	13.3%	75	49.0%	6	7.6%	247	17.5%
Communicates needs with difficulty	24	14.6%	9	3.0%	58	11.5%	19	13.7%	9	12.0%	20	13.1%	7	8.9%	146	10.3%
Uses sign language/ gestures	34	20.7%	95	31.8%	93	18.4%	26	18.7%	5	6.7%	22	14.4%	17	21.5%	292	20.6%
Limited - garbled sounds	27	16.5%	39	13.0%	116	22.9%	5	3.6%	21	28.0%	20	13.1%	26	32.9%	254	18.0%
Does not make needs known	56	34.1%	125	41.8%	163	32.2%	63	45.3%	30	40.0%	16	10.5%	23	29.1%	476	33.6%
TOILETING																
Independent	35	21.3%	39	13.0%	94	18.6%	37	26.6%	21	28.0%	97	63.4%	21	26.6%	344	24.3%
Intermittent supervision/ programming	29	17.7%	41	13.7%	105	20.8%	19	13.7%	4	5.3%	20	13.1%	17	21.5%	235	16.6%
Physical assistance/usually continent	26	15.9%	62	20.7%	118	23.3%	24	17.3%	15	20.0%	16	10.5%	17	21.5%	278	19.6%
Incontinent - not taken to bathroom	21	12.8%	77	25.8%	89	17.6%	33	23.7%	13	17.3%	11	7.2%	7	8.9%	251	17.7%
Incontinent - taken to bathroom	53	32.3%	80	26.8%	100	19.8%	26	18.7%	22	29.3%	9	5.9%	17	21.5%	307	21.7%
VISION																
No impairment	108	65.9%	227	75.9%	335	66.2%	95	68.3%	43	57.3%	118	77.1%	69	87.3%	995	70.3%
Difficulty seeing print	16	9.8%	34	11.4%	70	13.8%	17	12.2%	14	18.7%	29	19.0%	6	7.6%	186	13.1%
Difficulty seeing obstacles	10	6.1%	17	5.7%	43	8.5%	7	5.0%	9	12.0%	4	2.6%		0.0%	90	6.4%
No useful vision	26	15.9%	19	6.4%	50	9.9%	13	9.4%	9	12.0%	2	1.3%	3	3.8%	122	8.6%
Not determined	4	2.4%	2	0.7%	8	1.6%	7	5.0%		0.0%		0.0%	1	1.3%	22	1.6%
HEARING																
No impairment	132	80.5%	271	90.6%	411	81.2%	108	77.7%	48	64.0%	129	84.3%	75	94.9%	1174	83.0%
Difficulty with conversation	16	9.8%	19	6.4%	56	11.1%	17	12.2%	19	25.3%	16	10.5%	2	2.5%	145	10.2%
Hears only loud sounds	8	4.9%	6	2.0%	17	3.4%	5	3.6%	5	6.7%	4	2.6%	2	2.5%	47	3.3%
No useful hearing	6	3.7%		0.0%	22	4.3%	6	4.3%	2	2.7%	4	2.6%		0.0%	40	2.8%
Not determined	2	1.2%	3	1.0%		0.0%	3	2.2%	1	1.3%		0.0%		0.0%	9	0.6%
MOBILITY																
Independent	99	60.4%	143	47.8%	259	51.2%	76	54.7%	41	54.7%	129	84.3%	55	69.6%	802	56.7%
Independent with device	4	2.4%	16	5.4%	29	5.7%	3	2.2%	2	2.7%	6	3.9%	2	2.5%	62	4.4%
Physical help of another w/ stairs, ramp elevator	13	7.9%	44	14.7%	51	10.1%	19	13.7%	11	14.7%	3	2.0%	5	6.3%	146	10.3%
Constant physical help of one	26	15.9%	93	31.1%	91	18.0%	28	20.1%	17	22.7%	15	9.8%	12	15.2%	282	19.9%
Constant physical help of two	22	13.4%	3	1.0%	76	15.0%	13	9.4%	4	5.3%		0.0%	5	6.3%	123	8.7%

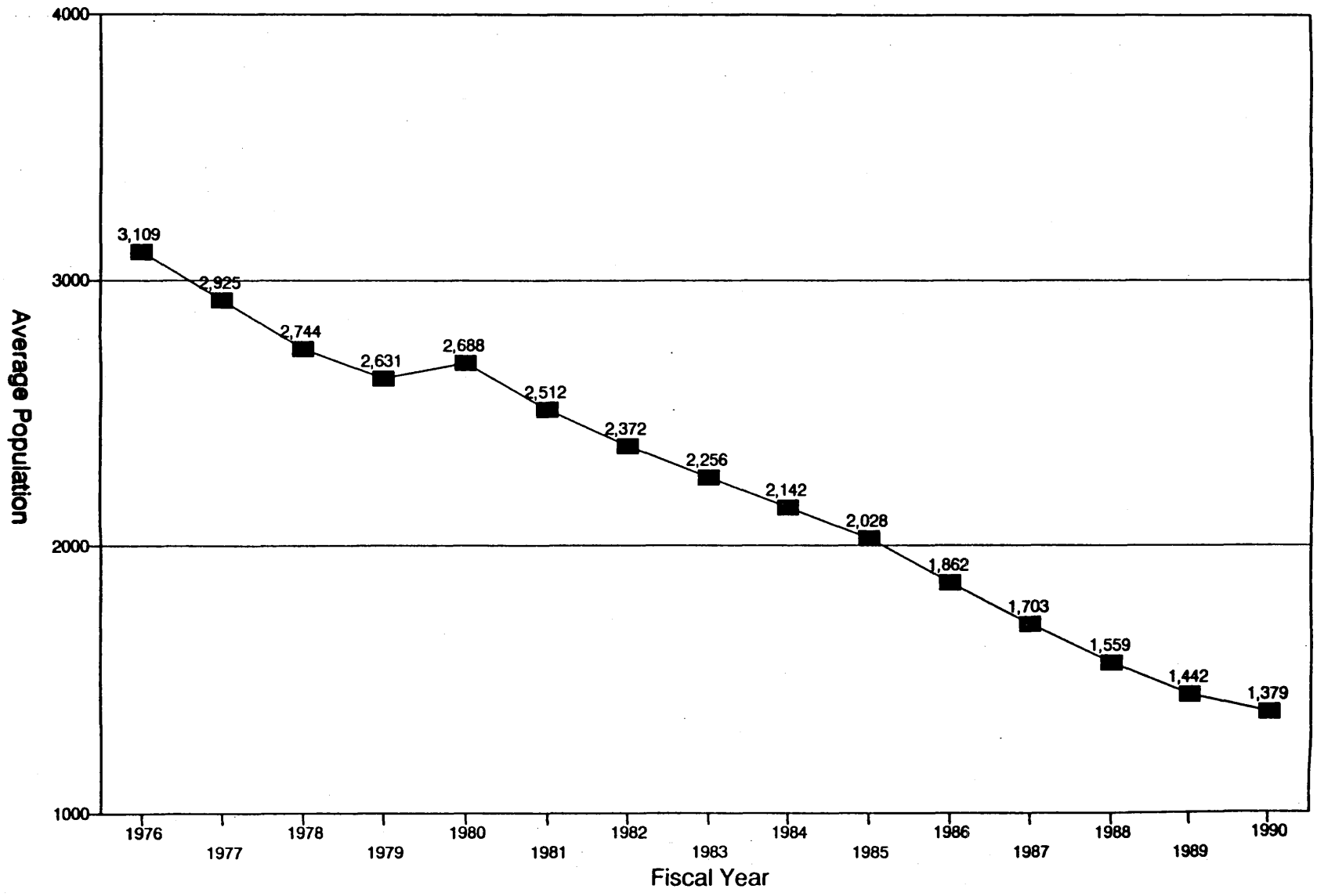
SOURCE: Quality Assurance and Review, 1989

Activities of Daily Living Ratings for Persons Receiving Developmental Disability Services (Continued)

	Brainerd		Cambridge		Faribault		Fergus Falls		Moose Lake		St. Peter		Willmar		Total	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
BATHING																
Independent	3	1.8%	12	4.0%	35	6.9%	5	3.6%	2	2.7%	40	26.1%	3	3.8%	100	7.1%
Intermittent supervision/ programming	10	6.1%	13	4.3%	57	11.3%	8	5.8%	3	4.0%	38	24.8%	12	15.2%	141	10.0%
Constant supervision/ programming	24	14.6%	28	9.4%	38	7.5%	6	4.3%	7	9.3%	25	16.3%	17	21.5%	145	10.2%
Physical help of another	58	35.4%	130	43.5%	197	38.9%	74	53.2%	34	45.3%	33	21.6%	29	36.7%	555	39.2%
Unable to participate	69	42.1%	116	38.8%	179	35.4%	46	33.1%	29	38.7%	17	11.1%	18	22.8%	474	33.5%
EATING																
Independent	21	12.8%	58	19.4%	98	19.4%	33	23.7%	11	14.7%	91	59.5%	15	19.0%	327	23.1%
Supervision/programming	60	36.6%	41	13.7%	99	19.6%	32	23.0%	7	9.3%	29	19.0%	28	35.4%	296	20.9%
Personal assistance to arrange food	29	17.7%	85	28.4%	119	23.5%	30	21.6%	33	44.0%	16	10.5%	18	22.8%	330	23.3%
Partial feeding/intervention for choking	23	14.0%	49	16.4%	79	15.6%	17	12.2%	12	16.0%	6	3.9%	9	11.4%	195	13.8%
Completely fed	31	18.9%	66	22.1%	111	21.9%	27	19.4%	12	16.0%	11	7.2%	9	11.4%	267	18.9%
GROOMING																
Independent	8	4.9%	17	5.7%	27	5.3%	6	4.3%	4	5.3%	48	31.4%	3	3.8%	113	8.0%
Intermittent supervision/ programming	35	21.3%	22	7.4%	77	15.2%	15	10.8%	5	6.7%	48	31.4%	15	19.0%	217	15.3%
Constant supervision/ programming	11	6.7%	41	13.7%	31	6.1%	10	7.2%	10	13.3%	9	5.9%	15	19.0%	127	9.0%
Physical help of another	65	39.6%	102	34.1%	227	44.9%	66	47.5%	32	42.7%	32	20.9%	32	40.5%	556	39.3%
Unable to participate	45	27.4%	117	39.1%	144	28.5%	42	30.2%	24	32.0%	16	10.5%	14	17.7%	402	28.4%
DRESSING																
Independent	9	5.5%	23	7.7%	58	11.5%	11	7.9%	4	5.3%	65	42.5%	8	10.1%	178	12.6%
Intermittent supervision/ programming	55	33.5%	42	14.0%	122	24.1%	43	30.9%	18	24.0%	45	29.4%	24	30.4%	349	24.7%
Constant supervision/ programming	24	14.6%	37	12.4%	39	7.7%	12	8.6%	8	10.7%	11	7.2%	12	15.2%	143	10.1%
Physical help of another	34	20.7%	98	32.8%	180	35.6%	39	28.1%	22	29.3%	22	14.4%	21	26.6%	416	29.4%
Unable to participate	42	25.6%	99	33.1%	107	21.1%	34	24.5%	23	30.7%	10	6.5%	14	17.7%	329	23.3%
SELF INJURIOUS BEHAVIOR																
None	110	67.1%	202	67.6%	367	72.5%	111	79.9%	41	54.7%	96	62.7%	40	50.6%	967	68.3%
Less than once per month	7	4.3%	4	1.3%	7	1.4%		0.0%	1	1.3%	6	3.9%	2	2.5%	27	1.9%
One to five times per month	14	8.5%	13	4.3%	31	6.1%	3	2.2%	3	4.0%	16	10.5%	7	8.9%	87	6.1%
More than once per week	12	7.3%	19	6.4%	37	7.3%	7	5.0%	3	4.0%	15	9.8%	7	8.9%	100	7.1%
At least once per day	16	9.8%	48	16.1%	44	8.7%	4	2.9%	6	8.0%	14	9.2%	12	15.2%	144	10.2%
One or more intervention per hour	5	3.0%	13	4.3%	20	4.0%	14	10.1%	21	28.0%	6	3.9%	11	13.9%	90	6.4%

SOURCE: Quality Assurance and Review, 1989

TOTAL AVERAGE MONTHLY POPULATION
Developmentally Disabled



APPENDIX D

MENTAL HEALTH DATA

TABLE 1

Demographic Profile of Patients Receiving Mental Health Services by Facility Type

	RTC PROGRAMS		
	Adult MH Programs (N=905)	Geriatric MH Patients (N=182)	Forensic Programs (N=177)
SEX			
Male	56.8%	46.2%	91.5%
Female	43.2%	53.8%	8.5%
AGE			
18 - 20 years	2.5%	0.0%	1.2%
21 - 34 years	39.4%	0.0%	44.6%
35 - 44 years	27.6%	0.0%	37.3%
45 - 64 years	30.5%	0.0%	15.8%
65 years or more	0.0%	100.0%	1.1%
RACE			
White	91.9%	98.9%	82.5%
Black	3.8%	0.6%	9.6%
Hispanic	0.4%	0.0%	2.8%
American Indian	2.7%	0.5%	4.5%
Asian/Pacific Island	1.0%	0.0%	0.0%
Other	0.2%	0.0%	0.6%
ANY PRIOR MN RTC ADMISSIONS	79.3%	68.9%	81.4%

Source: Policy Research Associates Survey, 1989

TABLE 2

Legal Status of Patients Receiving Mental Health Services by Program

	RTC PROGRAMS		
	Adult MH Programs (N=905)	Geriatric MH Patients (N=182)	Forensic Programs (N=177)
LEGAL STATUS			
Committed - MI	60.2%	67.1%	26.5%
Committed - MI & D	6.3%	2.7%	63.8%
Committed - MR	0.0%	0.0%	1.1%
Committed - CD	0.1%	1.1%	0.0%
Committed - MI & MR	0.1%	0.0%	0.6%
Committed - MI & CD	4.8%	0.0%	0.6%
Committed - MI & D & MR	0.0%	0.0%	0.6%
Committed - MI & D & CD	0.0%	0.0%	0.6%
Voluntary	24.2%	24.2%	0.6%
Hold Order	4.3%	4.9%	5.6%

Source: Policy Research Associates Survey, 1989

TABLE 3

Legal Status Profile by Facility Type

	FACILITY TYPE			
	Rule 14 (N=711)	Rule 36 Cat II (N=285)	Rule 36 Cat I (N=346)	MH RTC (N=1087)
LEGAL STATUS				
Voluntary	97.4%	93.3%	86.6%	24.2%
Involuntary Committed	0.7%	3.5%	2.9%	71.4%
Provisional Discharge	1.8%	3.2%	9.0%	0.0%
Hold Order	0.1%	0.0%	1.5%	4.4%

Source: Policy Research Associates Survey, 1989 & 1990

TABLE 4

Violent Behavior Profile by Facility Type

	FACILITY TYPE			
	Rule 14 (N=819)	Rule 36 Cat II (N=285)	Rule 36 Cat I (N=346)	MH RTC (N=1087)
VIOLENCE TO OTHERS (Past 30 days)				
Tried to Kill Someone	0.0%	0.0%	0.0%	0.3%
Sexually Assaulted Someone	0.1%	0.0%	0.3%	0.9%
Set a Fire	0.0%	0.7%	0.3%	1.2%
Physically Assaulted Someone	1.2%	2.8%	2.9%	18.1%
Destroyed Funiture/Property	1.2%	3.2%	4.3%	7.0%
Any of the above violence to others in past 30 days	2.4%	6.0%	6.9%	23.2%
Been Otherwise Violent in past 30 days	2.0%	2.8%	4.9%	13.2%
Now Dangerous to Others	**0.9%	3.2%	5.0%	20.2%
VIOLENCE TO SELF (Past 30 days)				
Attemped Suicide	1.1%	2.1%	1.4%	2.0%
Talked about Killing Self	9.8%	8.8%	11.8%	11.8%
Deliberately Injured Self	2.5%	1.8%	2.3%	6.3%
Been on Suicide Precaution	2.7%	2.8%	5.5%	6.8%
Any of the above violence to self in past 30 days	11.0%	9.8%	13.3%	16.0%
Now on Suicide Risk	***9.2%	7.3%	10.2%	8.6%

Source: Policy Research Associates Survey, 1989 & 1990

* RTC data does not include Forensic programs
** Based on N=793
*** Based on N=765

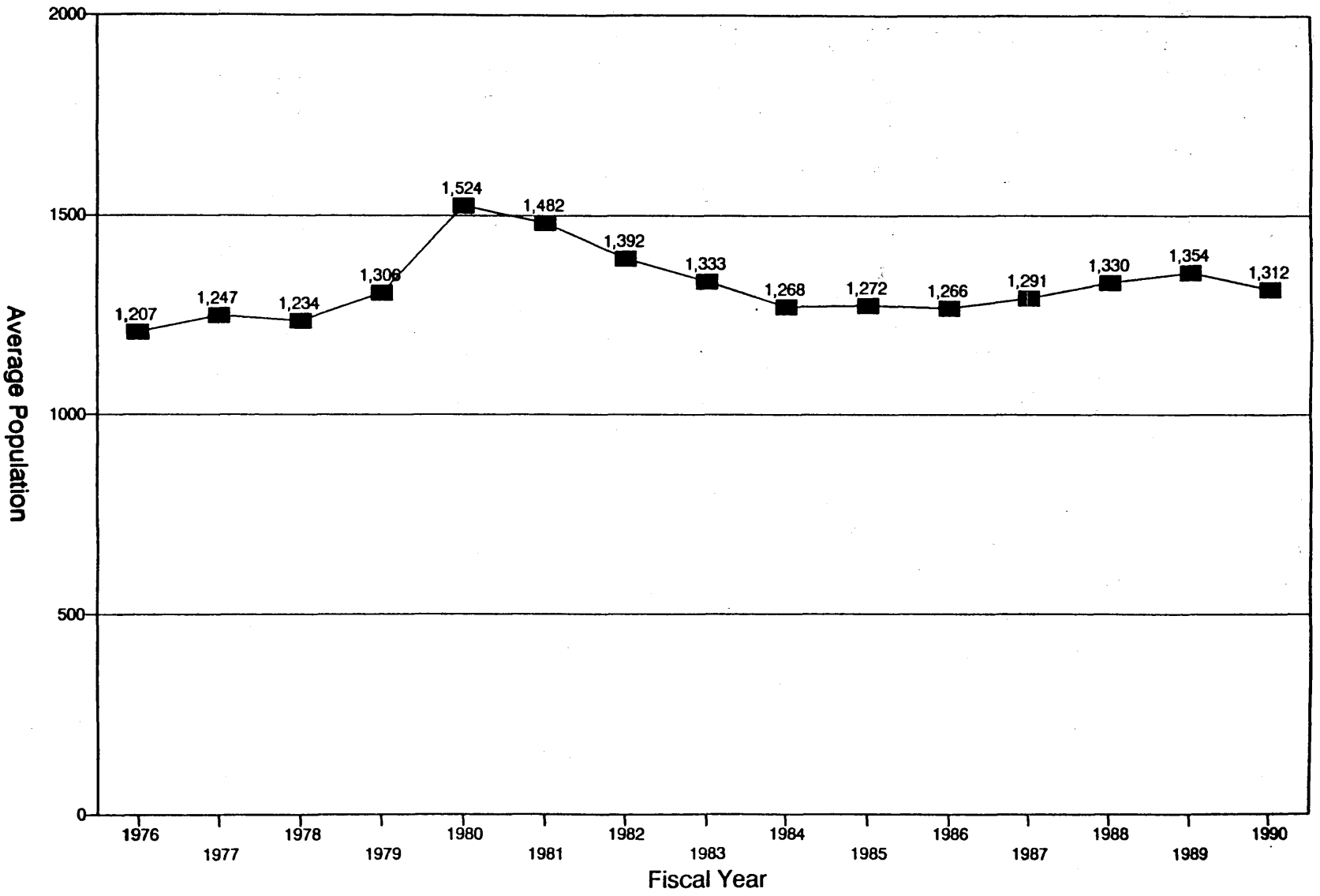
TABLE 5

Diagnosis and Functioning Levels of Patients Receiving Mental Health Services

	FACILITY TYPE			
	Rule 14 (N=765)	Rule 36 Cat II (N=283)	Rule 36 Cat I (N=345)	MH RTC (N=1087)
PRIMARY DIAGNOSIS				
Schizophrenia	51.5%	62.2%	67.1%	61.5%
Affective Disorders	30.5%	20.1%	18.7%	16.7%
Other Psychosis	2.0%	2.5%	1.2%	2.9%
MR - DD	0.5%	1.1%	0.2%	0.3%
Alcohol Abuse	0.1%	1.4%	0.5%	1.1%
Drug Abuse	0.0%	0.0%	0.6%	0.5%
OBS	0.4%	2.8%	2.6%	8.5%
Personality Disorder	8.0%	4.2%	3.2%	1.4%
Other	7.0%	5.7%	5.9%	7.1%
	(N=809)	(N=285)	(N=346)	(N=1087)
PHYSICAL HEALTH PROBLEMS	40.8%	34.7%	47.1%	63.0%
PSYCHIATRIC SYMPTOM SCALE (PSYSUM)				
Mean	62.6	63.9	67.9	74.5
Range = 32 - 160	(32 - 126)	(35 - 99)	(38 - 120)	(33 - 134)
% With Serious Disability (PSYSUM >= 70)	30.7%	32.3%	43.9%	59.4%
	(N=819)	(N=285)	(N=346)	(N=1087)
ACTIVITIES OF DAILY LIVING SCALE (ADLS)				
Mean	9.1	9.3	9.4	13.9
Range = 8 - 49	(8 - 30)	(8 - 27)	(8 - 19)	(8 - 46)
% With Serious Disability (ADLS >= 25)	0.4%	0.4%	0.0%	10.4%
COMMUNITY DYSFUNCTION SCALE (CADS)				
Mean	18.8	22.3	23.7	30.2
Range = 8 - 40	(8 - 40)	(8 - 40)	(8 - 40)	(8 - 40)
% With Serious Disability (CADS >= 28)	14.3%	20.4%	29.8%	64.8%

Source: Policy Research Associates Survey, 1989, 1990

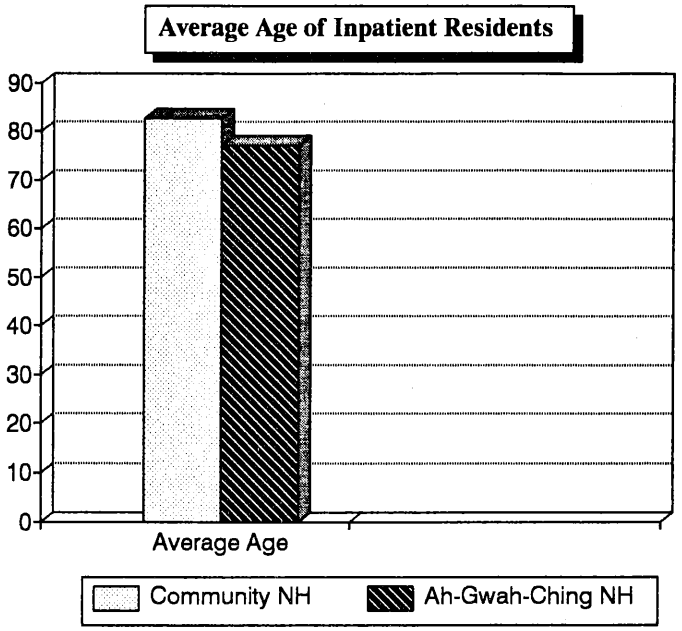
TOTAL AVERAGE MONTHLY POPULATION
Mentally Ill



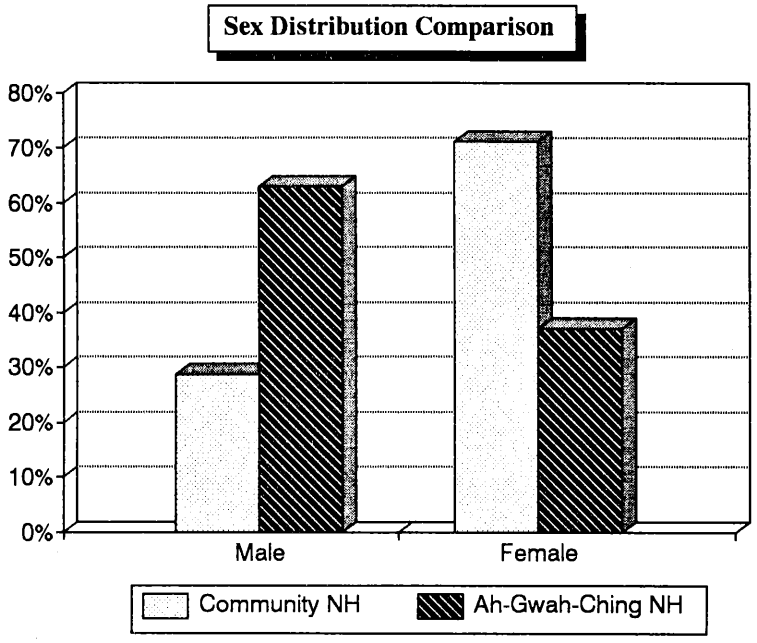
APPENDIX E

NURSING HOME DATA

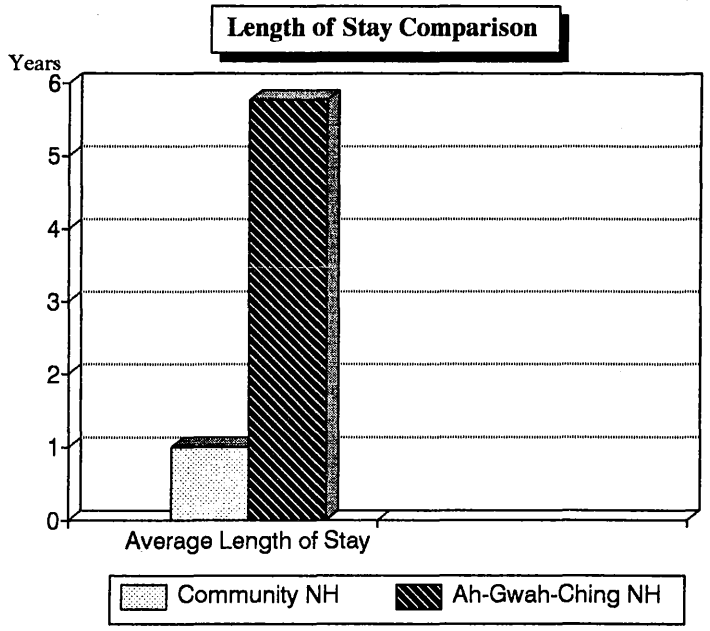
	Community NH	Ah-Gwah-Ching NH
Average Age	82.8	77.2



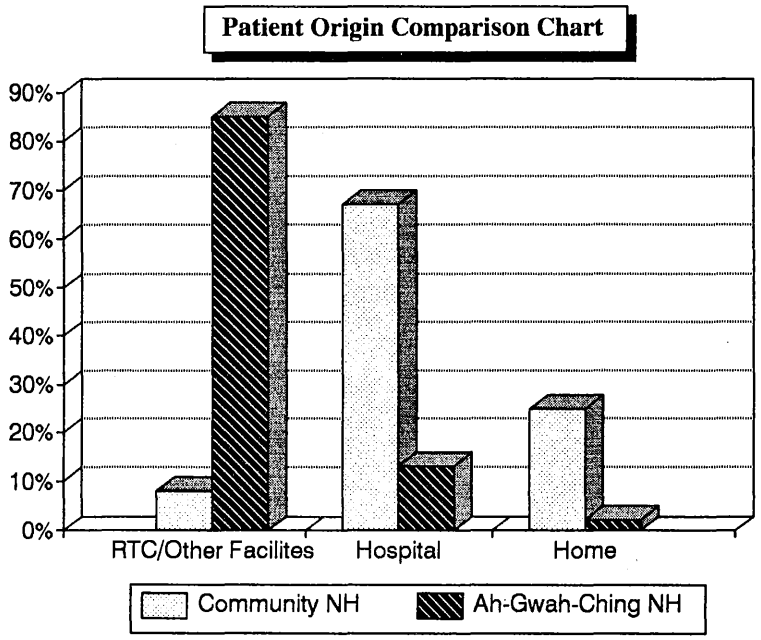
	Community NH	Ah-Gwah-Ching NH
Male	28.8%	63.0%
Female	71.2%	37.0%

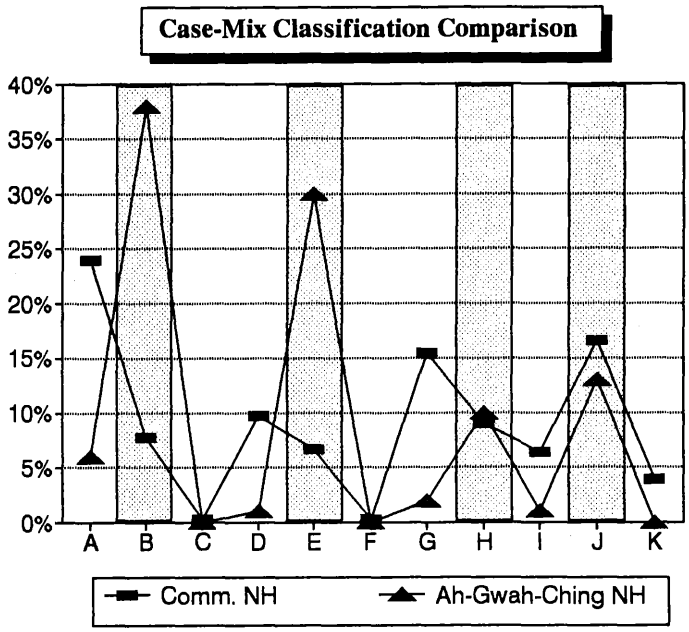


	Community NH	Ah-Gwah-Ching NH
Average Length of Stay	1	5.77



	Community NH	Ah-Gwah-Ching NH
RTC/Other Facilites	8.0%	85.0%
Hospital	67.0%	13.0%
Home	25.0%	2.0%

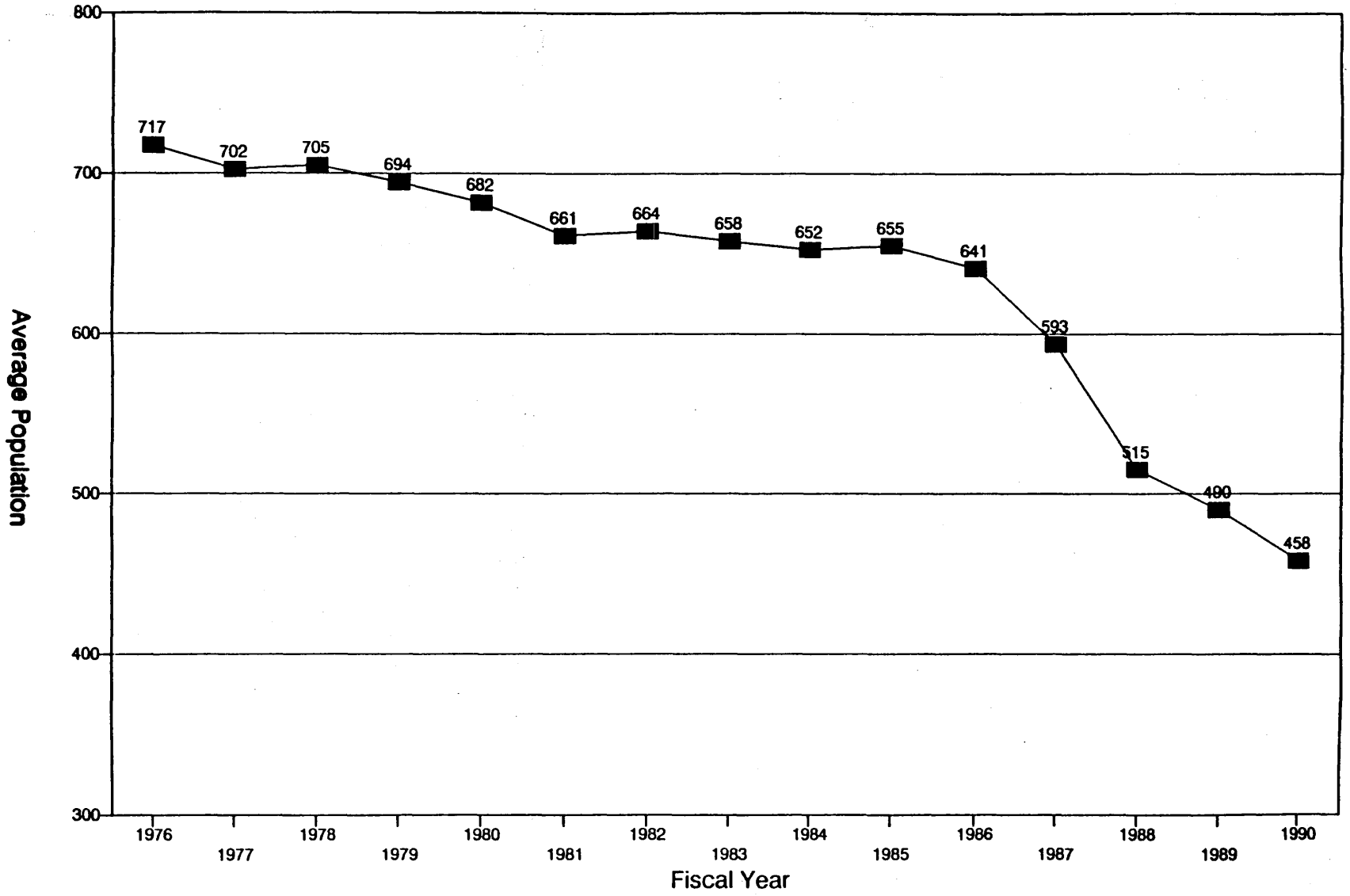




Description	Weight	Class.	Comm. NH	Ah-Gwah-Ching NH
Low ADL	1.00	A	24.0%	6.0%
Low ADL Behavior	1.30	B	7.7%	38.0%
Low ADL Special Nursing	1.64	C	0.3%	0.0%
Medium ADL	1.95	D	9.7%	1.0%
Medium ADL Behavior	2.27	E	6.7%	30.0%
Medium ADL Special Nursing	2.29	F	0.3%	0.0%
High ADL	2.56	G	15.5%	2.0%
High ADL Behavior	3.07	H	9.0%	10.0%
Very High ADL (Eating 3-4)	3.25	I	6.4%	1.0%
High ADL Severe Neuro. Impair./3+ Beh.	3.53	J	16.6%	13.0%
High ADL Special Nursing	4.12	K	3.9%	0.0%

TOTAL AVERAGE MONTHLY POPULATION

Nursing Home



APPENDIX F

FISCAL DATA

RESIDENTIAL FACILITIES

Expenditures and Collections

	FY 1989	FY 1990
DEVELOPMENTAL DISABILITIES & MENTAL HEALTH		
Expenditures:	$171,329,645	$190,922,970
Collections:		
Medicare	$2,317,977	$3,124,248
Medical Assistance	$110,208,252	$115,552,585
Other	$11,882,165	$17,522,670
Total	$124,408,394	$136,199,503
CHEMICAL DEPENDENCY		
Expenditures:	$14,084,452	$14,130,710
Collections:	$12,326,754	$12,247,550
NURSING HOMES		
Expenditures:	$20,714,757	$20,788,068
Collections:	$20,713,456	$13,001,664 *

* TEFRA, Federal Reimbursement Policy Implemented

SUMMARY OF EXPENDITURES
YEAR ENDING JUNE 30, 1989

MI/DD PROGRAMS	SALARIES	CURRENT EXPENSES	REPAIRS AND REPLACEMENTS	SPECIAL EQUIPMENT	TOTAL
ANOKA	12,819,024	1,051,515	354,427	60,887	14,285,853
BRAINERD	17,580,742	1,426,485	357,001	88,174	19,452,402
CAMBRIDGE	20,284,107	1,533,714	178,543	49,120	22,045,484
FARIBAULT	29,757,593	2,147,585	284,442	18,507	32,208,127
FERGUS FALLS	16,386,712	1,158,201	236,447	36,720	17,818,080
MOOSE LAKE	13,739,800	1,178,549	394,147	38,726	15,351,222
ROCHESTER	74,067				74,067
ST. PETER	18,415,529	2,311,493	289,693	58,376	21,075,091
SECURITY HOSPITAL	7,355,749				7,355,749
WILLMAR	20,006,336	1,394,752	223,773	38,709	21,663,570
Subtotal:	156,419,659	12,202,294	2,318,473	389,219	171,329,645
SYSTEMWIDE EXPENSES	1,560,605	71,711	1,549	7,735	1,641,600
Total:	157,980,264	12,274,005	2,320,022	396,954	172,971,245

SUMMARY OF EXPENDITURES
YEAR ENDING JUNE 30, 1990

MI/DD PROGRAMS	SALARIES	CURRENT EXPENSES	REPAIRS AND REPLACEMENTS	SPECIAL EQUIPMENT	TOTAL
ANOKA	14,590,677	1,248,570	180,569	66,659	16,086,475
BRAINERD	20,387,944	1,629,172	225,808	45,391	22,288,315
CAMBRIDGE	21,375,744	1,768,490	129,959	36,793	23,310,986
FARIBAULT	32,662,278	2,565,696	223,995	112,777	35,564,746
FERGUS FALLS	18,230,369	1,324,513	217,317	45,006	19,817,205
MOOSE LAKE	15,506,573	1,318,826	171,405	72,905	17,069,709
ROCHESTER	84,218				84,218
ST. PETER	21,284,689	2,698,286	269,631	89,314	24,341,920
SECURITY HOSPITAL	8,269,581				8,269,581
WILLMAR	22,280,650	1,602,386	161,750	45,029	24,089,815
Subtotal:	174,672,723	14,155,939	1,580,434	513,874	190,922,970
SYSTEMWIDE EXPENSES	1,726,566	197,266	10,180		1,934,012
Total:	176,399,289	14,353,205	1,590,614	513,874	192,856,982

SUMMARY OF EXPENDITURES
YEAR ENDING JUNE 30, 1989

NURSING HOMES	SALARIES	CURRENT EXPENSES	REPAIRS AND REPLACEMENTS	SPECIAL EQUIPMENT	TOTAL
AH-GWAH-CHING	9,306,120	959,996	157,551	41,356	10,465,023
OAK TERRACE	9,012,833	1,017,314	192,087	27,500	10,249,734
Total:	18,318,953	1,977,310	349,638	68,856	20,714,757

SUMMARY OF EXPENDITURES
YEAR ENDING JUNE 30, 1990

NURSING HOMES	SALARIES	CURRENT EXPENSES	REPAIRS AND REPLACEMENTS	SPECIAL EQUIPMENT	TOTAL
AH-GWAH-CHING	10,298,809	923,944	86,911	24,202	11,333,866
OAK TERRACE	8,484,227	841,434	111,282	17,259	9,454,202
Total:	18,783,036	1,765,378	198,193	41,461	20,788,068

CHEMICAL DEPENDENCY OPERATING STATEMENT
July 1, 1988 To June 30, 1989

	Ah-Gwah-Ching	Anoka	Brainerd	Fergus Falls	Moose Lake	St. Peter	Willmar	Total
OPERATING REVENUE:								
Investment Income	$4,586	$66,515	$28,974	$76,730	$66,987	$20,281	$21,691	$285,764
Patient Service Revenue	$480,712	$3,106,995	$1,444,978	$2,467,759	$2,406,170	$1,096,545	$1,063,205	$12,066,364
Total Operating Revenue	$485,298	$3,173,510	$1,473,952	$2,544,489	$2,473,157	$1,116,826	$1,084,896	$12,352,128
OPERATING EXPENSES:								
Interest Expense	$3,271	$21,875	$11,578	$20,787	$15,602	$5,563	$9,557	$88,233
Bad Debt Expense	$880	$19,745	$2,473	$17,750	$23,948	$17,875	$20,152	$102,823
Purchase Services	$3,816	$99,579	$43,146	$38,851	$57,800	$63,361	$31,127	$337,680
Salary and Fringe Benefits	$448,010	$2,273,851	$1,475,360	$2,424,273	$2,612,639	$1,081,405	$1,555,683	$11,871,221
Depreciation	$12,535	$63,490	$51,196	$68,520	$59,358	$30,637	$30,453	$316,189
Supplies & Materials	$69,958	$265,123	$174,361	$223,151	$199,262	$102,223	$95,289	$1,129,367
Indirect Costs	$22,120	$45,985	$25,551	$52,350	$49,697	$19,180	$24,056	$238,939
Total Operating Costs	$560,590	$2,789,648	$1,783,665	$2,845,682	$3,018,306	$1,320,244	$1,766,317	$14,084,452

CHEMICAL DEPENDENCY OPERATING STATEMENT
July 1, 1989 To June 30, 1990

	Ah-Gwah-Ching	Anoka	Brainerd	Fergus Falls	Moose Lake	St. Peter	Willmar	Total
OPERATING REVENUE:								
Investment Income	$9,870	$77,262	$21,211	$52,287	$28,343	$14,793	$11,630	$215,396
Patient Service Revenue	$674,574	$2,858,158	$1,536,699	$2,545,313	$2,331,688	$926,507	$1,008,056	$11,880,995
Total Operating Revenue	$684,444	$2,935,420	$1,557,910	$2,597,600	$2,360,031	$941,300	$1,019,686	$12,096,391
OPERATING EXPENSES:								
Interest Expense	$3,573	$13,266	$5,282	$11,410	$7,826	$3,477	$4,891	$49,725
Bad Debt Expense		$4,920	$580	$4,544	$17,544	$3,525	$1,484	$32,597
Purchase Services	$7,711	$123,948	$24,459	$25,010	$30,328	$66,052	$21,957	$299,465
Salary and Fringe Benefits	$500,807	$2,622,073	$1,641,711	$2,435,511	$2,517,446	$1,010,293	$1,271,218	$11,999,059
Depreciation	$13,596	$65,756	$39,644	$68,985	$58,663	$30,965	$26,744	$304,353
Supplies & Materials	$88,971	$314,927	$140,516	$206,117	$211,677	$91,222	$102,277	$1,155,707
Indirect Costs	$29,758	$58,358	$30,058	$50,688	$57,536	$34,760	$28,646	$289,804
Total Operating Costs	$644,416	$3,203,248	$1,882,250	$2,802,265	$2,901,020	$1,240,294	$1,457,217	$14,130,710

RESIDENTIAL FACILITIES
Number of Positions in Full-Time Equivalents by Program
Ending June 30, 1990

Facility	Mental Health	Developmental Disablities	Chemically Dependent	Security Hospital	Nursing Home	General Support *	Total
Ah-Gwah-Ching	0.0	0.0	11.0	0.0	180.5	123.5	315.0
Anoka	271.0	0.0	43.0	0.0	0.0	153.3	467.3
Brainerd	134.5	217.7	23.0	0.0	19.5 **	183.5	578.2
Cambridge	0.0	383.7	0.0	0.0	0.0	185.4	569.2
Faribault	0.0	678.0	0.0	0.0	0.0	220.8	898.7
Fergus Falls	119.0	190.3	55.0	0.0	0.0	160.6	525.0
Moose Lake	198.0	94.0	38.0	0.0	0.0	147.6	477.6
Oak Terrace	0.0	0.0	0.0	0.0	153.3	76.2	229.5
St. Peter	187.5	196.8	19.0	252.0	0.0	177.1	832.4
Willmar	321.9	95.9	23.0	0.0	0.0	167.8	608.7
Total	1,231.9	1,856.5	212.0	252.0	353.3	1,595.8	5,501.5

* General Support (GS) includes 2.5 positions transfered from Oak Terrace NH GS account to Brainerd RHSC GS account. General Support also includes the reduction of 29 RTC posiitons and 35 NH positions.

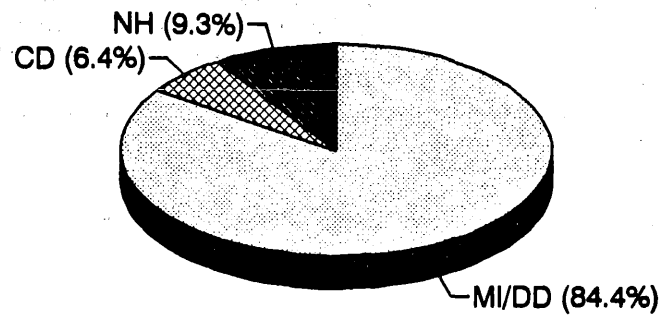
** Positions transfered from Oak Terrace NH.

SHARED SERVICE AGREEMENTS
FISCAL YEAR 1990

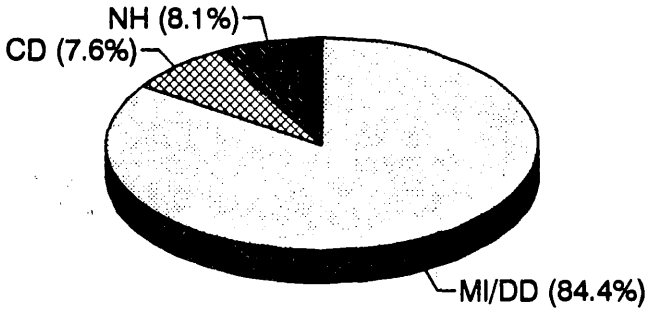
Pursuant to Minnesota Statutes, Section 246.57, the Commissioner of Human Services may authorize any regional center or state operated nursing home to enter into agreement with other governmental entities and both nonprofit and for profit organizations for participation in shared service agreements that would be of mutual benefit to the state, other governmental entities and organizations involved, and the public. The charges for the services shall be on an actual cost basis. The receipts are appropriated to the commissioner of human services for the duration of the shared service agreement to make expenditures under the agreement that are not covered by other appropriations. The following Shared Service Agreements are in effect at the regional centers and state operated nursing homes.

FACILITY NAME	CONTRACT TYPE	EXPENSE
Anoka - Metro Regional Treatment Center	- Meal & Security for Lessee, Anoka County	$245,925
	- U of M Medical Students, Consultant Lectures and office supplies	1,377
Brainerd Regional Human Services Center	- Crow Wing County CD Counseling Services	14,841
	- Laundry for Camp Ripley	164,732
	- Dietary Services for Crow Wing County Jail	35,160
Cambridge Regional Human Services Center	- Community Based Pilot Project DD	639,722
	- Community Based Pilot Project DD	100,515
Faribault Regional Center	- Laundry to Regional Organizations	355,767
	- Community Based Pilot Project DD	741,945
	- Community Based Pilot Project DD	125,160
	- Psychiatric/Medical Services to Regional Organizations	13,264
	- Bakery Services to Regional Organizations	20,739
	- Work Activity-Community Client Supervision	53,267
Fergus Falls Regional Treatment Center	- Out Patient CD services for Clay County	70,610
	- Housekeeping Services	1,404
	- CD Counseling Services to School District #548	9,866
	- CD Counseling Services to School District #146	7,589
	- Steam Purchase	830,272
Moose Lake Regional Treatment Center	- Dietary Services to Willow River Camp	9,074
St. Peter Regional Treatment Center	- Meals to Nicollet County Jail	60,270
	- Habilitation Training Services to Nicollet County	24,780
Willmar Regional Treatment Center	- Training and Technical assistance to Local Group and Nursing Home	1,992
	- Training and Habilitation Services provided by Crossroads DAC	123,615
Ah-Gwah-Ching Nursing Home	- Meal for Cass County Jail	28,967
Oak Terrace Nursing Home	- Medical Library Services Sales	32,214
	- Film Library Services Sales	6,159
		$3,719,226

Residential Facilities Expenditures - Fiscal Year 1990



Residential Facilities Collections - Fiscal Year 1990



VOLUNTEER SERVICES

Value of Hours and Contributions

Facility	Contribution Totals				$ Value of Time Other Contributions		
	Cash	New	Used	In-kind	*Vol. Hrs.	Contributions	Grand Total
Ah-Gwah-Ching	$5,008	$5,050	$3,810	$3,690	$130,823	$17,558	$148,381
Anoka	$19,971	$40,368	$35,692	$1,574	$74,547	$97,605	$172,152
Brainerd	$4,940	$8,706	$10,308	$94,408	$347,611	$118,362	$465,973
Cambridge	$39,264	$59,158	$130	$1,992	$252,729	$100,544	$353,273
Faribault	$61,669	$62,211	$79,177	$2,046	$269,618	$205,103	$474,721
Fergus Falls	$28,729	$10,142	$2,490	$7,062	$210,097	$48,423	$258,520
Moose Lake	$7,318	$44,321	$10,603	$830	$126,060	$63,072	$189,132
Oak Terrace	$10,465	$7,655	$1,936	$0	$88,809	$20,056	$108,865
St. Peter	$28,342	$87,384	$96,623	$12,286	$140,304	$224,635	$364,939
Willmar	$24,721	$28,338	$2,112	$2,847	$170,628	$58,018	$228,646
Totals	**$230,427**	**$353,333**	**$242,881**	**$126,735**	**$1,811,228**	**$953,376**	**$2,764,604**

* Computed at $9.09 per hour

Facility	Total Pop. Volun.			Total Pop. Volun.			Volunteer Hours						
	Pop. July-Dec. 1989	Foster Grand-Parents	Volun.	Pop. Jan.-June 1990	Foster Grand-Parents	Volun.	Teaching Rehab.	One-To-One	Support Services	Recrea-tion	Admin.	Prof.	Total Hours
Ah-Gwah-Ching	250	0	366	260	0	356	17	9,833	1,124	3,166	64	188	14,392
Anoka	902	0	546	820	0	536	1,048	386	4,897	1,248	342	280	8,201
Brainerd	717	17	452	719	17	225	580	21,602	8,408	3,924	1,375	2,352	38,241
Cambridge	302	28	326	285	23	191	385	17,467	5,734	2,553	624	1,040	27,803
Faribault	520	17	557	505	19	372	2,017	18,652	7,232	109	188	1,463	29,661
Fergus Falls	865	12	287	795	11	263	1,326	12,581	2,902	6,273	28	3	23,113
Moose Lake	722	0	308	662	0	360	316	8,401	3,883	1,034	203	31	13,868
Oak Terrace	*200	0	400	*148	0	300	2,092	1,423	3,223	2,534	325	173	9,770
St. Peter	946	4	644	965	2	3	370	2,088	7,643	4,574	640	120	15,435
Willmar	868	7	488	850	5	194	270	14,131	2,899	838	605	28	18,771
Totals	**6,092**	**85**	**4,374**	**5,861**	**77**	**2,800**	**8,421**	**106,564**	**47,945**	**26,253**	**4,394**	**5,678**	**199,255**

* Indicates a declining population due to closure process

APPENDIX G

LAND, BUILDINGS, CAPITAL IMPROVEMENTS

ALLOCATION OF BUILDING FUNDS
Laws of Minnesota 1990
Chapter 610, Article 1

	Appropriation
Sec. 12. HUMAN SERVICES	
Subd. 1. To the Commissioner of Administration for the purposes specified in the following subdivisions:	$22,675,000
Subd. 2. Systemwide	
a.) Heating Ventilation and Air Conditioning	$500,000
b.) Licensure/Accreditation Remodeling	$450,000
c.) Repair Roofs, Structures & Utilities	$426,000
Subd. 3. Construct 10 SOCS for DD Program	$2,590,000
Subd. 4. Develop 2 Community-Based Residences for People with Mental Illness	$1,000,000
Subd. 5. Repair/Replace Water & Sewer Lines at Cambridge Regional Human Service Center in Cooperation with the City of Cambridge	$400,000
Subd. 6. Upgrade Dietary & Kitchen Areas at Ah-Gwah-Ching, Brainerd, and St. Peter.	$774,000
Subd. 7. Prepare Working Drawings to remodel or reconstruct the Anoka, Moose Lake and Fergus Falls Mental Health Units, and remodel for 35 Mental Health Secutiy Beds at Brainerd Regional Regional Human Services Center.	$7,235,000
a.) Anoka - $2,800,000	
b.) Fergus Falls - $1,435,000	
c.) Moose Lake - $1,500,000	
d.) Brainerd - $1,500,000	
Subd. 8. Complete Remodeling of Buildings for the following Skilled Nursing Home Beds:	$9,300,000
a.) Brainerd - 105 Beds	
b.) Cambridge - 70 Beds	
c.) Fergus Falls - 85 Beds	

SQUARE FOOTAGE AND ACREAGE OF CAMPUSES

REGIONAL TREATEMENT CENTER	GROSS SQUARE FOOTAGE OF BUILDINGS/TUNNELS	ACREAGE
Anoka - Metro	483,516	236.38
Brainerd	736,945	193.33
Cambridge	704,501	219.87
Faribault	968,004	760.90
Fergus Falls	860,757	215.00
Moose Lake	575,043	175.00
St. Peter	817,068	607.02
Willmar	589,357	158.00
TOTAL:	5,735,191	2,565.50

NURSING HOME	GROSS SQUARE FOOTAGE OF BUILDINGS/TUNNELS	ACREAGE
Ah-Gwah-Ching	252,919	218.95
Oak Terrace	444,758	75.91
TOTAL:	697,677	294.86
GRAND TOTAL:	**6,432,868**	**2,860.36**

DEPARTMENT OF HUMAN SERVICES
SOLD, LAND AND BUILDINGS DECLARED SURPLUS, LEASED OR DEMOLISHED
January 1, 1973 through November 30, 1990

FACILITY	TYPE OF BUILDING/LAND	SQUARE FOOTAGE	ACRES	STATUS	SELLING PRICE	ANNUAL LEASE PRICE
Ah-Gwah-Ching Nursing Home	- Chicken Coop	N/A		Demolished		
	- Staff House #42 & garage (excude basement)	4,165		Leased to Northern Cass DAC		$4,800.00
	- Old Pump House - Building #75	1,872		Transferred to DNR		
	- Staff House #44	2,156		Sold	$1,560.00	
	- Staff House #46 & garage	2,184		Sold	$2,654.29	
	- Staff House #48	2,184		Sold & to be Removed	$750.00	
	- Staff House #49	2,884		Sold	$125.00	
	- Land for House Owned by Bi-County CAP		0.46	Leased to Bi-County CAP		$2,160.00
Subtotal		15,445	0.46		$5,089.29	$6,960.00
Anoka - Metro Regional Treatment Center	- Farm buildings (milk house, barn, 4 silos, slaughter house, farm house, garage)	15,146		Demolished		
	- Staff house #1 & garage	2,767		Sold	$3,820.00	
	- Staff house #2 & garage	2,763		Sold	$3,650.00	
	- Staff house #3 & garage	3,036		Sold	$9,800.00	
	- Staff house #4 & garage	2,763		Sold	$4,130.00	
	- Staff house #5 & garage	2,799		Sold	$1,984.50	
	- Pumping Station	756		Demolished		
	- Burns Building	50,390		Demolished		
	- NE 1/4 of SE 1/4 of Sec. 9, Twnsp. 31, Range 24, lying NE of Trunk Hwy. 10 in Coon Rapids, MN, County of Anoka		10.50	Transferred to DNR		
	- Tract of Land in Twnsp. 32 N, Range 24 W	18,750		Leased to City of Anoka		Mutual Benefits
	- Tract of Land bounded by Grant St./4th Ave. and 5th Ave.		7.00	Leased to City of Anoka		Mutual Benefits

DEPARTMENT OF HUMAN SERVICES
SOLD, LAND AND BUILDINGS DECLARED SURPLUS, LEASED OR DEMOLISHED
January 1, 1973 through November 30, 1990

FACILITY	TYPE OF BUILDING/LAND	SQUARE FOOTAGE	ACRES	STATUS	SELLING PRICE	ANNUAL LEASE PRICE
	- Tract of Land on N 7th Ave.		6.61	Leased to Metro. Transit Comm.		Mutual Benefits
	- Building #12, Old Nurses Dorm	22,028		Leased to County of Anoka		$33,042.00
	- Building #3, Cottage 4	17,866		Leased to County of Anoka		$26,799.00
	- Building #1, Cottage 2	17,155		Leased to County of Anoka		$26,799.00
	- Land - NW Corner of Cnty. RD 7 & Garfield St.	12,200		Leased to Anoka County Community Action Program Inc.		Mutual Benefits
Subtotal		168,419	24.11		$23,384.50	$86,640.00
Brainerd Regional Human Services Center	- Rooms in buildings 1, 4, and 5	6,838		Leased to Ind. Schl. Dist. # 181		Mutual Benefits
	- Building 19 and yard	21,548		Leased to Crow Wing County		$16,644.00
Subtotal		28,386	0.00		$0.00	$16,644.00
Cambridge Regional Human Services Center	- Residence - Cottage #7	19,288		Demolished		
	- Staff house #5 W including lot	3,120		Sold	$27,650.00	
	- Staff house #3 N	2,484		Sold	$12,000.00	
	- Staff house #4 E	1,200		Sold	$41,800.00	
	- Staff house #2 C	2,000		Sold	$13,690.00	
	- 1 room in McBroom Hall and Office space in Main Building	1,900		Leased to Ind. Schl. Dist. #911		Mutual Benefits
	- Cottage #9	4,293		Leased to Carousel NS		$7,512.00
	- Building #30 Dellwood South	5,880		Leased to Ind. Schl. Dist. #911		Mutual Benefits
	- Staff house #16 (less garage and breezeway)	2,350		Leased to The Refuge		$300.00

DEPARTMENT OF HUMAN SERVICES
SOLD, LAND AND BUILDINGS DECLARED SURPLUS, LEASED OR DEMOLISHED
January 1, 1973 through November 30, 1990

FACILITY	TYPE OF BUILDING/LAND	SQUARE FOOTAGE	ACRES	STATUS	SELLING PRICE	ANNUAL LEASE PRICE
	- Building #2 - 1st floor North	1,728		Leased to AFSCME		$1,080.00
	- Cottage #5 - Building 12 (grounds & parking area)	18,739		Leased to County of Isanti		$34,104.96
	- Building 18 - Cottage 6	18,739		Leased to Community College System		$18,738.96
	- Building 1 - North half of main floor	2,400		Leased to Pine Technical College		$6,000.00
	- NE 1/4 of NW 1/4 & the NW 1/4 of NE 1/4 of Sec. 5, Twnsp. 35N, Range 23W, Isanti County		8.33	Transfered to DNR		
	- Tract of land		8.40	Sold	$113,600	
Subtotal		84,121	16.73		$208,740.00	$67,735.92
Faribault Regional Center	- Farm Building #70 - Piggery	1,250		Demolished		
	- Farm Building #86 - Bull Pen	784		Demolished		
	- Farm Building #87 - Sick Bay	430		Demolished		
	- Farm Building #89 - Barn	2,400		Demolished		
	- Farm Building #91 - Matern. Barn	2,400		Demolished		
	- Farm Building #104 - Slaughter House	560		Demolished		
	- Farm Building #105 - Farrowing House	3,500		Demolished		
	- Farm Building #106 - Barn	1,800		Demolished		
	- Farm Building #107 - Barn	4,420		Demolished		
	- Farm Building #108 - Farrowing House	3,552		Demolished		
	- Farm Building #109 - Barn	1,250		Demolished		
	- Chippewa Building	70,114		Demolished		
	- Iris Building	12,262		Demolished		
	- Sioux Cottage	12,879		Demolished		
	- Ivy Building	68,126		Demolished		
	- Daisy Building	12,262		Demolished		
	- Staff house #71, Garage #72 (Including lot)	2,656		Sold	$27,200.00	

DEPARTMENT OF HUMAN SERVICES
SOLD, LAND AND BUILDINGS DECLARED SURPLUS, LEASED OR DEMOLISHED
January 1, 1973 through November 30, 1990

FACILITY	TYPE OF BUILDING/LAND	SQUARE FOOTAGE	ACRES	STATUS	SELLING PRICE	ANNUAL LEASE PRICE
	- Staff house #73, Garage #74 (Including lot)	2,656		Sold	$26,300.00	
	- Staff house #75, Garage #76 (Including lot)	2,748		Sold	$34,000.00	
	- Storage Barn #28	11,967		Demolished		
	- Garage #97	264		Sold		
	- Staff house #98	2,025		Sold	$34,750.00	
	- Garage #99	308		Sold		
	- Staff house #100, Garage #101 (Including lot)	3,062		Sold	$30,150.00	
	- Staff house #102, Garage #103 (Including lot)	2,515		Sold	$25,200.00	
	- Superintendent's Residence	8,362		Sold and Razed	$1.00	
	- Vacant Lot, Lot 5, Block 1		0.28	Sold	$4,600.00	
	- Vacant Lot, Lot 8, Block 1		0.32	Sold	$5,125.00	
	- Vacant Lot, Lot 9, Block 1		0.36	Sold	$7,100.00	
	- Tracts of Farm Lands for Nature Interpretive Center		575.00	Leased to City of Faribault		Mutual Benefits
	- Tract of Land on Barron Road		10.00	Leased to City of Faribault		Mutual Benefits
	- Oaks Building - 2nd floor	3,198		Leased to Rice County		$7,995.00
Subtotal		237,750	585.96		$194,426.00	$7,995.00
Fergus Falls Regional Treatment Center	- Cottage B & C - Building #43	5,298		Demolished		
	- Cottage D - Building #44	3,922		Demolished		
	- Cottage A - Building #39	3,024		Demolished		
	- Staff House #41	2,048		Leased to Bruce Ver Steeg		$2,100.00
	- Staff House #45	2,626		Leased to John Bloom		$2,178.00
	- Staff House #46	2,612		Leased to Roberto Pagarigan		$2,100.00
	- Staff House #48	3,171		Leased to David Brunelle		$2,400.00
	- Building #5	4,791		Leased to Dept. of Health		$7,188.00
	- Building #42	3,465		Leased to Ind. Schl. Dist. #544		$5,197.50

DEPARTMENT OF HUMAN SERVICES
SOLD, LAND AND BUILDINGS DECLARED SURPLUS, LEASED OR DEMOLISHED
January 1, 1973 through November 30, 1990

FACILITY	TYPE OF BUILDING/LAND	SQUARE FOOTAGE	ACRES	STATUS	SELLING PRICE	ANNUAL LEASE PRICE
	- Building #13, Wing 5	4,500		Leased to Ind. Schl. Dist. #544		$5,062.50
	- Building #31	5,113		Leased to Ind. Schl. Dist. #544		$5,752.17
	- Space in Building #33	805		Leased to West Central Ed. Coop.		$1,207.44
	- AW Building - 2nd floor; Room 700E	441		Leased to West Central Corp.		$1,102.56
	- Building #6	12,744		Leased to Catholic Charities		$19,116.00
	- RH Building - basement & 1st floor	15,513		Leased to Ind. Schl. Dist. #544		$23,268.00
	- Building #23 - Room 23-2-5C	190		Leased to MN Senior Federation		$855.00
	- Building #23 - Room 213	110		Leased to Northwest MN Legal SVC		$1,485.00
	- Buildings #23 & #24 - Roof			Leased to MN Public Radio		Mutual Benefits
	- Building #11 - Service Bay	480		Leased to Dept. of Public Safety		$2,600.00
	- Building #33	3,000		Lease to Valley & Lakes Ed. Dist.		$4,500.00
	- Farm land adjacent to facility		263	Transferred to DNR		
	- S 1/2 of Sec. 28 & SW 1/4 of Sec. 27, Twnsp 133 N, Range 43W & 330 ft. of NW 1/4 of NE 1/4 of sec. 33, Twnsp. 133 N, Range 43 W & portion of block 7 of Seminary Reserve		77	Transferred to DNR		
Subtotal		73,853	340.20		$0.00	$86,112.17
Moose Lake Regional Treatment Center	- Beach House	209		Demolished		
	- Staff House #40	3,402		Sold	$3,506.00	
	- Staff House #41	2,820		Transferred to DNR		
	- Staff House #42	2,988		Sold	$31,200.00	
	- Staff House #43 (Lot included)	2,988		Sold	$25,000.00	

DEPARTMENT OF HUMAN SERVICES
SOLD, LAND AND BUILDINGS DECLARED SURPLUS, LEASED OR DEMOLISHED
January 1, 1973 through November 30, 1990

FACILITY	TYPE OF BUILDING/LAND	SQUARE FOOTAGE	ACRES	STATUS	SELLING PRICE	ANNUAL LEASE PRICE
	- Staff House #43 (Lot included)	2,820		Sold	$20,500.00	
	- Staff House #45	3,326		Sold	$30,250.00	
	- Staff House #43 (Lot included)	3,326		Sold	$28,000.00	
	- Administration Building - Room 304	98		Leased to AFSCME		$545.88
	- Cottage #1	26,150		Leased to Dept. of Corrections		$56,222.52
Subtotal		48,127	0.00		$138,456.00	$56,768.40
Oak Terrace Nursing Home	- Nurses Home #1	74,001		Leased to Nexus, Inc.		$30,000.00
	- Superintendent's Res. #4	4,593		Leased to West Sub. Alano		$1,920.00
	- Building #13 - Room 341	185		Leased to AFSCME		$277.50
	- Building #15 - NE wing; Room 98	59		Leased to Rehab Dynamics		$294.96
	- Land - Vic of Powerhouse		0.15	Leased to Bruce Matilla Trucking		$1,200.00
	- Land - Vic Lower Power Pl Gar.		0.25	Leased to Perkins Landscape		$2,196.00
Subtotal		78,838	0.40		$0.00	$35,888.46
St. Peter Regional Treatment Center	- Building #88 - Corn Crib	1,718		Sold	$410.00	
	- Building #86 - Hog House	6,126		Demolished		
	- Building #40 - Staff House	1,346		Sold	$14,000.00	
	- Building #42 - Staff House	2,484		Sold	$13,900.00	
	- Building #43 - Staff House	2,484		Sold	$12,500.00	
	- Building #44 - Staff House	2,484		Sold	$11,200.00	
	- Building #45 - Staff House	1,602		Sold	$6,200.00	

DEPARTMENT OF HUMAN SERVICES
SOLD, LAND AND BUILDINGS DECLARED SURPLUS, LEASED OR DEMOLISHED
January 1, 1973 through November 30, 1990

FACILITY	TYPE OF BUILDING/LAND	SQUARE FOOTAGE	ACRES	STATUS	SELLING PRICE	ANNUAL LEASE PRICE
	- Building #46 - Staff House	1,863		Sold	$420.00	
	- Building #47 - Staff House	2,348		Demolished		
	- Liberty Hall #14	18,006		Demolished		
	- Building #85 - Greenhouse	6,966		Sold	$425.00	
	- Building #57 - Old Security Hospital	78,682		Demolished		
	- Wooden Shed	302		Demolished		
	- Building #30	16,755		To be Demolished		
	- Building #35 (yard & parking areas)	8,499		Leased to Leo A. Hoffman Ctr.		$1,800.00
	- Green Acres Building - S wing	742		Leased to Ind. Schl. Dist. #508		Mutual Benefits
	- Building #63, SE Part	520		Leased to Dept. of Public Safety		Mutual Benefits
Subtotal		152,927	0.00		$59,055.00	$1,800.00
Willmar Regional Treatment Center	- Hog House	N/A		Demolished		
	- Chief Eng. Staff House	1,728		Sold	$2,155.00	
	- Old Barn	8,000		Demolished		
	- Farm Manager's Residence	1,728		Sold	$410.00	
	- Staff House - Doctor's Residence	2,600		Sold	$8,560.00	
	- Staff House - R-3	2,600		Sold	$10,450.00	
	- Staff House - R-6	2,900		Sold	$14,859.00	
	- Auditorium Rehab. Ther. - Building 11	16,400		Sold		
Subtotal		35,956	0.00		$36,434.00	$0.00
GRAND TOTAL		923,822	967.86		$665,584.79	$366,543.95