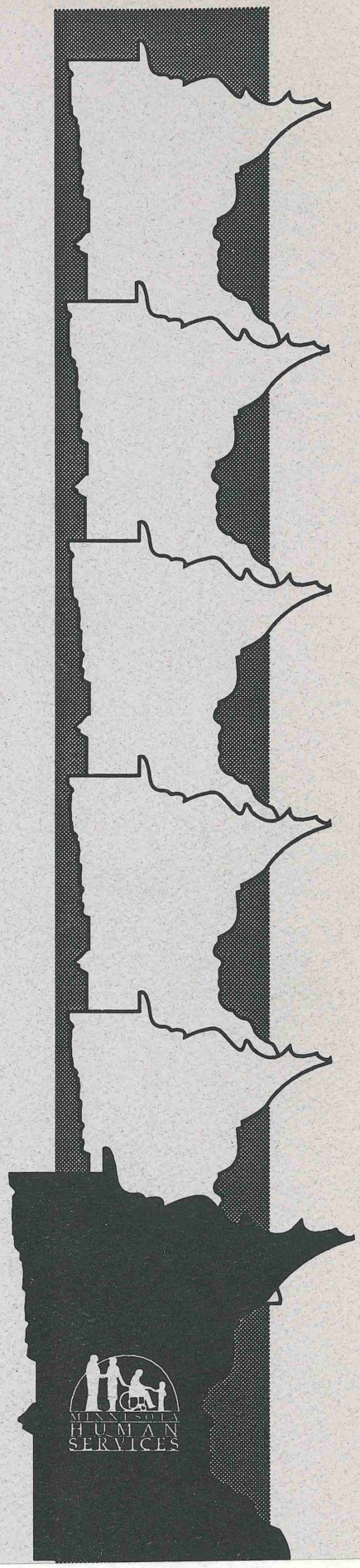
Fact Book: Minnesota State Operated Residential Programs



Department of Human Services
State of Minnesota

January 1993

Pursuant to Mn Stat 246.06 and
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Fact Book: State Operated Residential Programs

January 1993

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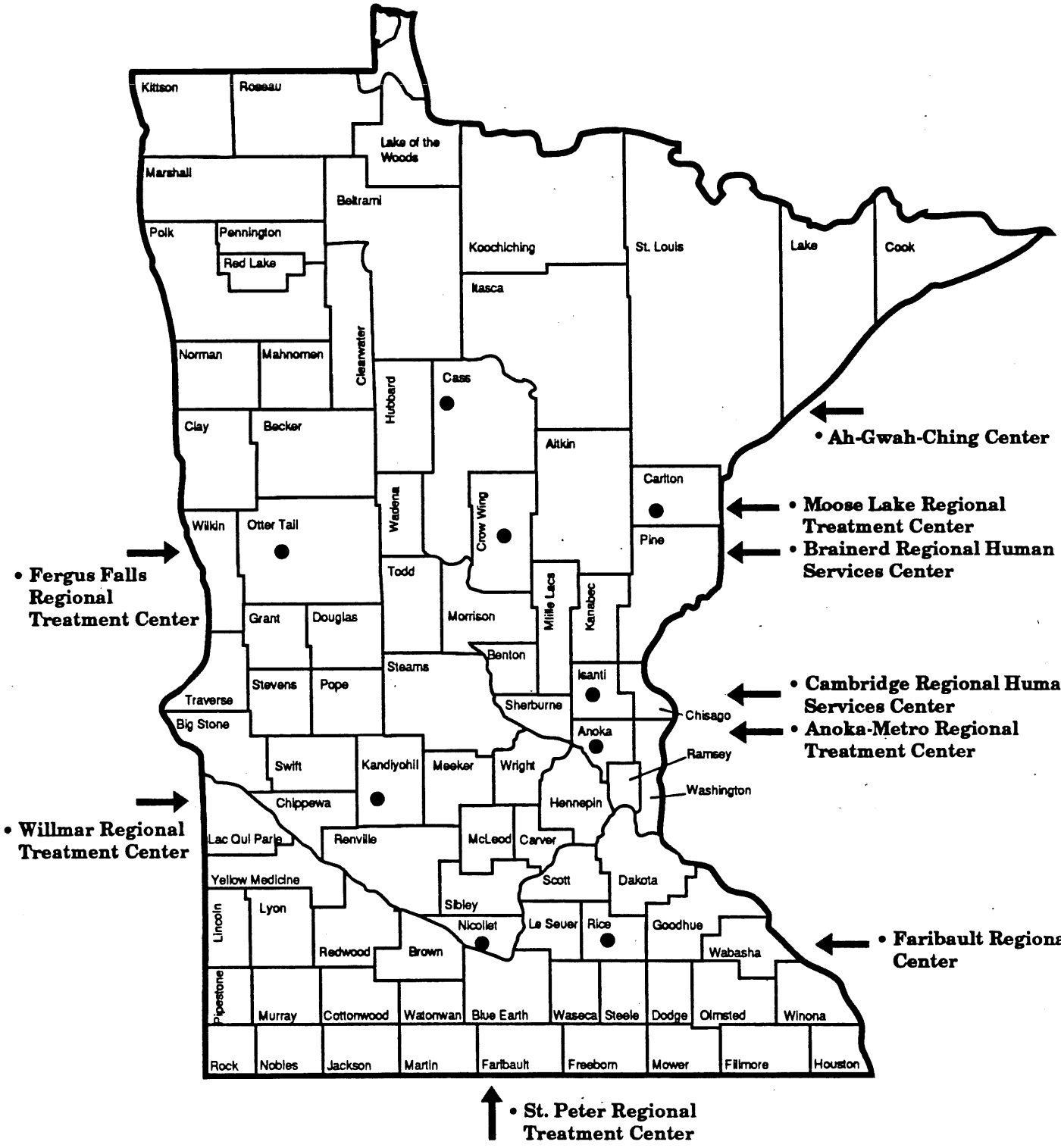
State Operated Residential Programs Overview



MS-0379n/MS (11-92)

OVERVIEW

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

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

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 state-operated facilities has been reduced to an average daily census of 2,824 in FY92.

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

Mental Health Programs

The Department operates six inpatient mental health programs which serve persons experiencing acute and chronic episodes of mental illness. Over 60 percent of admitted patients are diagnosed as schizophrenic, and a number of them carry multiple diagnoses.

In FY92 the average daily census for persons receiving mental health services was 1,264. Programs generally operate near or at capacity, with waiting lists at some facilities.

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 census has steadily dropped to a level in FY92 of 1,050 persons.

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 15 State-Operated Community Services (SOCS) homes throughout the state to provide housing for 90 current residents in RTCs. Five day-training and habilitation programs were authorized to provide services to persons residing in the SOCS. In addition the Department, in conjunction with Cambridge Regional Human Services Center and Faribault Regional Center, established two pilot community health clinic projects to provide training, technical assistance, and professional health services to the SOCS as well as to other community-based providers.

Nursing Home Facilities

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 FY92 the average daily census of nursing home residents was 312.

Nursing care services are currently provided at Ah-Gwah-Ching Center in Walker; at the Woodhaven Senior Community, which is part of the Brainerd Regional Human Services Center; and the nursing facility unit at the Faribault Regional Center.

Chemical Dependency

The Department operates seven chemical dependency programs as a part of its multi-disciplinary RTCs and one program located on the campus of Ah-Gwah-Ching Center. 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.

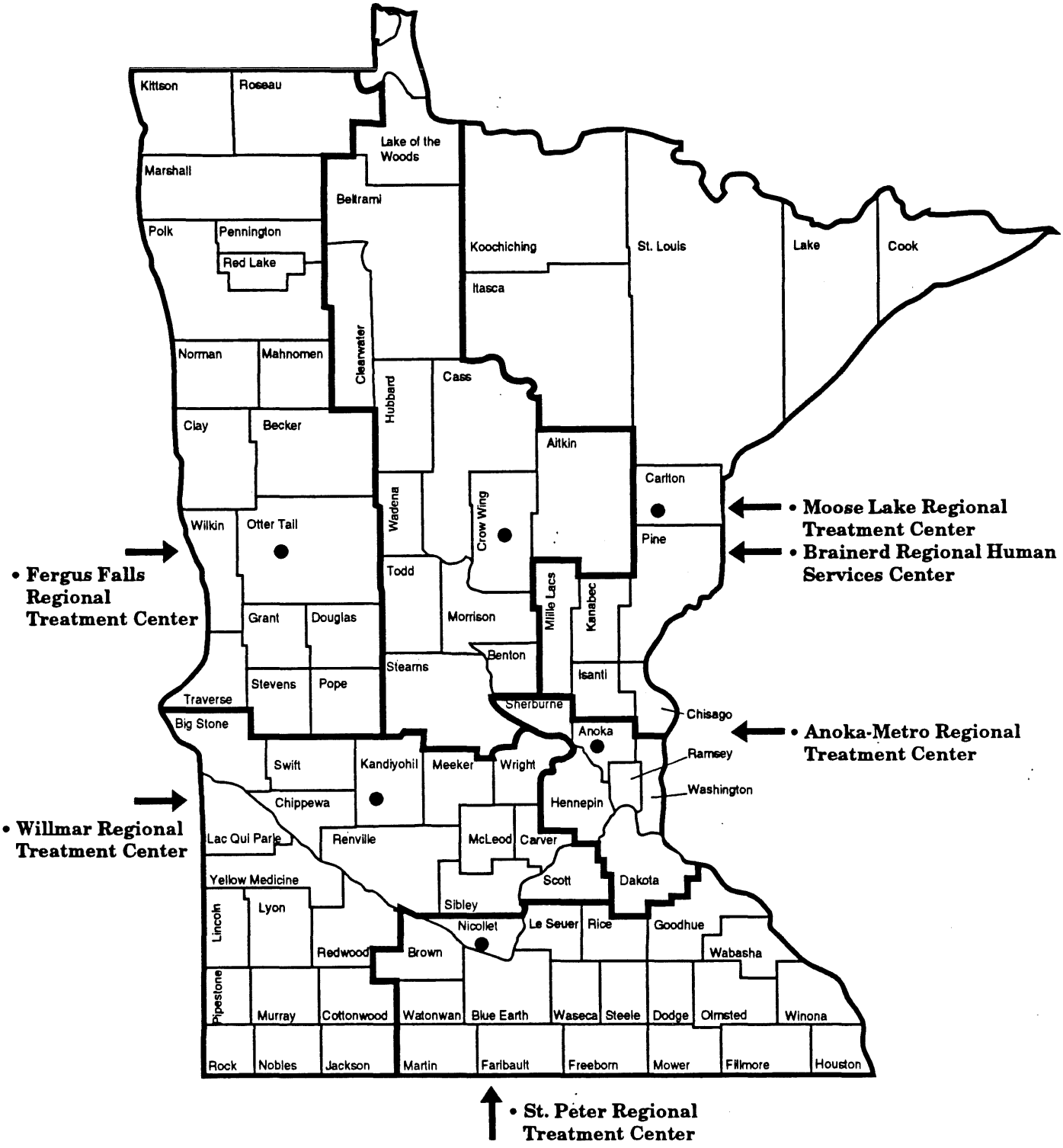
On January 1, 1988, the Consolidated Chemical Dependency Treatment Fund (CCDTF) took effect, resulting in chemical dependency programs operated by the state being treated as enterprises in direct competition with private sector providers. Since that time, the RTCs have experienced a steady decline in the number of primary and extended care clients served, although this is partly attributable to a national decline in the number of persons receiving primary inpatient treatment. The average daily census for FY92 was 198.

Revenues and Expenditures

Expenditures for all state-operated programs in FY92 totaled $234,339,598. Services for mental health, developmental disabilities, and nursing facility (MH/DD/NF) programs accounted for $223,887,912 of total expenditures. Chemical dependency (CD) programs accounted for $10,451,686 of total expenditures. As in any service delivery program, salaries represent the bulk of expenditures (90.36 percent for MH/DD/NF and 81.10 percent for CD). The largest non-salary expenditure for MH/DD/NF was the "all other expenses" category. The largest non-salary expenditure for CD programs was the supplies and materials category.

The Legislature appropriates funds to operate mental health, developmental disabilities, and nursing facility programs. Reimbursements from fees for these services are deposited into the State General Fund and designated as dedicated revenue to Medical Assistance, which has the effect of reducing that appropriation. Revenues from collections for CD services are used to support operating expenditures. The department recovered $162,197,442 for all services provided in FY92. MH/DD/NF services represented $151,668,890 of total collections where as CD programs earned $10,528,552.

Mental Health Receiving Areas



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MENTAL HEALTH

The State of Minnesota first began providing care for its citizens with mental illness in 1867 when it opened the Minnesota Hospital for the Insane at St. Peter. In the next fifty years, "hospitals for the insane" were opened at Rochester, Fergus Falls, Anoka and Hastings. In 1911 the Asylum for the Dangerously Insane opened on the St. Peter Hospital campus. This forensic program, known today as the Minnesota Security Hospital, was renamed through a contest 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 1950s 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.

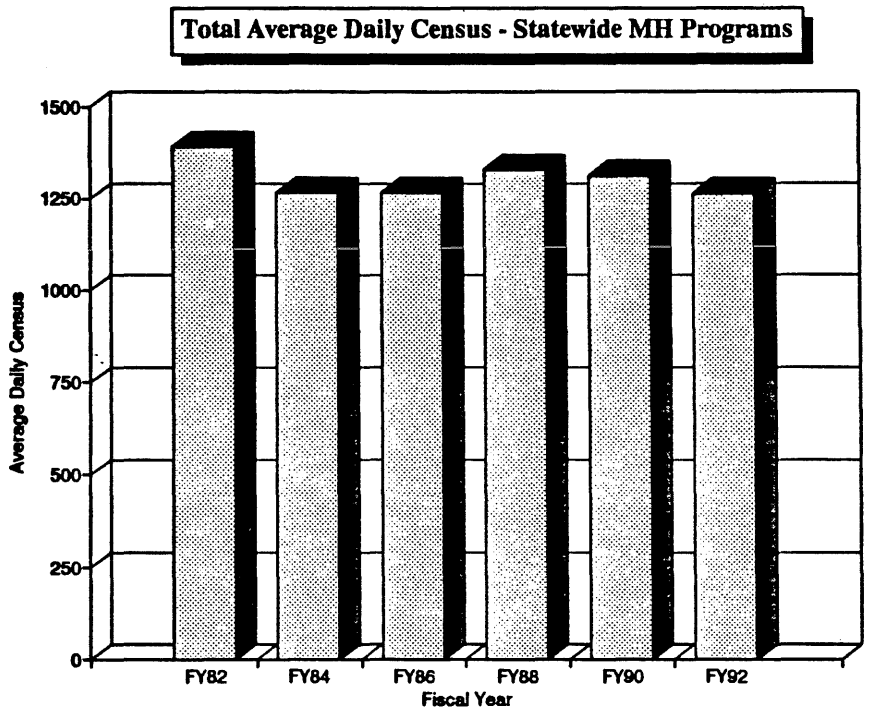
Inpatient mental health services are currently provided to adults with mental illness through a network of RTCs located in Anoka, Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar. The RTCs at Brainerd and Willmar also provide special services to emotionally disturbed adolescents throughout the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

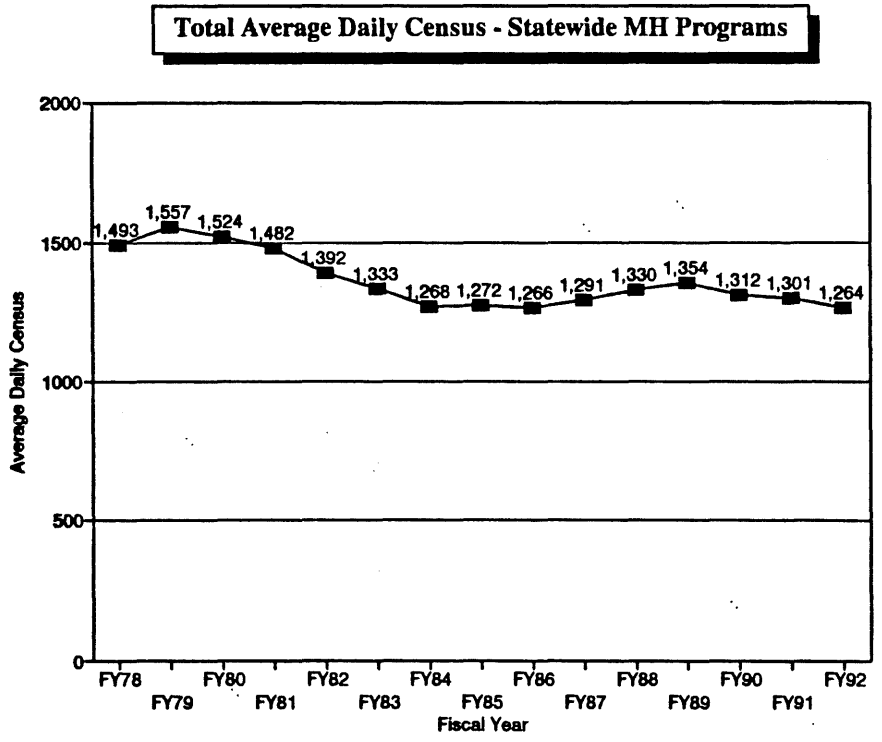
All programs in the RTCs are accredited by the Joint Commission on Accreditation of Healthcare Organizations. All programs are also certified by the Health Care Financing Administration as Medicare/Medical Assistance providers, and licensed by the Minnesota Departments of Health and Human Services.

Census

All of the mental health programs are functioning near capacity, with a total average daily census of 1,264 for FY92. This figure has been stable since FY83, following a three-year decline from a high of 1524 in FY80. Minnesota Security Hospital has exceeded capacity for some time and currently has a waiting list of 10-15 patients. The

Anoka-Metro Regional Treatment Center (AMRTC) serves the metropolitan area which includes nearly half the population of the State. The number of committed patients generally exceeds AMRTC's capacity necessitating the diversion of patients to other RTCs.





Statewide Coordination

The Residential Program Management Division (RPMD) provides policy and program development services to the RTCs. It holds the Commissioner's delegation in two critical areas: administration of the Interstate Compact on Mental Health; and 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 patients within the Department or interagency (Corrections, University Hospital or Veteran's Hospital) are monitored and approved by staff within the Division. In FY91 RPMD conducted 95 hearings before the Special Review Board. In FY92, 87 hearings were held.

The RPMD maintains a permanent Central Patient Registry, recording all patients admitted to state-operated treatment facilities. The Division responds to a variety of requests for information, including requests from state law enforcement officials to do a background check. In FY92 RPMD processed 12,599 requests for information on persons applying for a permit to purchase or carry a handgun.

Jarvis Hearings

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

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

The new requirements that arose out of the Jarvis v. Levine decision have changed the way care is provided to committed patients. Specifically the added procedures have resulted in a significant delay in treatment, with a resultant increased length of stay in the hospital, and a significant increase in cost to the State and county.

In FY92 there were approximately 680 Jarvis hearings held for RTC patients. In all but one or two cases, the hearings resulted in a court order for treatment with neuroleptic medication. The cost to the State for these hearings is estimated at over $800,000 for

FY92. Counties experienced increased costs related to holding a second hearing on the Jarvis matter at a date after the commitment hearing.

Increasingly counties have been combining the Jarvis hearing with the initial commitment hearing. In a three-month sample period in 1991 (January, February, March), Jarvis hearings were combined with initial commitment hearings on approximately 8 occasions. In a three-month sample period in 1992 (January, February, March), Jarvis hearings were combined with initial commitment hearings on approximately 25 occasions.

Combining the Jarvis hearing with the initial commitment hearing is believed to result in more efficient treatment of RTC patients, as well as significant cost savings to the State and county.

Patient Characteristics

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

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

	Adult	Geriatric	Forensic
SEX			
Female	42.2%	52.2%	9.9%
Male	57.8%	47.8%	90.1%
AGE			
18 - 20 years	2.4%	0.0%	1.1%
21 - 34 years	36.3%	0.0%	40.9%
35 - 44 years	31.0%	0.0%	39.2%
45 - 64 years	30.3%	0.0%	16.6%
65 years or more	0.0%	100.0%	2.2%
Mean Age	39.5	74.0	37.6
RACE			
White	89.5%	97.6%	81.6%
Black	5.1%	1.2%	9.4%
Hispanic	1.2%	0.0%	2.8%
American Indian	3.0%	0.6%	3.9%
Asian/Pacific Islander	0.6%	0.0%	0.6%
Biracial	0.6%	0.6%	1.7%

Source: DHS Survey of Adults with Mental Illness in Minnesota's Regional Treatment Centers, 1991

Table 1 - Continued

	Adult	Geriatric	Forensic
PRIMARY DIAGNOSIS			
Deferred	0.8%	1.2%	1.1%
OBS-SUBS-Alcohol	0.5%	4.3%	0.0%
OBS-SUBS-Drugs	0.0%	0.6%	2.8%
OBS-Other	7.3%	41.6%	6.7%
Schizophrenia	63.6%	51.5%	63.6%
Affective Disorders	19.5%	18.0%	13.2%
Other Psychosis	4.1%	3.1%	4.0%
Alcohol Abuse	14.4%	6.2%	7.3%
Drug Abuse	12.1%	0.0%	29.3%
MR - DD	3.9%	1.2%	4.0%
Personality Disorder	15.5%	3.1%	42.6%
Impulse Condition Disorder	0.4%	0.0%	0.6%
Anxiety/Hysteria/Phobia	1.0%	0.6%	0.6%
Other Neuroses	2.6%	0.0%	4.0%
Sexual Deviations/Disorder	0.3%	0.6%	8.9%
Non-Psychotic Mental Disorder	7.7%	2.4%	6.7%
Problem not due to Mental Disorder	3.2%	0.0%	3.4%

Source: DHS Survey of Adults with Mental Illness in Minnesota's Regional Treatment Centers, 1991

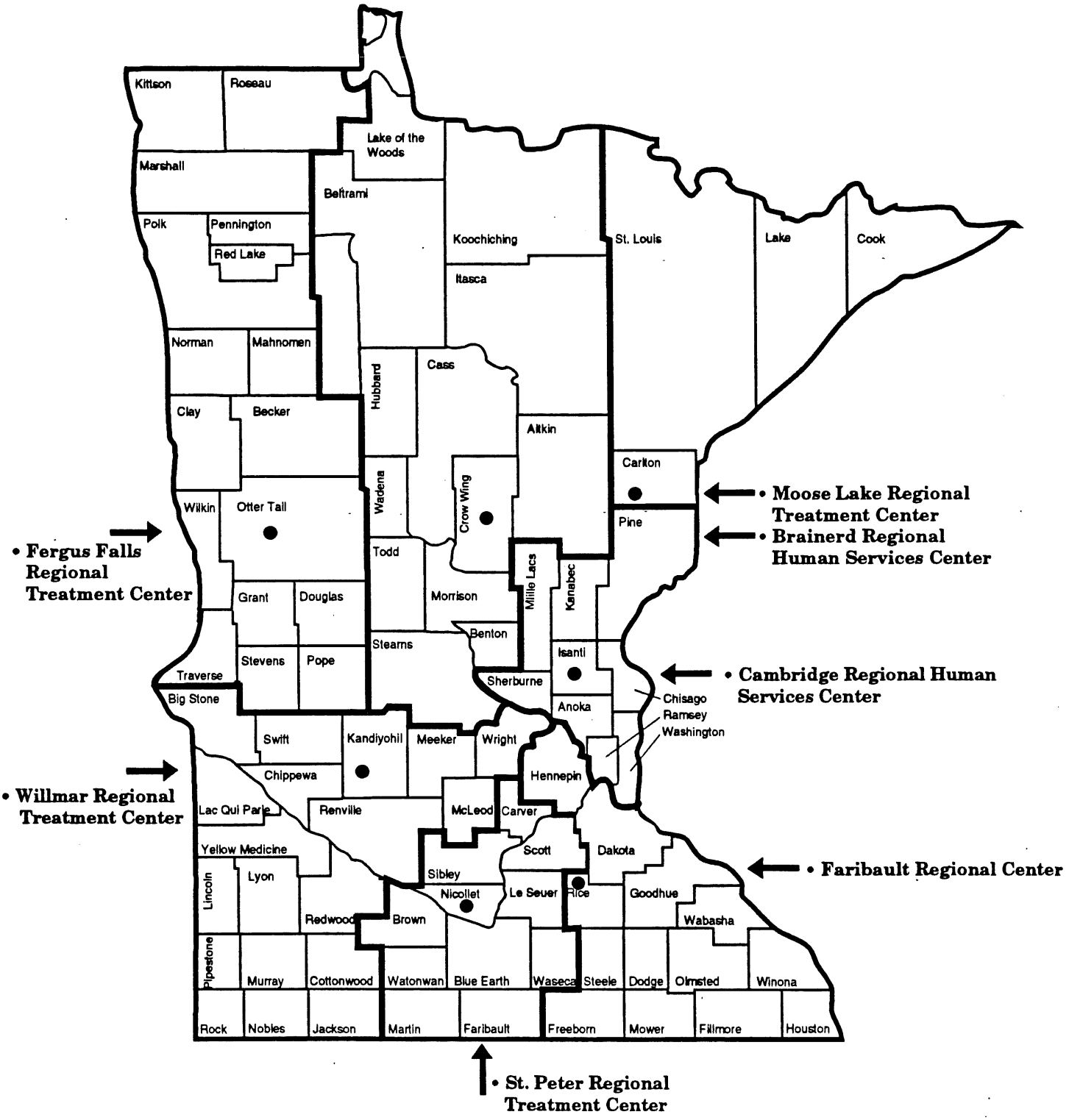
Summary

Mental health inpatient programs operated by the RTCs have had a relatively stable population since 1983. The number of committed patients referred for admissions has resulted in waiting lists particularly in the Metro area. 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 patients 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 more problematic behaviors.

The RTCs 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.

Developmental Disabilities Receiving Areas



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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-1950s, with a peak population of 3,355 in 1955. In 1925 the Cambridge School and Hospital for Mentally Deficient and Epileptics was opened. These two programs, housing large populations of persons with mental retardation, continued to be the only state-operated programs until the late 1950s. Lake Owasso Annex was established as a program for children in 1955 and later transferred to Ramsey County.

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

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

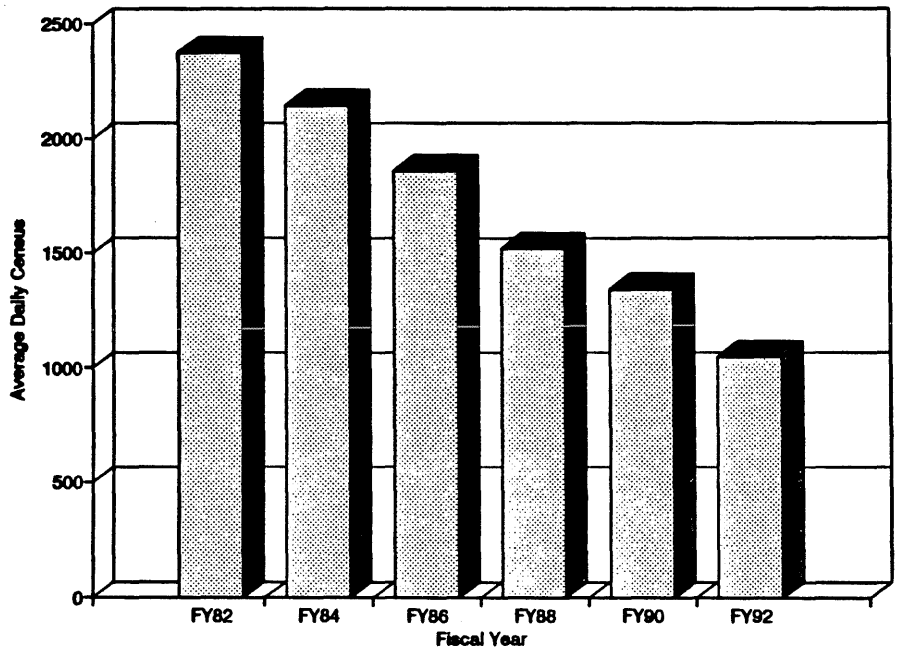
Census

Programs for the developmentally disabled have experienced a planned reduction in census over the past ten years. The average daily census for FY92 ranges across regional centers from largest: Faribault, with an average daily census of 404; to the two smallest: Moose Lake and Willmar, with an average daily census of 52 and 57 respectively.

The Department has developed and operated seven Title XIX waivered services homes since 1986. Three of these four-bed residences are located in the Cambridge service area and four in the Faribault service area.

Eleven, six-bed ICF/MR (intermediate care facility for mentally retarded clients) homes have also been developed with four additional homes to be operated by early 1993. Four day-habilitation and training sites have been developed in the community to date.

Total Average Daily Census - Statewide DD Programs



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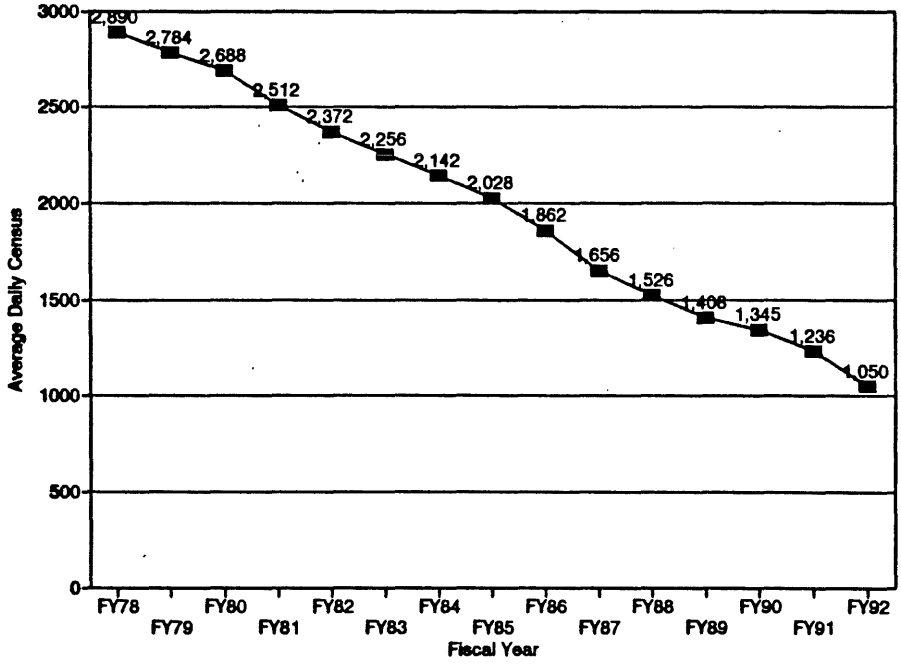


Client Characteristics

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, last done in 1992, 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.

Table 2 - Profile of Clients in Minnesota RTCs Receiving DD Services

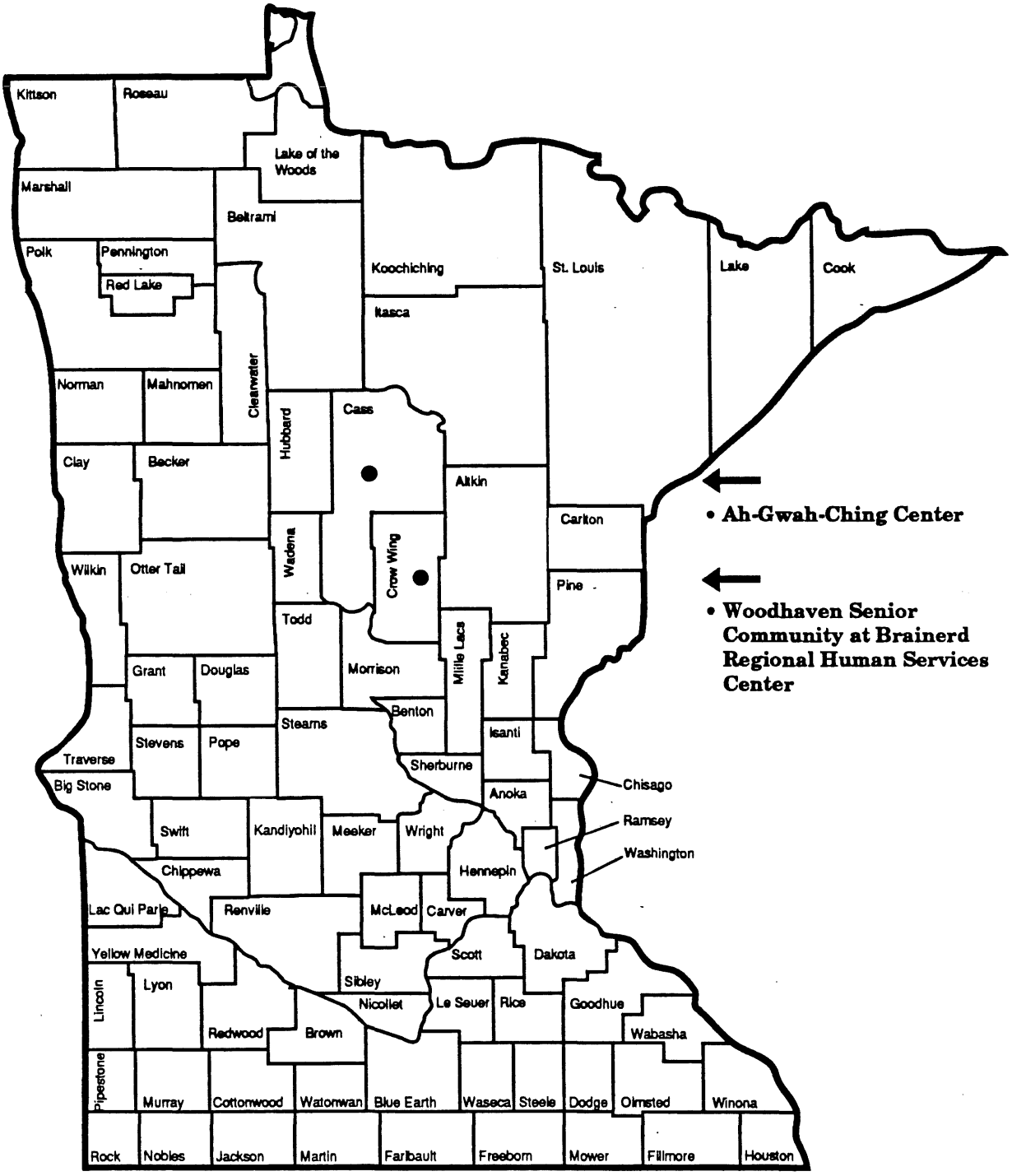
	BRHSC		CRHSC		FRC		FFRTC		MLRTC		SPRTC		WRTC		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
SEX																
Female	65	46.4%	78	35.6%	141	36.0%	41	36.3%	19	35.8%	31	36.5%	17	35.4%	392	37.3%
Male	75	53.6%	141	64.4%	251	64.0%	72	63.7%	34	64.2%	54	63.5%	31	64.6%	658	62.7%
AGE																
Under 18	2	1.4%	2	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.4%
18-21	1	0.7%	2	0.9%	4	1.0%	0	0.0%	0	0.0%	5	5.9%	1	2.1%	13	1.2%
22 - 29	31	22.1%	36	16.4%	30	7.7%	13	11.5%	4	7.5%	11	12.9%	6	12.8%	131	12.5%
30 - 39	48	34.3%	96	43.8%	147	37.5%	42	37.2%	16	30.2%	34	40.0%	20	42.6%	403	38.4%
40 - 49	30	21.4%	57	26.0%	118	30.1%	33	29.2%	18	34.0%	16	18.8%	13	27.7%	285	27.2%
50 - 59	13	9.3%	18	8.2%	48	12.2%	17	15.0%	6	11.3%	6	7.1%	4	8.5%	112	10.7%
60 and older	15	10.7%	8	3.7%	45	11.5%	8	7.1%	9	17.0%	13	15.3%	3	6.4%	101	9.6%
GUARDIAN																
Public	84	60.0%	162	74.0%	349	89.0%	74	65.5%	44	83.0%	49	57.6%	33	68.8%	795	75.7%
Private	45	32.1%	42	19.2%	32	8.2%	37	32.7%	5	9.4%	20	23.5%	11	22.9%	192	18.3%
Free Agent	3	2.1%	13	5.9%	7	1.8%	2	1.8%	3	5.7%	11	12.9%	2	4.2%	41	3.9%
Unknown	8	5.7%	2	0.9%	4	1.0%	0	0.0%	1	1.9%	5	5.9%	2	4.2%	22	2.1%
SELF PRESERVATION																
Independent	3	2.1%	2	0.9%	1	0.3%	3	2.7%	0	0.0%	6	7.1%	1	2.1%	16	1.5%
Intermittent supervision/ assistance	18	12.9%	10	4.6%	43	11.0%	5	4.4%	3	5.7%	31	36.5%	2	4.2%	112	10.7%
Constant supervision/ assistance	47	33.6%	96	43.8%	81	20.7%	48	42.5%	13	24.5%	25	29.4%	18	37.5%	328	31.2%
Physical assistance	72	51.4%	111	50.7%	267	68.1%	57	50.4%	37	69.8%	23	27.1%	27	56.3%	594	56.6%

Source: Quality Assurance and Review, 1992

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, be less mobile than in the past, and present challenging behaviors that require intensive supervision and programming. The Department has more than halved its institutionalized population in developmental disability programs since 1980. Since enabling legislation in 1989 and 1990, efforts were launched to develop community-based group homes, day training and habilitation programs and two community health clinics to bring services to the community.

Nursing Facilities Receiving Areas



Nursing facilities receive admissions from the entire state

NURSING HOMES

The State of Minnesota began providing nursing home care in the early 1960s 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 mental health programs when they could no longer benefit from active treatment and the nursing facilities began to receive referrals from other sources as their reputation for handling challenging problems grew.

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

Per legislative directive, the Oak Terrace Nursing Home closed operation June 30, 1991. The property has been transferred back to Hennepin County.

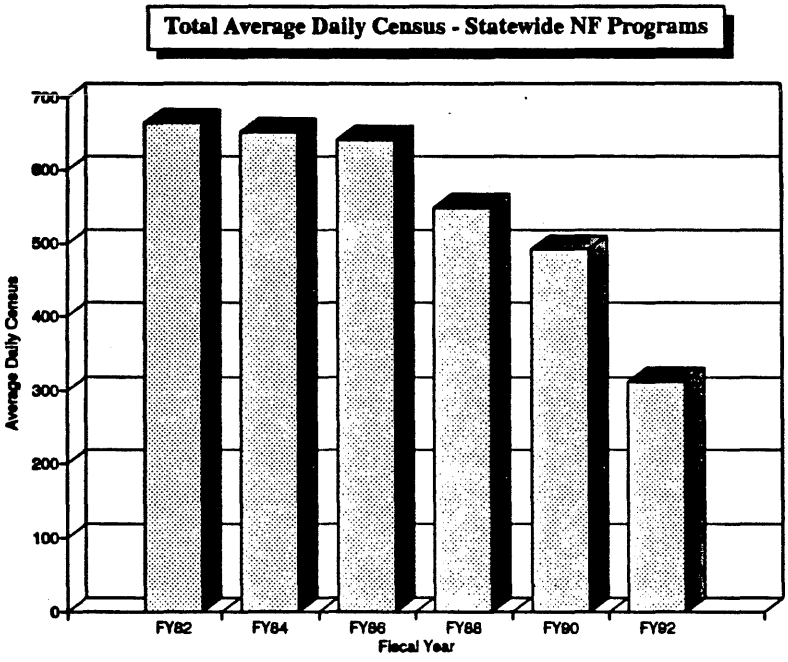
State nursing facilities exist to serve those persons who, in addition to needing nursing care, require special mental health services. Often patients are admitted from community nursing homes because of challenging behaviors. Table 3, below, compares the case mix of patients at Ah-Gwah-Ching Center with the statewide average case mix of patients in community nursing homes. Ninety percent of the patients at Ah-Gwah-Ching Center fall into behavior classes (B, E, H, J) compared to 38 percent in these classes in community nursing homes.

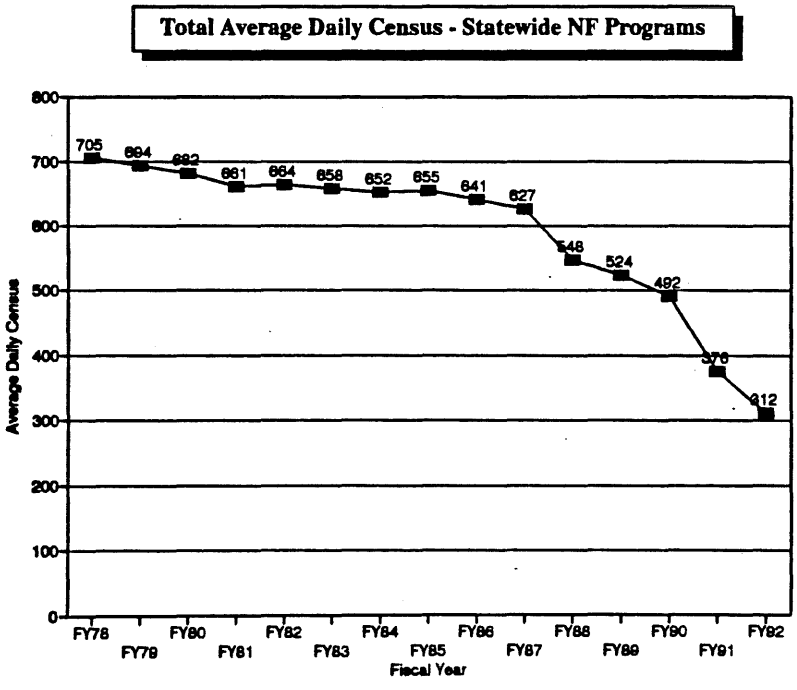
Table 3 - Case Mix Classification Comparison

Case Mix Classification	Ah-Gwah-Ching Center	Community Nursing Homes
A = Low ADL	0.39%	17.89%
B = Low ADL Behavior	34.50%	7.13%
C = Low ADL Special Nursing	1.16%	0.97%
D = Medium ADL	0.00%	10.50%
E = Medium ADL Behavior	34.11%	7.67%
F = Medium ADL Special Nursing	0.78%	1.56%
G = High ADL	0.39%	16.13%
H = High ADL Behavior	10.47%	8.39%
I = Very High ADL (Eating 3-4)	2.33%	5.15%
J = Very High ADL Severe Neurological Impairment/3+ Behavior	10.85%	15.16%
K = High ADL Special Nursing	5.04%	9.43%

Census

The population at Ah-Gwah-Ching Center during FY92 was relatively stable, with an average daily census of 252. The Woodhaven Senior Community at Brainerd had an average daily census of 28 residents and is operating at its maximum capacity. The nursing facility at Faribault had an average daily census of 32 showing no change from previous years.

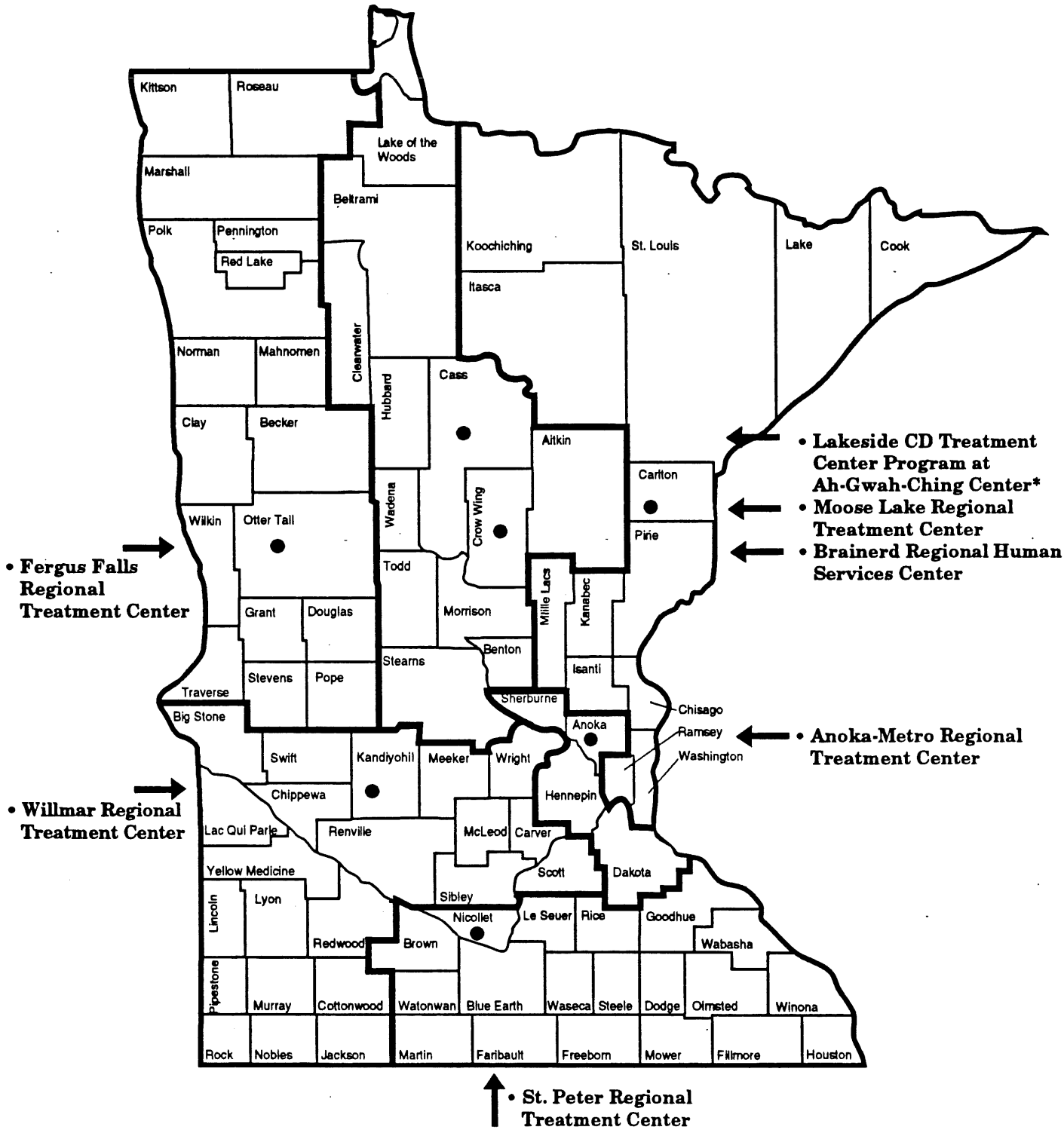




Summary

It is the mission and purpose of the state-operated nursing facilities to provide services to those patients whose special needs are clinically and behaviorally challenging beyond the resources of the community nursing homes. Both the patients and the services in the state nursing facilities are atypical in nature and scope compared to the usual nursing home population and services generally furnished by providers similarly licensed.

Chemical Dependency Receiving Areas



*Serves entire state

MS-0379a/MS (11-92)

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 1950s Willmar was internationally recognized for developing the "Minnesota Model" of primary treatment for persons suffering alcohol and drug addictions. This model continues to be the most prevalent therapeutic approach to treating chemical dependency today.

Following the treatment model developed at Willmar, several state-operated facilities were offering chemical dependency programs by the mid-1950s. During the early 1970s 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 Treatment Network and serve the entire State. The regional centers provide an array of inpatient and outpatient services.

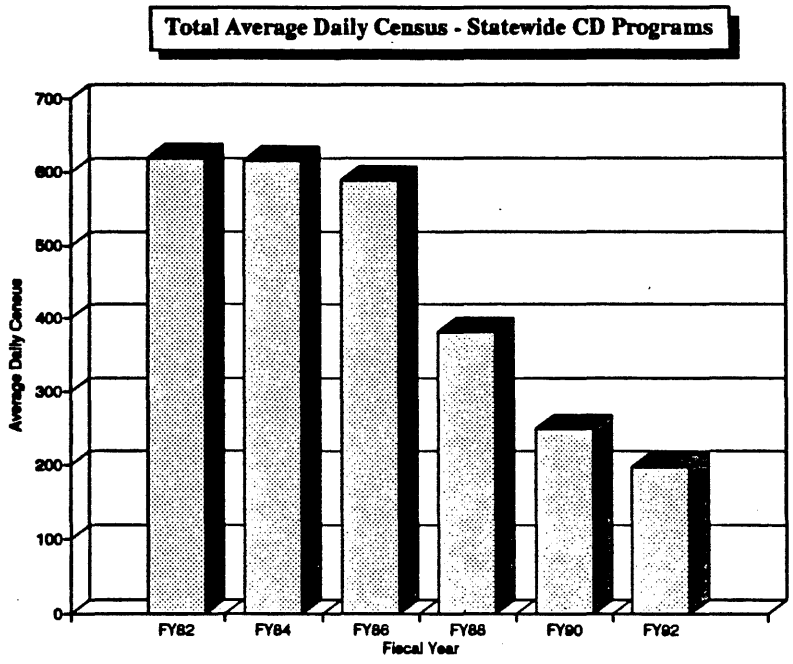
The Network has a statewide licensed bed capacity of 391 and currently has 271 staffed beds. The current staff complement is 211.5. The average daily census has gradually decreased to 198 persons for the first quarter of FY93, a trend experienced in private facilities as well. The number of hours of outpatient services has declined from approximately 2,000 for the month of October 1990, to 810 hours for the month of October 1992.

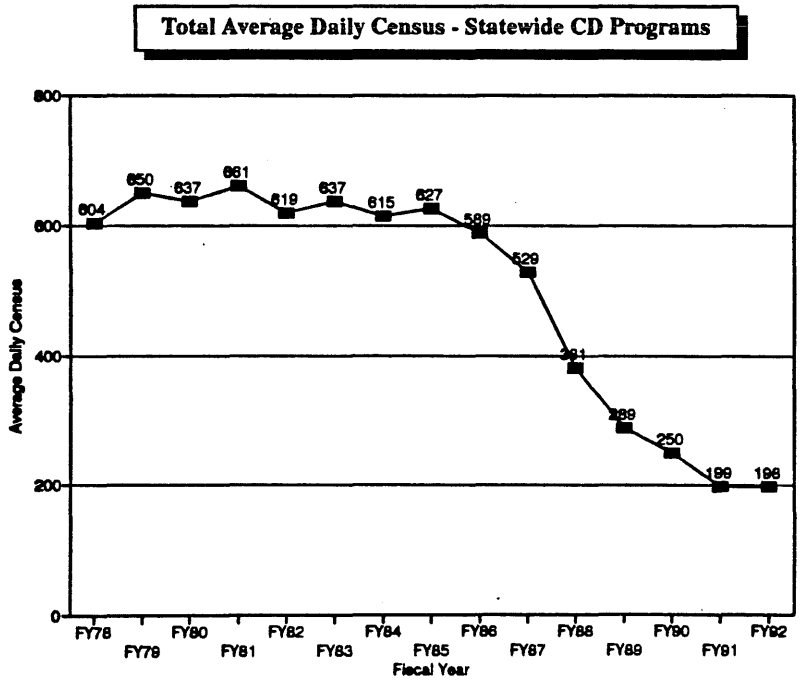
Prior to January 1, 1988, the state-operated chemical dependency programs were funded by direct legislative appropriations as part of the departmental funding for the operation of the RTCs. When the Consolidated Chemical Dependency Treatment Fund (CCDTF) was implemented, funding for the Network programs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

Census

The Network is a substantial participant in the provision of services to the citizens of Minnesota. In FY92 it accounted for 898 of 5,102, or 17.6 percent of all CCDTF primary inpatient treatment placements in the State. During the same time period, 51.9 percent or 816 of 1,572 statewide extended care admissions were to Network programs.

The average daily census dropped from 430 in the first half of FY88 to 198 in FY92. This trend in inpatient average census is reflected nationally. For the Network, the decline began in 1986, two years prior to implementation of the CCDTF. The reductions have occurred primarily in the white, male population, which has been disproportionately represented in addiction treatment programs. Treatment rates have increased for other groups, such as women, certain minorities, and disabled persons, but in smaller numbers.





Patient Characteristics

Data from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) for FY92 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.

Table 4 - Profile of Patients in Minnesota RTCs Receiving CD Inpatient Services.

	AGCC		AMRTC		BRHSC		FFRTC		MLRTC		SPRTC		WRTC		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
SEX																
Females	8	12.3%	112	35.1%	77	23.5%	60	26.4%	253	59.4%	67	24.0%	43	24.4%	620	34.1%
Males	57	87.7%	207	64.9%	251	76.5%	167	73.6%	173	40.6%	212	76.0%	133	75.6%	1,200	65.9%
RACE																
White	52	78.8%	178	54.8%	117	36.1%	177	77.6%	324	76.2%	261	92.2%	148	82.2%	1,257	68.7%
Black	0	0.0%	133	40.9%	1	0.3%	5	2.2%	45	10.6%	7	2.5%	14	7.8%	205	11.2%
Native American	14	21.2%	13	4.0%	205	63.3%	36	15.8%	50	11.8%	8	2.8%	12	6.7%	338	18.5%
All Other	0	0.0%	1	0.3%	1	0.3%	10	4.4%	6	1.4%	7	2.5%	6	3.3%	31	1.7%
AGE																
Under 21	0	0.0%	10	3.1%	39	11.8%	20	8.7%	20	4.7%	27	9.5%	1	0.6%	117	6.4%
21-30	7	10.6%	104	32.0%	126	38.2%	62	26.8%	121	28.4%	115	40.5%	39	21.7%	574	31.2%
31-40	10	15.2%	134	41.2%	102	30.9%	83	35.9%	159	37.3%	78	27.5%	73	40.6%	639	34.7%
41-50	24	36.4%	47	14.5%	47	14.2%	43	18.6%	91	21.4%	43	15.1%	44	24.4%	339	18.4%
51-60	13	19.7%	20	6.2%	10	3.0%	15	6.5%	22	5.2%	15	5.3%	16	8.9%	111	6.0%
61 and older	12	18.2%	10	3.1%	6	1.8%	8	3.5%	13	3.1%	6	2.1%	7	3.9%	62	3.4%
PRIMARY DIAGNOSIS																
Alcohol Abuse	0	0.0%	0	0.0%	35	10.9%	6	3.5%	0	0.0%	6	2.2%	3	1.7%	50	2.9%
Alcohol Dependency	63	95.5%	89	28.4%	242	75.4%	126	73.3%	231	55.1%	196	73.4%	87	49.4%	1,034	59.6%
Drug Abuse	0	0.0%	1	0.3%	2	0.6%	2	1.2%	0	0.0%	1	0.4%	2	1.1%	8	0.5%
Drug Dependency	0	0.0%	12	3.8%	7	2.2%	6	3.5%	10	2.4%	20	7.5%	51	29.0%	106	6.1%
Alcohol and Drug Abuse	0	0.0%	2	0.3%	3	2.3%	2	2.5%	0	0.8%	0	3.4%	2	1.1%	9	0.5%
Alcohol and Drug Dependency	3	4.5%	197	62.9%	30	9.3%	26	15.1%	175	41.8%	38	14.2%	28	15.9%	497	28.7%
Other	0	0.0%	12	3.8%	2	0.6%	4	2.3%	3	0.7%	6	2.2%	3	1.7%	30	1.7%

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

Table 5 - Sex, Race and Age of Patients Receiving CD Services by Program Type

	RTC		Hospital Based		Free Standing	
	#	%	#	%	#	%
SEX						
Female	345	35.0%	1,778	34.6%	574	20.4%
Male	642	65.0%	3,355	65.4%	2,234	79.6%
Total:	987		5,133		2,808	
RACE						
White	695	69.8%	4,302	85.4%	1,508	54.1%
Black	82	8.2%	297	5.9%	680	24.4%
Native American	202	20.3%	325	6.4%	547	19.6%
Asian	1	0.1%	12	0.2%	3	0.1%
Other	16	1.6%	103	2.0%	50	1.8%
Total:	996		5,039		2,788	
AGE						
Under 21	96	9.6%	721	14.0%	375	13.3%
21-30	358	35.8%	1,364	26.4%	1,013	36.0%
31-40	338	33.8%	1,561	30.2%	973	34.5%
41-50	147	14.7%	770	14.9%	339	12.0%
51-60	42	4.2%	378	7.3%	89	3.2%
61 and older	20	2.0%	370	7.2%	28	1.0%
Total:	1,001		5,164		2,817	

Source: DAANES

Table 6 - Chemical Use of Patients Receiving CD Services by Program Type

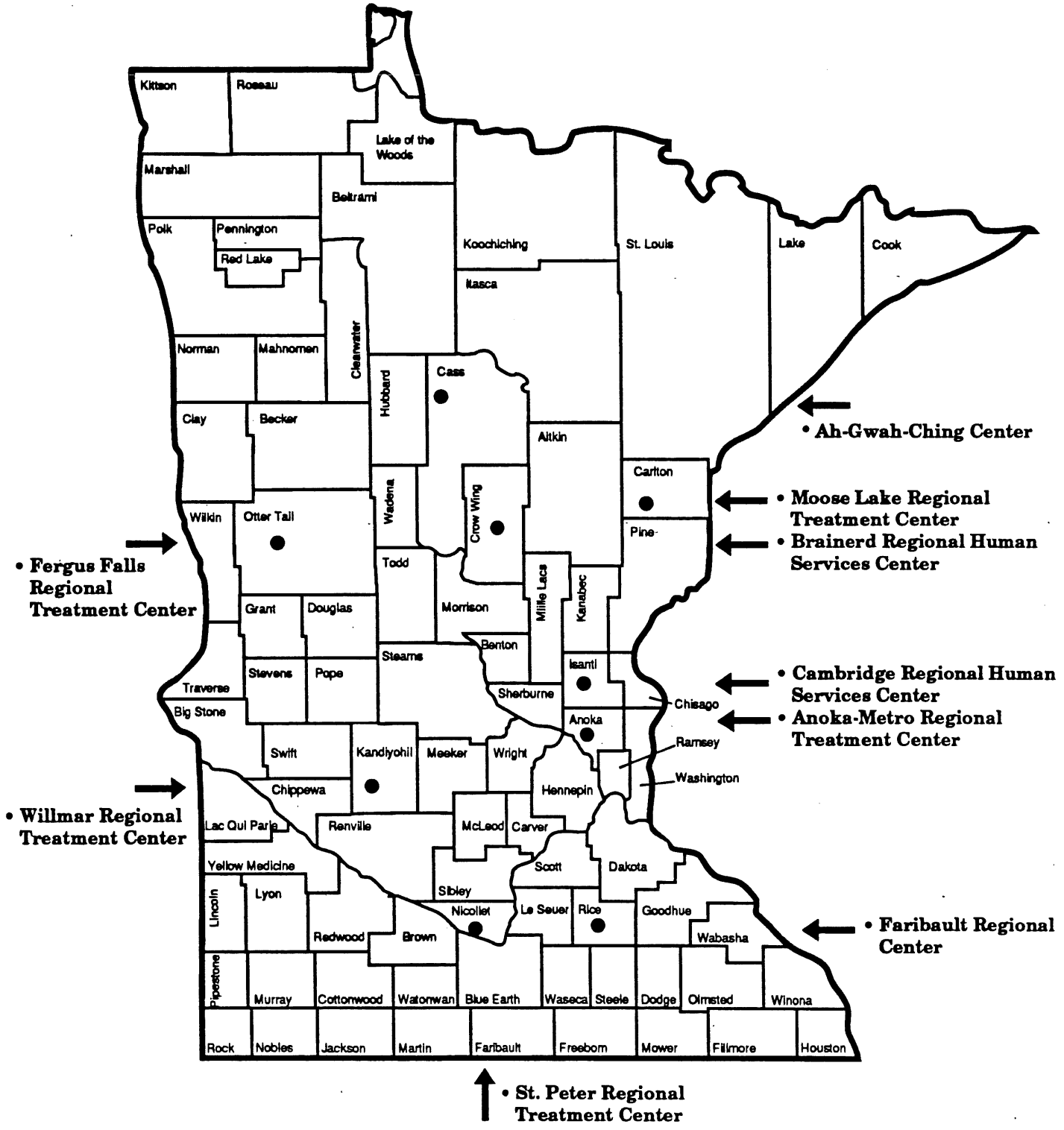
	RTC		Hospital Based		Free Standing	
	#	%	#	%	#	%
CHEMICAL USE						
Alcohol	830	82.92%	4,133	80.03%	2,322	82.43%
Cocaine	93	9.29%	477	9.24%	466	16.54%
Crack	88	8.79%	339	6.56%	662	23.50%
Marijuana	215	21.48%	864	16.73%	632	22.44%
Heroin	60	5.99%	87	1.68%	54	1.92%
Methadone	27	2.70%	23	0.45%	7	0.25%
Other Opiates	42	4.20%	144	2.79%	53	1.88%
PCP	2	0.20%	9	0.17%	23	0.82%
Hallucinogens	28	2.80%	158	3.06%	100	3.55%
Methamphetamine	13	1.30%	87	1.68%	56	1.99%
Other Amphetamine	31	3.10%	119	2.30%	72	2.56%
Other Stimulants	8	0.80%	39	0.76%	62	2.20%
Benzodiazepines	34	3.40%	150	2.90%	75	2.66%
Other Tranquilizers	17	1.70%	59	1.14%	50	1.77%
Barbiturates	6	0.60%	46	0.89%	21	0.75%
Other Sedatives	5	0.50%	38	0.74%	27	0.96%
Inhalants	6	0.60%	46	0.89%	61	2.17%
Over-the-Counter	17	1.70%	102	1.98%	102	3.62%
Other	5	0.50%	22	0.43%	14	0.50%
Nicotine	735	73.43%	3,050	59.06%	1,770	62.83%

Source: DAANES

Summary

The Minnesota Regional 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. Other programs speak specifically to the needs of women, and others that are sensitive to the cultural differences of the American Indian Community. It serves seriously mentally ill persons who display assaultive and violent behaviors. The Network continues to reach out to underserved and difficult-to-serve populations while maintaining impressive scores on objective measures of success.

State Operated Residential Programs
Financial Operations



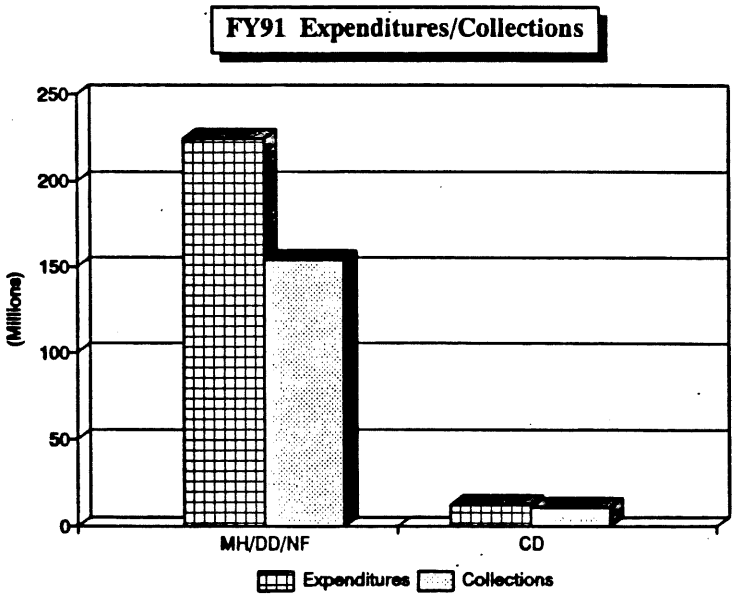
MS-0379o/MS (11-92)

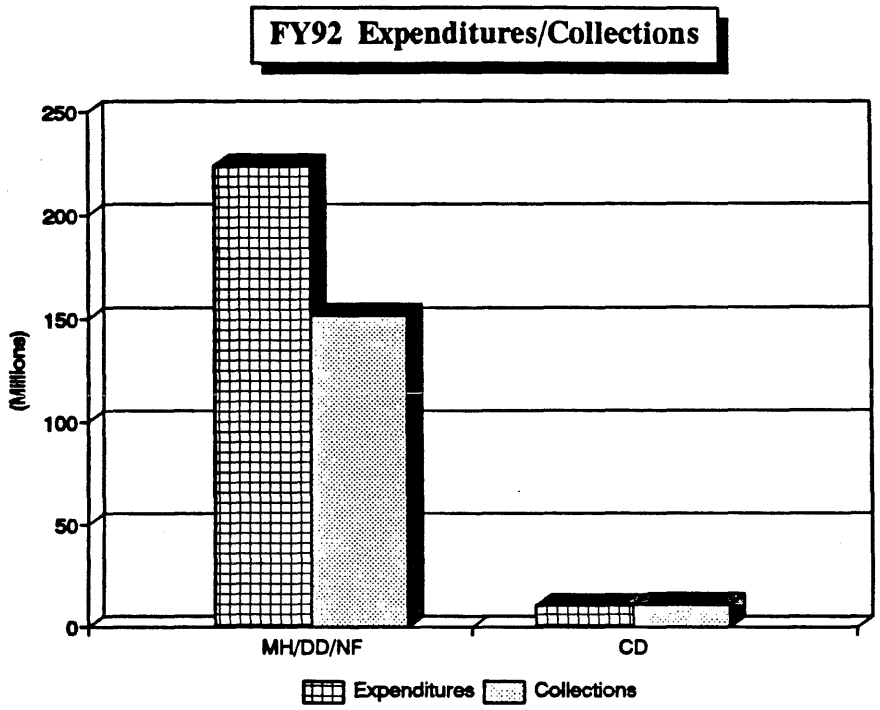
FINANCIAL OPERATIONS

The operating budget of the state-operated regional centers represents the largest health care system in the State of Minnesota. The services provided by the system are funded in two different ways. One single appropriation supports mental health, developmental disabilities and nursing facilities. The chemical dependency programs are treated like a private enterprise and operate on a fee-for-service basis.

Table 7 - Summary of Expenditures and Collections

	FY91	FY92
MH/DD/NF Programs		
Expenditures:	$224,177,873	$223,887,912
Collections:		
Entitlements	$137,686,603	$134,848,890
Third Party Receipts	$11,547,175	$12,592,071
Individual Payers	$4,719,167	$4,227,929
Total:	$153,952,945	$151,668,890
CD Programs		
Expenditures:	$12,167,236	$10,451,686
Collections:		
Entitlements	$9,854,097	$9,555,867
Third Party Receipts	$634,900	$684,760
Individual Payers	$189,493	$287,924
Total:	$10,678,490	$10,528,552





Mental Health/Developmental Disabilities/Nursing Facilities

In FY91 the total amount of actual expenditures for services for mental health, developmental disabilities and nursing facility programs was $224,177,873. In FY92 this amount decreased less than one percent to $223,887,912. FY92 salaries represented $202,312,738 or 90.36 percent for these three programs.

The cost to the State of operating mental health, developmental disability and nursing facility programs is offset by collections for services rendered. In FY91 the Department recovered $153,952,945 or 68.67 percent of expenditures. Collections for FY92 represented 67.74 percent of expenditures or $151,668,890 (figures include the state share of Medical Assistance). Non-reimbursable expenditures generally represent the cost of care for persons who are medically indigent but receiving services which are not eligible for reimbursement from Medicare, Medical Assistance or other sources. Reimbursements for these three programs are deposited into the State General Fund and designated as dedicated revenue for Medical Assistance, thereby reducing that appropriation.

Table 8 - FY91 Summary of Expenditures for MH/DD/NF Programs

	Salaries	Current Expense	Repairs & Replacmts.	Special Equipment	Total
AGCC	10,786,189	1,080,394	383,082	11,513	12,261,178
AMRTC	16,097,289	1,689,347	143,149	630	17,930,415
BRHSC	21,798,333	1,677,778	259,806	33,833	23,769,750
CRHSC	22,611,515	1,755,140	225,846	47,202	24,639,703
FRC	34,878,739	2,579,025	369,952	12,777	37,840,493
FFRTC	19,060,175	1,392,750	308,626	15,238	20,776,789
MLRTC	16,739,958	1,331,700	241,857	10,277	18,323,792
OTNH	4,802,360	441,873	126,620	10,594	5,381,447
RSH	74,196				74,196
SPRTC	22,274,105	3,105,964	444,387	41,225	25,865,681
MSH	9,330,150				9,330,150
WRTC	23,552,635	1,713,732	655,475	49,893	25,971,735
Subtotal:	202,005,644	16,767,703	3,158,800	233,182	222,165,329
Systemwide Expenses	1,576,671	408,882	26,991		2,012,544
Total:	$203,582,315	$17,176,585	$3,185,791	$233,182	$224,177,873

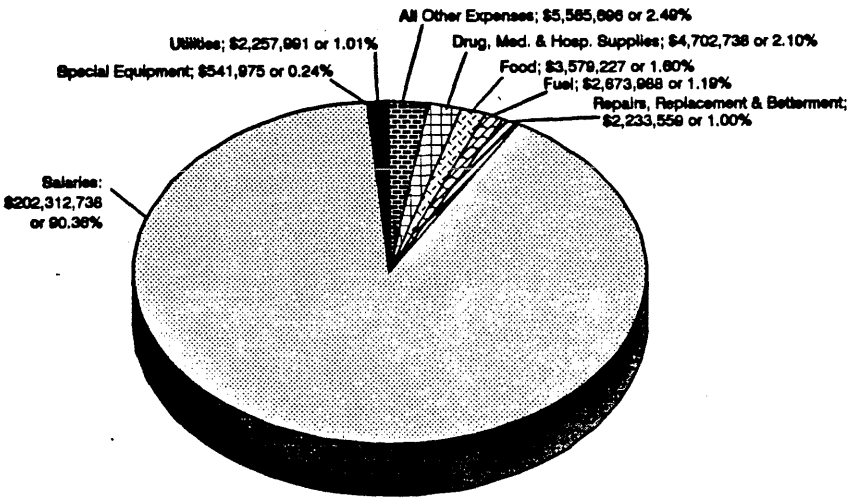
NOTE: Current Expense includes: All Other Expenses, Drug Med. & Hosp. Supplies, Food, Fuel and Utilities
RSH = Rochester State Hospital

Table 9 - FY92 Summary of Expenditures for MH/DD/NF Programs

	Salaries	Current Expense	Repairs & Replacmts.	Special Equipment	Total
AGCC	11,101,311	1,216,600	136,366	47,543	12,501,820
AMRTC	17,394,362	1,696,610	135,097	59,788	19,285,857
BRHSC	23,735,290	1,968,980	215,178	28,156	25,947,604
CRHSC	21,316,802	1,409,065	283,856	52,222	23,061,945
FRC	33,110,121	2,293,225	306,782	120,785	35,830,913
FFRTC	19,232,148	1,545,628	239,510	19,552	21,036,838
MLRTC	17,427,469	1,433,956	224,202	53,118	19,138,745
OTNH	509,805	148,768	27,135		685,708
RSH	133,057				133,057
SPRTC	22,611,761	3,120,500	474,876	84,481	26,291,618
MSH	10,219,815				10,219,815
WRTC	23,963,853	1,939,215	181,046	76,330	26,160,444
Subtotal:	200,755,794	16,772,547	2,224,048	541,975	220,294,364
Systemwide Expense	1,556,944	2,027,093	9,511		3,593,548
Total:	$202,312,738	$18,799,640	$2,233,559	$541,975	$223,887,912

NOTE: Current Expense includes: All Other Expenses, Drug Med. & Hosp. Supplies, Food, Fuel and Utilities
RSH = Rochester State Hospital

MENTAL HEALTH, DEVELOPMENTAL DISABILITIES & NURSING FACILITIES
Expenditure Summary - FY92



TOTAL: $223,887,912

Chemical Dependency

Chemical dependency programs in the State health care system are operated as "enterprise funds." This means that they must generate revenue based on services rendered to cover operating expenses. In FY91 total operating costs were $12,167,236. In FY92 this amount decreased to $10,451,686. During this same time period, collections were $10,678,490 in FY91 and $10,528,552 in FY92. The Department was able to collect 87.76 percent and 100.74 percent, respectively, of the operating costs in each fiscal year.

The complexity of operating an "enterprise" while remaining a public agency has made balancing the budget within the fund difficult. Private sector facilities rely on the Consolidated Chemical Dependency Treatment Fund (CCDTF) for only 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, 4 percent from insurance and 1 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.

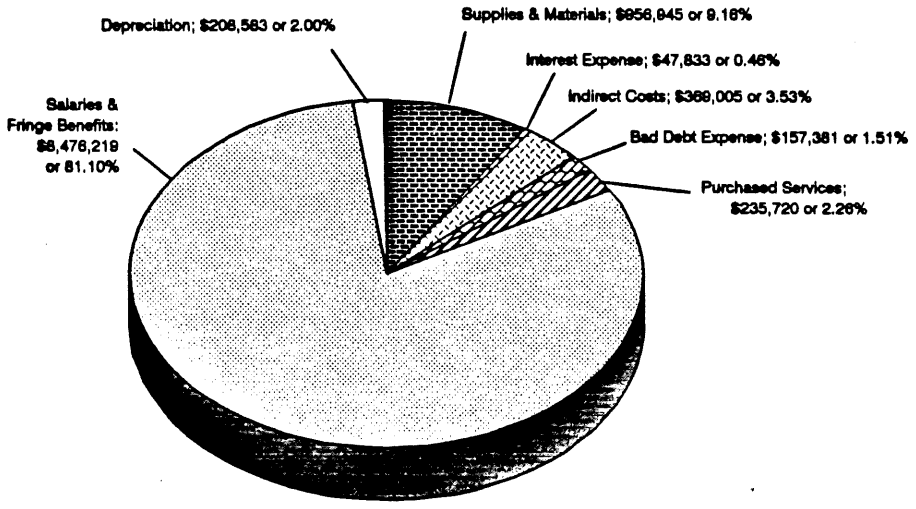
Table 10 - FY91 Summary of Expenditures for CD Programs

	Interest Expense	Bad Debt Expense	Purchased Services	Salary & Fringe Benefits	Deprec.	Supplies & Materials	Indirect Costs	Total
AGCC	$3,932	$2,706	$5,834	$529,228	$11,416	$91,289	$34,220	$678,625
AMRTC	$11,289	$2,298	$100,476	$2,251,433	$69,463	$201,176	$58,863	$2,694,998
BRHSC	$3,947	$1,746	$12,769	$1,304,302	$35,650	$114,438	$43,116	$1,515,968
FFRTC	$8,265	$2,685	$9,227	$1,932,283	$52,824	$163,387	$65,902	$2,234,573
MLRTC	$6,619	$1,735	$48,667	$2,055,271	$36,939	$203,382	$78,261	$2,430,874
SPRTC	$3,316	$2,155	$12,036	$1,042,488	$29,825	$103,264	$39,270	$1,232,354
WRTC	$4,354	$8,474	$38,428	$1,173,836	$22,446	$88,046	$44,260	$1,379,844
Total:	$41,722	$21,799	$227,437	$10,288,841	$258,563	$964,982	$363,892	$12,167,236

Table 11 - FY92 Summary of Expenditures for CD Programs

	Interest Expense	Bad Debt Expense	Purchased Services	Salary & Fringe Benefits	Deprec.	Supplies & Materials	Indirect Costs	Total
AGCC	$6,648	$18,000	$6,513	$580,118	$11,310	$78,669	$33,336	$734,594
AMRTC	$11,454	$36,549	$71,070	$1,692,301	$46,439	$183,113	$67,388	$2,108,314
BRHSC	$5,728	$9,216	$13,203	$1,042,511	$29,190	$120,111	$44,097	$1,264,056
FFRTC	$7,160	$39,087	$11,464	$1,720,458	$41,015	$169,818	$72,664	$2,061,666
MLRTC	$8,091	$26,034	$72,746	$1,610,785	$34,328	$206,088	$74,260	$2,032,332
SPRTC	$3,856	$14,847	$13,333	$785,475	$28,920	$112,331	$35,701	$994,463
WRTC	$4,896	$13,648	$47,391	$1,044,571	$17,381	$86,815	$41,559	$1,256,261
Total:	$47,833	$157,381	$235,720	$8,476,219	$208,583	$956,945	$369,005	$10,451,686

CHEMICAL DEPENDENCY
Expenditure Summary - FY92



TOTAL: $10,451,686

Staffing

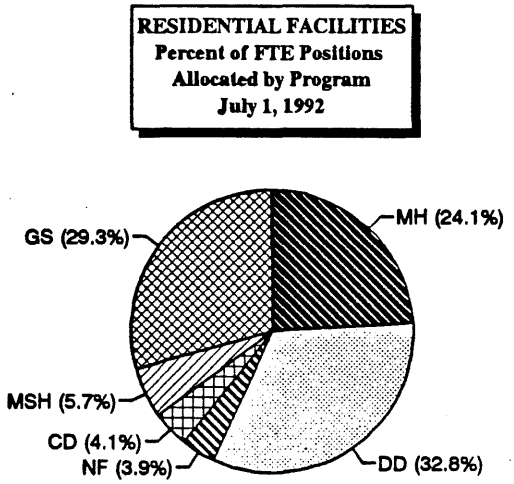
Services provided to the State's health care network operate 24 hours per day and 365 days per year. Health care is one of the most labor intensive, regulated industries in the nation and this is reflected in the budget share of state-operated services going toward salaries.

On July 1, 1992, state-operated residential facilities had 5,110.05 full-time equivalent (FTE) positions providing care and support services to an average daily census of 2,712. Salary and fringe benefits represented 89.95 percent of total expenditures for all programs.

Table 12 - Number of Positions in Full-Time Equivalents (FTEs) by Program as of July 1, 1992

Facility	MH	DD	NF	CD	MSH	General Support	Total
AGCC	0.00	0.00	180.50	11.00	0.00	121.80	313.30
AMRTC	271.00	0.00	0.00	42.60	0.00	153.04 *	466.64
BRHSC	134.50	216.60	19.50	23.00	0.00	194.49	588.09
CRHSC	0.00	354.95	0.00	0.00	0.00	132.17	487.12
FRC	0.00	625.25	0.00	0.00	0.00	214.50	839.75
FFRTC	119.00	170.40	0.00	55.10	0.00	158.54	503.04
MLRTC	198.00	84.90	0.00	37.80	0.00	147.55	468.25
SPRTC	187.50	135.00	0.00	19.00	293.20	209.85	844.55
WRTC	321.92	87.50	0.00	23.00	0.00	166.89	599.31
Total:	1,231.92	1,674.60	200.00	211.50	293.20	1,498.83	5,110.05

* Includes 18 Statewide FTEs



Volunteer Services

Volunteers play an important role in state-operated residential facilities assisting with patient monitoring, recreational activities, clerical tasks, teaching and other services. All of the contributions of time and effort by the volunteers are valuable and necessary. Their help not only enhances the lives of clients, but forges critical links to the community.

In FY92 an estimated 236,390 hours of service, with a cash value of $2,557,740 was donated by volunteers. The total dollar value of all volunteer services, e.g., cash contributions, in-kind donations and volunteer hours, is estimated at $3,292,362. But another value, the caring and interest of the volunteers, cannot be measured.

Table 13 - Estimated Volunteer Hours for FY92

Facility	One-to-One	Supportive Services	Client Contact	Other	Total Hours
AGCC	9,528	368	2,987	195	13,078
AMRTC	553	4,554	11,028		16,135
BRHSC	33,695	17,457	8,518	1,372	61,042
CRHSC	12,700	3,058	2,625	1,839	20,222
FRC	23,206	7,967	5,333	20	36,526
FFRTC	15,988	1,328	703	105	18,124
MLRTC	16,153	3,962	2,838	10,149	33,102
SPRTC	1,629	9,562	10,709		21,900
WRTC	6,743	2,303	7,215		16,261
Totals:	120,195	50,559	51,956	13,680	236,390

Table 14 - Estimated Contributions for FY92

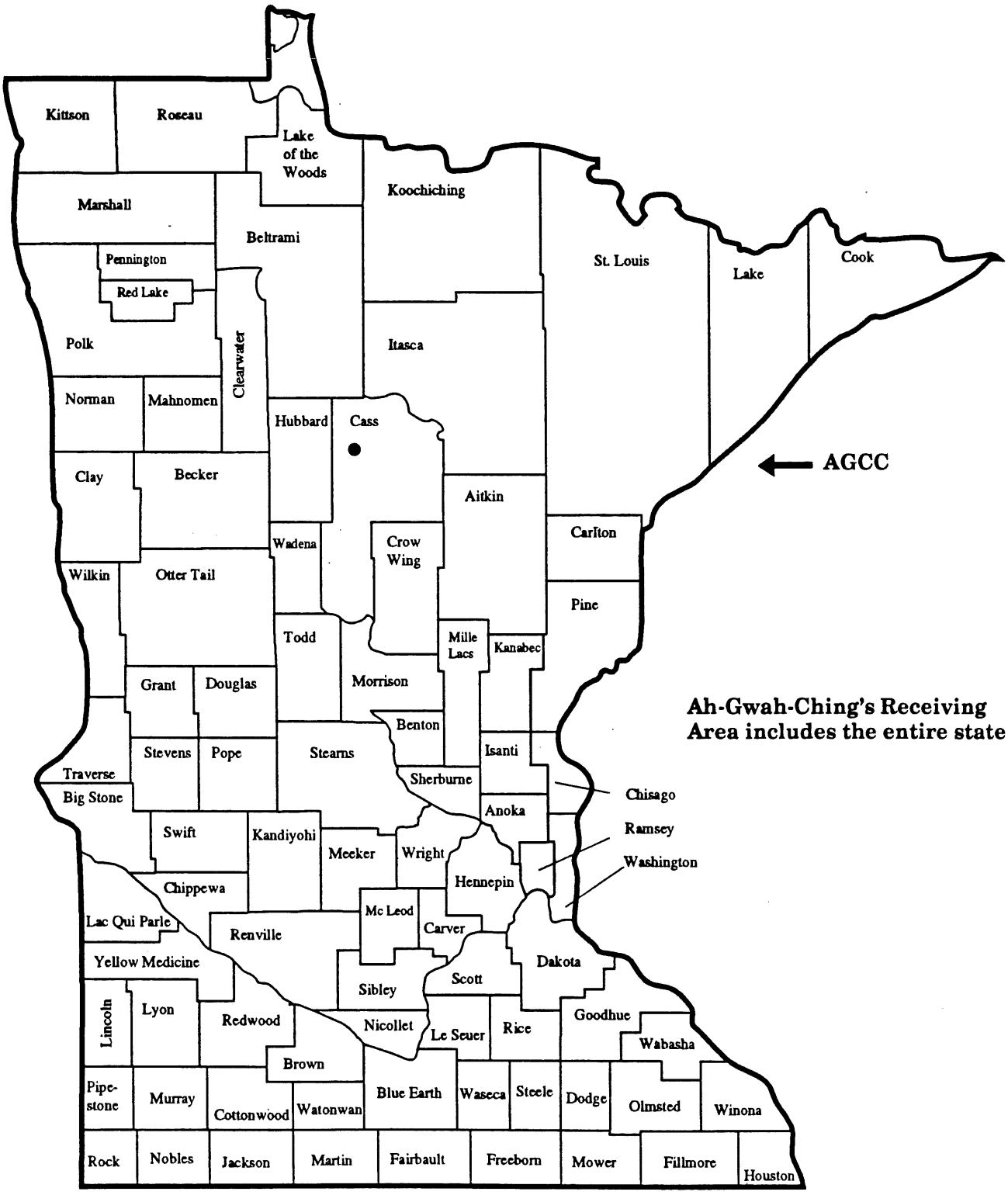
Facility	Cash	New Goods	Used Goods	In-Kind	Total Contributions
AGCC	$5,855	$5,002	$1,445	$0	$12,302
AMRTC	$11,851	$49,213	$30,511	$783	$92,358
BRHSC	$12,828	$12,897	$5,649	$66,246	$97,620
CRHSC	$12,678	$60,703	$13,890	$0	$87,271
FRC	$22,551	$15,630	$60,501	$3,022	$101,704
FFRTC	$10,723	$6,911	$1,400	$3,717	$22,751
MLRTC	$12,403	$77,977	$10,440	$1,240	$102,060
SPRTC	$20,258	$53,553	$70,075	$2,324	$146,210
WRTC	$34,029	$32,057	$3,805	$2,455	$72,346
Totals:	$143,176	$313,943	$197,716	$79,787	$734,622

Table 15 - Estimated Total Contributions and Cash Value of Volunteer Hours for FY92

Facility	Total Contributions	Cash Value of Volunteer hrs	Total
AGCC	$12,302	$141,504	$153,806
AMRTC	$92,358	$174,581	$266,939
BRHSC	$97,620	$660,474	$758,094
CRHSC	$87,271	$218,802	$306,073
FRC	$101,704	$395,211	$496,915
FFRTC	$22,751	$196,102	$218,853
MLRTC	$102,060	$358,164	$460,224
SPRTC	$146,210	$236,958	$383,168
WRTC	$72,346	$175,944	$248,290
Totals:	$734,622	$2,557,740	$3,292,362

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

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



Ah-Gwah-Ching's Receiving Area includes the entire state

AH-GWAH-CHING CENTER

Ah-Gwah-Ching Center (AGCC), 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, AGCC 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 a quality, cost-effective alternative for psychogeriatric residents. As these services evolved, the Center has received more and more referrals from community nursing homes, hospitals, and the Veterans Administration. Today the majority of the Center's referrals come from non-state operated facilities.

Nursing Facility

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

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

Chemical Dependency

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

Table 16 - AGCC Operating Expenditures

	FY91	FY92
NF Program		
Salaries	$10,786,189	$11,101,311
Current Expense	$1,080,394	$1,216,600
Repairs & Replacements	$383,082	$136,366
Special Equipment	$11,513	$47,543
Total:	$12,261,178	$12,501,820
CD Program		
Salaries	$529,228	$580,118
Current Expense	$115,177	$121,140
Indirect Costs	$34,220	$33,336
Total:	$678,625	$734,594

Table 17 - AGCC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	NF	CD	Total ADC	CD Outpt.
FY78	369		369	
FY79	358		358	
FY80	351		351	
FY81	328		328	
FY82	330		330	
FY83	326		326	
FY84	319	20	339	
FY85	322	24	346	
FY86	318	18	336	
FY87	296	27	323	
FY88	240	23	263	
FY89	249	25	274	
FY90	257	27	284	0
FY91	252	22	274	131 hrs
FY92	252	18	270	255 hrs

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

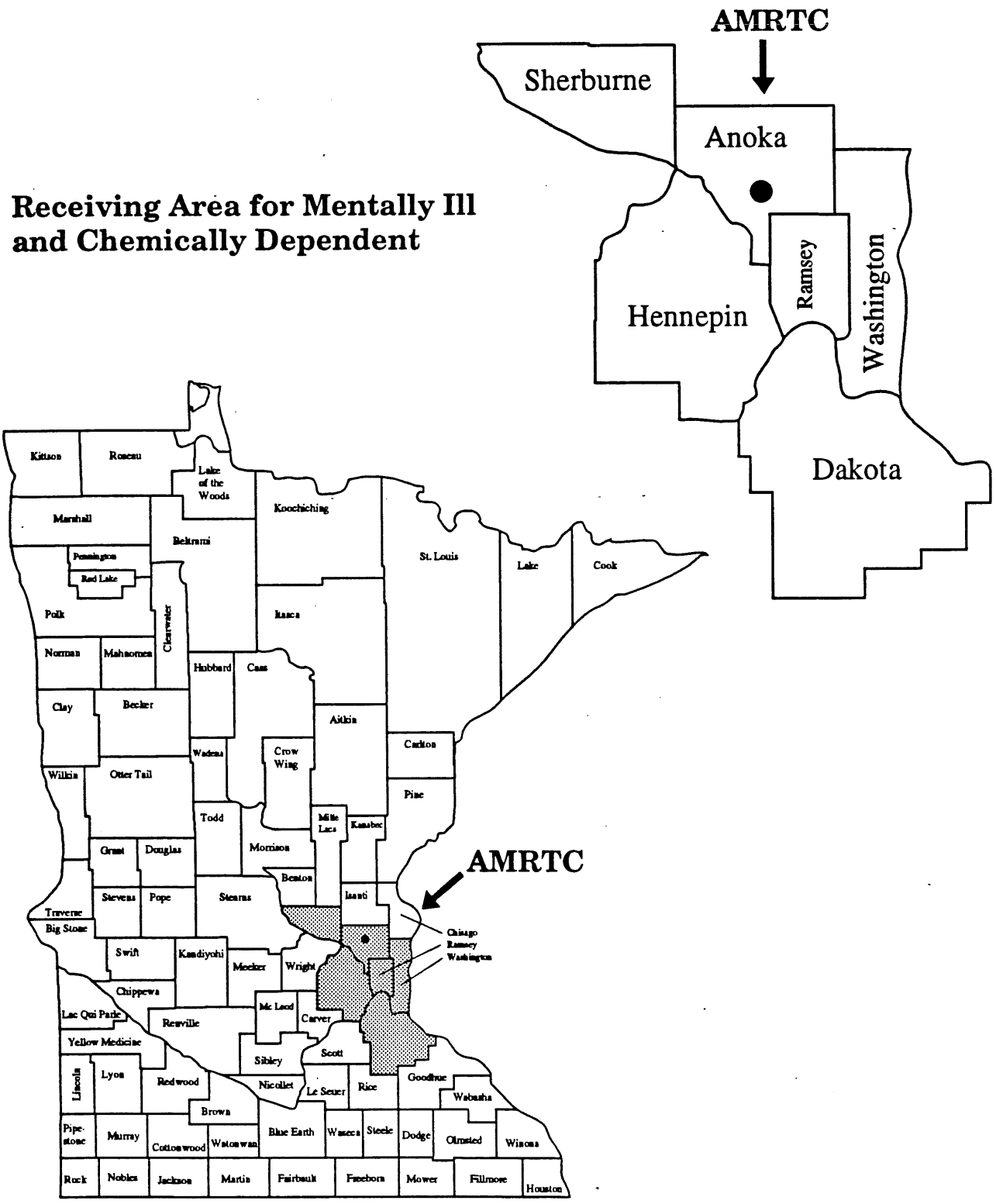
Table 18 - AGCC Admissions by Fiscal Year - 5 Year Period

Fiscal Year	NF	CD	Total
FY88	43	71	114
FY89	66	95	161
FY90	56	114	170
FY91	62	91	153
FY92	79	72	151

Table 19 - AGCC Discharges by Fiscal Year - 5 Year Period

Fiscal Year	NF	CD	Total
FY88	19	76	95
FY89	30	89	119
FY90	32	120	152
FY91	43	82	125
FY92	19	76	95

Anoka - Metro Regional Treatment Center



MS-0379k/MS (11-92)

ANOKA-METRO REGIONAL TREATMENT CENTER

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

AMRTC provides inpatient mental health 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 health treatment program and 90 in the chemical dependency treatment program. The facility is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Mental Health

The Mental Health Treatment Program includes seven units designed to provide active psychiatric treatment through multi-disciplinary teams. The program's service area includes the metropolitan area counties of Anoka, Dakota, Hennepin, Ramsey, Sherburne, and Washington. At present 98 percent of the patients are admitted to the program following court orders, mostly civil commitments. Almost all of the patients are admitted directly from community hospital mental health units where they have received acute care prior to court commitment.

AMRTC provides a number of specialized mental health treatment programs tailored to the needs of patients. Most patients are admitted directly to an admissions unit for a period of observation, assessment and stabilization 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 physiological illness which require significant additional medical and nursing care; patients with severe and persistent mental illness who are particularly vulnerable; and patients dully diagnosed as having a major mental illness and substance abuse problems.

Anoka Alternatives

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 AMRTC. In 1991 this funding was reduced to $300,000 per year and is now part of the Department of Human Services' (DHS) base budget. These 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, individualized coordination, and planning efforts by AMRTC social workers, county mental health staff, contracted mental health providers and the Mental Health Division of DHS. An approximate total of 164 patients have been discharged from AMRTC and placed in the community due to Anoka Alternatives efforts through June 30, 1992, with another 50 patients in the process of being discharged. The recidivism rate for the Anoka Alternatives discharged patients is less than the Center's rate even though these patients, historically, have been very difficult to place and are patients with longer lengths of stay. The placements through this project are in addition to the usual discharges for AMRTC.

Chemical Dependency Treatment Program Services

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.

Anoka's programs 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 tradition of Alcoholics Anonymous and recommends total abstinence from mood-altering chemicals.

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 patients admitted to the Extended Program usually remain in treatment for two to three months.

Table 20 - AMRTC Operating Expenditures

	FY91	FY92
MH Program		
Salaries	$16,097,289	$17,394,362
Current Expense	$1,689,347	$1,696,610
Repairs & Replacements	$143,149	$135,097
Special Equipment	$630	$59,788
Total:	$17,930,415	$19,285,857
CD Program		
Salaries	$2,251,433	$1,692,301
Current Expense	$384,702	$348,625
Indirect Costs	$58,863	$67,388
Total:	$2,694,998	$2,108,314

Table 21 - AMRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	MH	CD	Total ADC	CD Outpt.
FY78	248	88	336	
FY79	281	87	368	
FY80	280	82	362	
FY81	240	80	320	
FY82	228	78	306	
FY83	224	81	305	
FY84	237	79	316	
FY85	234	79	313	
FY86	235	78	313	
FY87	240	79	319	
FY88	236	67	303	2
FY89	233	63	296	2
FY90	230	59	289	3
FY91	231	39	270	215 hrs
FY92	231	35	266	79 hrs

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

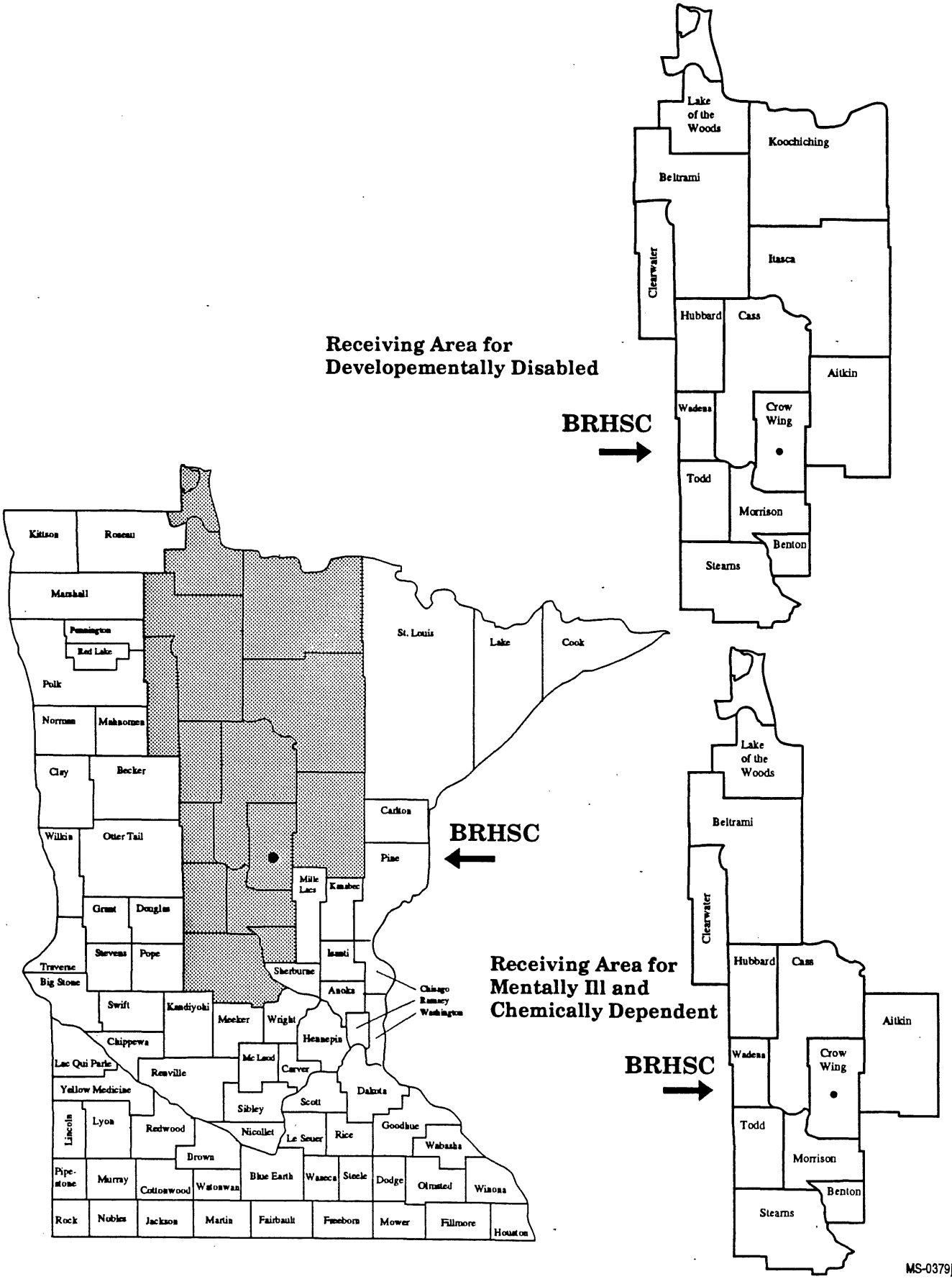
Table 22 - AMRTC Admissions by Fiscal Year - 5 Year Period

Fiscal Year	MH	CD	Total
FY88	343	899	1,242
FY89	311	940	1,251
FY90	324	825	1,149
FY91	317	379	696
FY92	413	322	735

Table 23 - AMRTC Discharges by Fiscal Year - 5 Year Period

Fiscal Year	MH	CD	Total
FY88	349	924	1,273
FY89	299	937	1,236
FY90	317	813	1,130
FY91	303	384	687
FY92	409	326	735

Brainerd Regional Human Services Center



MS-0379j/MS (11-92)

BRAINERD REGIONAL HUMAN SERVICES CENTER

Brainerd Regional Human Services Center (BRHSC) 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) which has brought 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 treatment, as well as the voluntary patient 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 BRHSC campus on August 18, 1989.

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

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

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 northcentral Minnesota. The adolescent program serves the entire State. The programs have a total of 124 licensed and 105 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 FY92, 347 patients were admitted, 193 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 Unit serves a population who are five to seventeen years of age and reside in the State of Minnesota, are emotionally disturbed and are 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 94 days.

Developmental Disabilities

The BRHSC Developmental Disabilities Service currently provides residential and medical services and habilitation training to 140 persons. The area of service consists of a 14-county area in northcentral Minnesota. The majority of admissions are for temporary crisis care up to 90 days in length.

Lakes Area Residential Communities (LARC), the on-campus residential portion of services, is located in three residential buildings, consisting of nine living areas, and licensed for 16 clients each. The number of persons with mental retardation LARC served 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: mentally retarded and mentally ill; elderly retarded; medically involved or fragile; as well as several living areas that serve clients who suffer from a mix of these disabilities.

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 percent of the current admissions, and receives specialized care in the areas of psychotropic medication, behavioral programming and counseling, work training, and sexuality training. The Northwoods Dual Diagnosis Program served 43 persons during the past 12 months, representing 24 percent 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.

Nursing Home Facility

In response to a growing need for services to meet the needs of the rapidly expanding elderly population, a nursing facility, Woodhaven Senior Community, was opened on BRHSC's campus August 18, 1989.

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

All applicants for admission must be screened prior to admission by the county in which they are living. This screening includes special procedures for persons with mental illness or those who are developmentally disabled and applying for nursing home admission.

Woodhaven Senior Community is a health care resource for elderly persons with disruptive behaviors which, in combination with health care needs, make them undesirable candidates for admission to private nursing homes.

The present Woodhaven population consists of 12 females and 16 males. Of this group, 8 were transferred from Oak Terrace Nursing Home (which closed June 30, 1991), 2 from Ah-Gwah-Ching Center, 11 from RTC programs, and 7 from private nursing homes or health care facilities. Ages range from 64 to 94 with an average age of 76.8 years. The case mix average is 2.69 as compared to 2.32 for private nursing homes statewide, indicating a higher difficulty of care.

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

Chemical Dependency

All chemical dependency services are housed in the Peterson Building. Two chemically dependent treatment units operate 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 93 percent of the patients admitted to the programs are placed as public pay patients. Over 50 percent of the patients have been incarcerated during the last six months preceding admission to treatment. Nearly all northcentral counties utilize the programs to provide affordable and accessible services for the "most difficult to place" segments of the population. The treatment programs and staff members reflect the experience in serving a population where only 25 percent of patients are living with a spouse/partner and children, 60 percent of patients are unemployed, and 65 percent 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 patients have exhausted community hospitals and are also medically indigent.

Table 24 - BRHSC Operating Expenditures

	FY91	FY92
MH/DD/NF Programs		
Salaries	$21,798,333	$23,735,290
Current Expense	$1,677,778	$1,968,980
Repairs & Replacements	$259,806	$215,178
Special Equipment	$33,833	$28,156
Total:	$23,769,750	$25,947,604
CD Program		
Salaries	$1,304,302	$1,042,511
Current Expense	$168,550	$177,448
Indirect Costs	$43,116	$44,097
Total:	$1,515,968	$1,264,056

Table 25 - BRHSC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	MH	MH Adol (TACP)	DD	NF (WSC)	CD	Total ADC	CD Outpt.
FY78	67		511		42	620	
FY79	72		470		38	580	
FY80	60		440		43	543	
FY81	65	36	360		47	508	
FY82	74	35	328		49	486	
FY83	78	41	311		49	479	
FY84	65	37	287		60	449	
FY85	57	37	261		69	424	
FY86	64	35	239		63	401	
FY87	69	37	206		52	364	
FY88	72	38	182		51	343	6
FY89	72	33	170		43	318	0
FY90	75	21	164	19	35	314	4
FY91	76	22	158	27	29	312	1,829 hrs
FY92	74	18	144	28	29	293	4,969 hrs

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

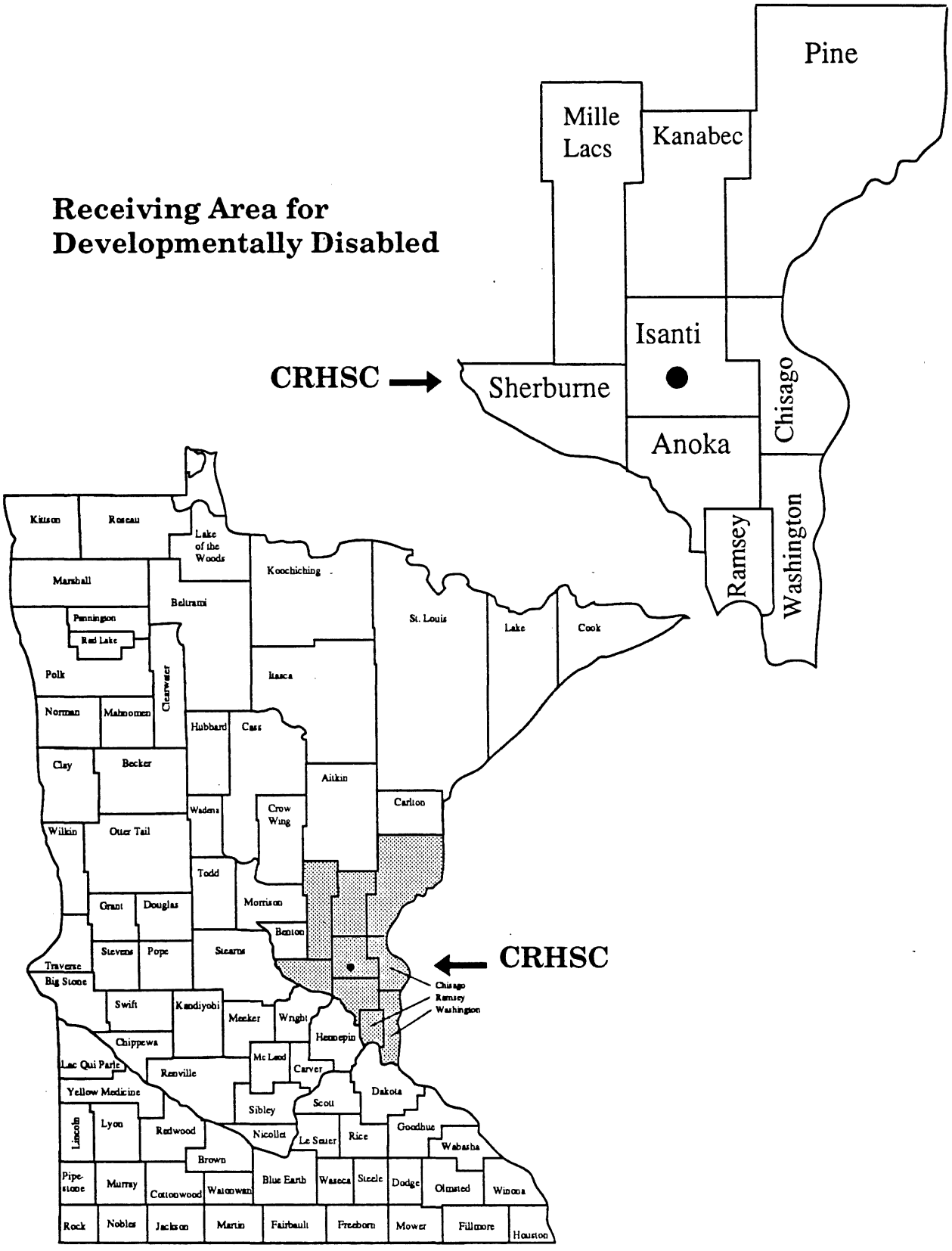
Table 26 - BRHSC Admissions by Fiscal Year - 5 Year Period

Fiscal Year	MH	MH Adol (TACP)	DD	NF (WSC)	CD	Total
FY88	477	95	8		518	1,098
FY89	439	92	16		422	969
FY90	330	73	6	32	368	809
FY91	336	53	18	9	306	722
FY92	347	67	14	6	352	786

Table 27 - BRHSC Discharges by Fiscal Year - 5 Year Period

Fiscal Year	MH	MH Adol (TACP)	DD	NF (WSC)	CD	Total
FY88	484	98	29		538	1,149
FY89	421	106	20		424	971
FY90	339	64	16	4	368	791
FY91	333	60	20	3	315	731
FY92	350	75	34	3	345	807

Cambridge Regional Human Services Center



MS-0379I/MS (11-92)

CAMBRIDGE REGIONAL HUMAN SERVICES CENTER

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

The function, services offered and population of the Center have changed dramatically since its establishment in 1925, when the initial purpose was to provide services to individuals with epilepsy. The population has steadily declined from its peak of 2,008 in 1961 to an average daily census of 219 in FY92. 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.

State-Operated Community Services (SOCS)

CRHSC 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 CRHSC. Each home has been successful in obtaining a wide range of generic support services for its clients.

The 1989 Legislature authorized CRHSC to develop additional SOCS homes. These homes were designated to be ICF/MRs (intermediate care facility for mentally retarded clients) serving six clients each. Staff from the regional center worked closely with various county social services staff in the planning and development of these homes. A SOCS for Pine County was constructed in Pine City, Minnesota, and began operation in July 1991. The Anoka County SOCS, located in Blaine, Minnesota, opened in September 1992. Both homes are in compliance with DHS Rule 34 and federal ICF/MR standards.

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 provides within a region. In order to identify alternative approaches for supporting community placement within a decentralized system and to test the delivery of services, the Department initiated a Community Health Clinic Pilot Project at CRHSC. The Clinic was designed to provide direct services such as primary and specialized physician, dental, diagnostic, rehabilitative

and psychological services to support clients with developmental disabilities in SOCS, or other public or private programs, who may otherwise not have access to such services. The Clinic supports the use of existing health services wherever available and appropriate, and provides training to community health and clinical service providers to improve existing community services. The Clinic also provides a means of intervening at early stages to maintain and support community placements, and minimize the need for clients to be returned to an RTC.

Community Support Services Project

In March 1990 CRHSC began the operation of a pilot program initially called the Pre-Admission Evaluation Project. In 1992 the project was re-named the Community Support Services Project. This program was designed to evaluate persons at risk of admission to an RTC developmental disability program. When possible, the project team members also provide crisis intervention for clients in order to retain their community placements and avoid admission or return to an RTC. 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.

Short-Term Admission Services

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

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

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

Day Program Services

The vocationally based day program at CRHSC offers evaluation, program development and employment options to 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 CRHSC'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 CRHSC to employ clients who are physically and developmentally disabled. Approximately 30 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 implemented plans to further integrate clients by moving the Four Star Products Program into the business community in Cambridge, Minnesota, in January 1991.

Table 28 - CRHSC Operating Expenditures

	FY91	FY92
DD Program		
Salaries	$22,611,515	$21,316,802
Current Expense	$1,755,140	$1,409,065
Repairs & Replacements	$225,846	$283,856
Special Equipment	$47,202	$52,222
Total:	$24,639,703	$23,061,945

Table 29 - CRHSC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	DD
FY78	576
FY79	553
FY80	527
FY81	510
FY82	509
FY83	503
FY84	483
FY85	459
FY86	406
FY87	368
FY88	335
FY89	302
FY90	295
FY91	262
FY92	219

Table 30 - CRHSC Admissions by Fiscal Year - 5 Year Period

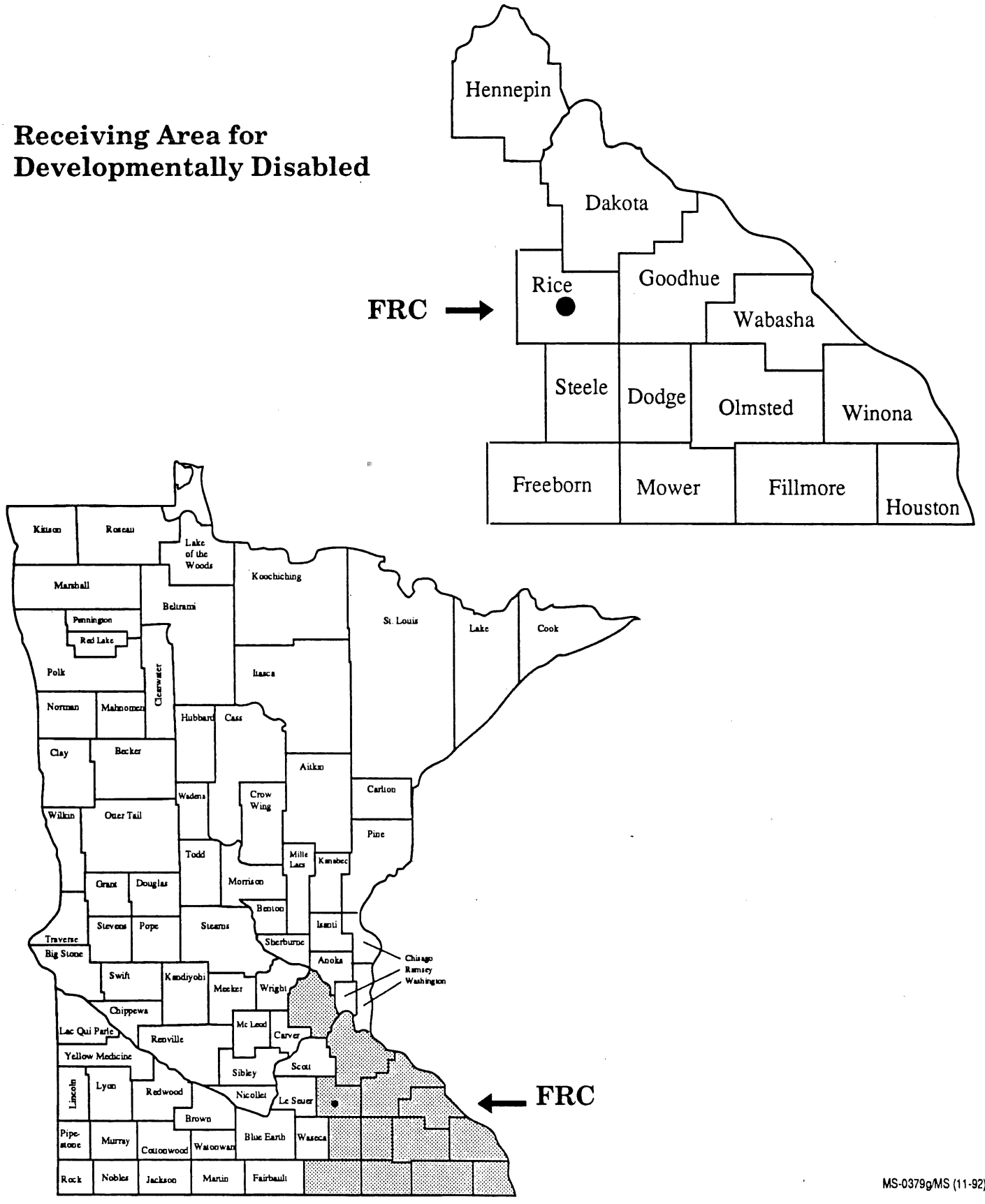
Fiscal Year	DD
FY88	15
FY89	17
FY90	21
FY91	28
FY92	55

Table 31 - CRHSC Discharges by Fiscal Year - 5 Year Period

Fiscal Year	DD
FY88	49
FY89	23
FY90	24
FY91	79
FY92	71

Faribault Regional Center

Receiving Area for Developmentally Disabled



MS-0379g/MS (11-92)

FARIBAULT REGIONAL CENTER

Faribault Regional Center (FRC) is a public, residential facility with a century-long history of providing services to persons with developmental disabilities. Established in 1881 following a two-year experimental program under the administration of the Minnesota Deaf School, it served the entire State until the mid-1950s with a peak population of 3,355 in 1955. The average daily census for FY92 is 404; 70 percent of the clients are from Hennepin County. The Center has met the challenge for a new focus and accomplished many transitions during the population decline by utilizing its expertise in meeting the needs of persons within the community and for those who remain.

Residential Programs

The FRC provides services designed to meet identified needs of individual clients including behavior management, treatment of physically handicapping conditions, activities of daily independent living, supported 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 FRC 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-nine percent of FRC's clients are profoundly retarded, 31 percent severely retarded, and 10 percent are moderately or mildly retarded. Fifty percent of FRC clients are also physically handicapped. The Center is licensed by the Minnesota Departments of Health and Human Services for 513 beds--443 as an ICF/MR (intermediate care facility for the mentally retarded), 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 and by the Commission on Accreditation of Rehabilitation Facilities.

Community-Based Programs

FRC 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 in meeting the needs of persons with developmental disabilities.

In meeting the community needs of clients, FRC operates: waiver service homes; community ICF/MR homes; community day habilitation and training programs; community supported employment programs; vocational opportunities for more than 300 of the 367 persons residing at the facility; community crisis support; behavioral programming expertise; assistive technology programs; integration programs; and a community health clinic.

FRC has established three licensed off-campus day program sites in the City of Faribault which serve 80 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, six-bed homes in the cities of Lakeville, Bloomington and Eden Prairie. These homes will be in addition to the four waivered services group homes FRC currently operates in Byron, Dodge Center, Farmington and Faribault and five ICF/MR homes in Lakeville, Farmington, Austin, Kasson and Faribault.

FRC is committed to transitioning itself from a localized program dependent on "bricks and mortar" to a valued supplier of services within the community it serves.

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 the client's functional level and/or degree of handicapping condition. Those services include work activity on campus and in three workshops located in the Faribault community providing supported work sites located in businesses. Clients participate in the day programs each weekday, and some supported employment assignments include weekend and evening work.

Special programs and services for persons with hearing or visual impairments are provided through a cooperative effort with the State Academies for the Deaf and Blind which are also located in Faribault. Five FRC clients participate in the Faribault School District's Trainable Mentally Handicapped (CARL) program.

Table 32 - FRC Operating Expenditures

	FY91	FY92
DD Program		
Salaries	$34,878,739	$33,110,121
Current Expense	$2,579,025	$2,293,225
Repairs & Replacements	$369,952	$306,782
Special Equipment	$12,777	$120,785
Total:	$37,840,493	$35,830,913

Table 33 - FRC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	DD	NF	Total ADC
FY78	856		856
FY79	833		833
FY80	807		807
FY81	774		774
FY82	772		772
FY83	747		747
FY84	709		709
FY85	668		668
FY86	627		627
FY87	545	34	579
FY88	514	33	547
FY89	481	34	515
FY90	469	34	503
FY91	438	32	470
FY92	372	32	404

Table 34 - FRC Admissions by Fiscal Year - 5 Year Period

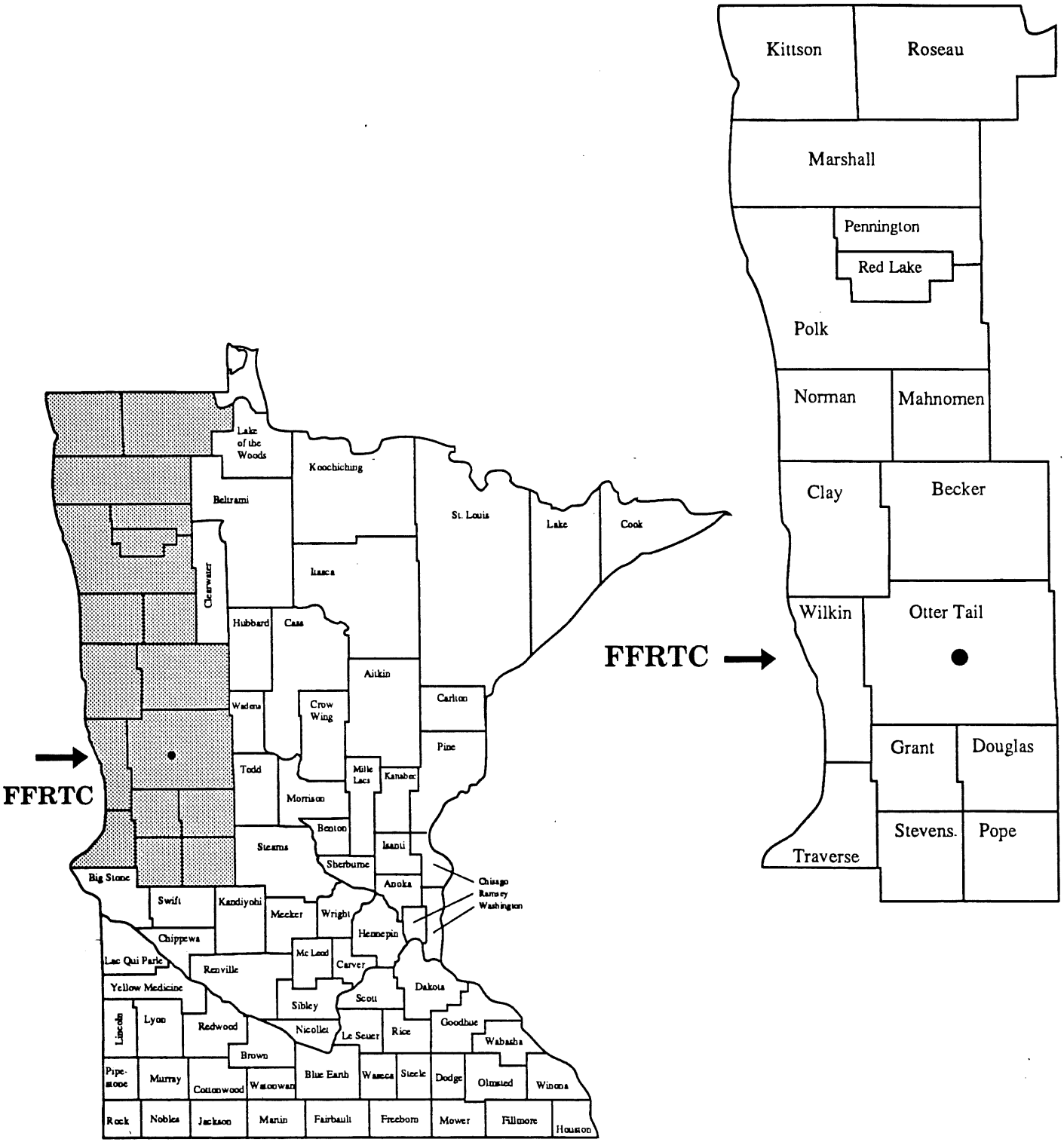
Fiscal Year	DD	NF	Total
FY88	20	0	20
FY89	41	1	42
FY90	11	0	11
FY91	7	0	7
FY92	8	1	9

Table 35 - FRC Discharges by Fiscal Year - 5 Year Period

Fiscal Year	DD	NF	Total
FY88	57	0	57
FY89	48	0	48
FY90	19	0	19
FY91	63	0	63
FY92	50	0	50

Fergus Falls Regional Treatment Center

Receiving Area for Mentally Ill, Developmentally Disabled and Chemically Dependent



MS-0379h/MS (11-92)

FERGUS FALLS REGIONAL TREATMENT CENTER

The treatment services provided by Fergus Falls Regional Treatment Center (FFRTC) are licensed by the State of Minnesota and accredited by the Joint Commission on Accreditation of Healthcare Organizations. In 1969 FFRTC became a multi-disciplinary treatment campus when treatment programs were opened to treat persons with chemical dependency problems or with developmental disabilities, in addition to the existing mental health services. The utilized bed capacity is 269. FFRTC's average daily census for FY92 is 248.

Mental Health

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

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

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

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

Developmental Disabilities

The State Regional Residential Center (SRRC) of FFRTC provides high quality habilitative services to persons with developmental disabilities. Services are based upon individualized assessments directed by an interdisciplinary team. Residential services include training in self-care skills, socialization and leisure/recreation. The Vocational Services Program provides for a variety of vocational training experiences. These experiences combine light assembly work, janitorial, grounds keeping and supported opportunities. Both programs provide employment opportunities for participation in community integration activities. Behavioral consultation/training is provided to aid community based providers in maintaining individuals in their programs.

Specialty services that are available to patients include medical services, nursing services, speech and hearing services, physical therapy, occupational therapy, psychological services, social work, dietary services and chaplaincy services.

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 patients in its outpatient, primary and extended care programs. These services are flexible and can be modified to meet the changing needs of patients and growing market demands. Chemical dependency treatment services are provided to DDRC patients by applying the principles of Alcoholics Anonymous to a comprehensive program of physical, mental, social and spiritual rehabilitation.

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

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. DDRC provides counselling programs to area schools in Pelican Rapids and Barnesville, Minnesota.

Accredited Academic Programs

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

Table 36 - FFRTC Operating Expenditures

	FY91	FY92
MH/DD Programs		
Salaries	$19,060,175	$19,232,148
Current Expense	$1,392,750	$1,545,628
Repairs & Replacements	$308,626	$239,510
Special Equipment	$15,238	$19,552
Total:	$20,776,789	$21,036,838
CD Program		
Salaries	$1,932,283	$1,720,458
Current Expense	$236,388	$268,544
Indirect Costs	$65,902	$72,664
Total:	$2,234,573	$2,061,666

Table 37 - FFRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	MH	DD	CD	Total ADC	CD Outpt.	Detox
FY78	131	288	128	547		
FY79	142	282	155	579		
FY80	129	278	143	550		
FY81	125	268	157	550		
FY82	113	268	166	547		
FY83	108	245	169	522		
FY84	98	231	140	469		
FY85	104	222	144	470		
FY86	99	200	136	435		3
FY87	99	179	122	400	8	3
FY88	100	165	82	347	7	3
FY89	102	148	49	299	6	2
FY90	101	133	42	276	7	2
FY91	106	122	27	255	1,983 hrs	3
FY92	104	111	31	246	4,804 hrs	2

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

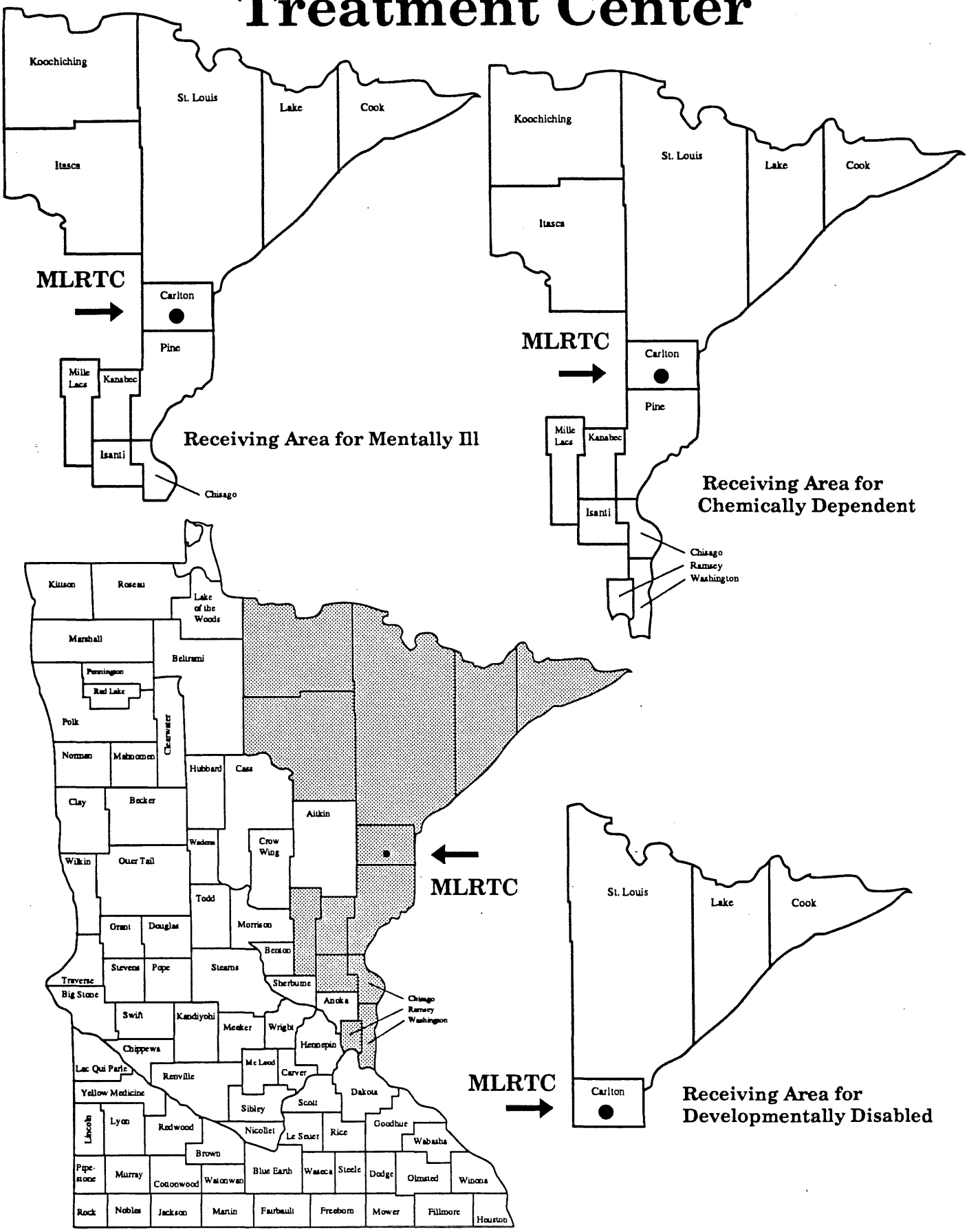
Table 38 - FFRTC Admissions by Fiscal Year - 5 Year Period

Fiscal Year	MH	DD	CD	Total
FY88	393	5	640	1,038
FY89	333	6	457	796
FY90	330	6	376	712
FY91	303	8	207	518
FY92	297	9	195	501

Table 39 - FFRTC Discharges by Fiscal Year - 5 Year Period

Fiscal Year	MH	DD	CD	Total
FY88	378	25	771	1,174
FY89	331	23	537	891
FY90	314	21	464	799
FY91	320	13	297	630
FY92	328	18	280	626

Moose Lake Regional Treatment Center



MS-0379i/MS (11-92)

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 probate courts. In the 1950s the departments of psychology, social service, rehabilitation, and chaplaincy became an integral part of the organization.

The introduction of chemotherapy in the late 1950s made a more open facility a reality and minimized the need for restrictive measures. More recently, the thrust has been to develop programs and services designed to meet individual patient needs while achieving and maintaining compliance with appropriate state and national program standards. MLRTC's programs are fully accredited by the Joint Commission on Accreditation of Healthcare Organizations and licensed by the Minnesota Departments of Health and Human Services. Specialized mental health, developmental disability and chemical dependency programs are provided to residents of counties in the northeast region of the State. Moose Lake's role as an RTC is to serve patients who require treatment in a structured and 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. Increasingly MLRTC is engaged in outreach services aimed at meeting identified community need in the areas of crisis and pre-crisis intervention, training, consultation, planning and technological innovation.

Mental Health

MLRTC's Adult Mental Health Services Program provides acute as well as extended treatment for patients with emotional disorders. The programs are comprised of two admissions units, general psychiatry, transitional, neuro-behavioral and an extended care unit. The two admission units serve patients from northeastern Minnesota counties who are in need of acute psychiatric care. The two 30-bed units focus on short-term treatment for psychiatric patients. The focus of one of the 30-bed units is for the younger, more acting out patient and the other 30-bed unit emphasizes treatment for the older population and more vulnerable patients. Treatment modalities include psychiatric assessment with the use of appropriate antipsychotic medication and supportive therapies such as recreational, vocational, occupational, psychological, and social services. Additionally, psychotherapy and an individual treatment approach for each patient is stressed.

Treatment for patients with serious and persistent mental illness that requires a longer stay at MLRTC is provided on the general mental health unit. This 30-bed unit provides treatment for the younger to middle-aged adult who is in need of longer-term care. Patients on this unit exhibit a wide range of behavioral problems as well as difficulties accepting their mental illness. Staff on this multidisciplinary unit focus on medication

compliance as well as resolving problematic behavior. A strong focus is placed on aftercare planning and finding appropriate community resources for patients. The neuro-behavioral unit is a 15-bed unit that uses behavior modification techniques in conjunction with appropriate medication for its patients. A structured program with appropriate work activities is part of the program focus on this unit. The director of the unit, a neurologist, directs treatment for the patients.

Another 15-bed unit is called the Transition Unit and has a Rule 36 program structure. The focus on this unit is to provide a less structured program for patients. Emphasis on work assessment, work activity, leisure time, independence of aids to daily living (ADLs) and peer interaction is the treatment focus. Patients needing assistance with transition to a community facility are placed on this unit.

An extended care treatment unit of 80 beds focuses primarily on the older or functionally dependent patient. A 20-bed skilled care nursing component for the older patient who has behavioral problems unable to be served in local nursing homes is part of this unit. The other 60 beds are utilized for the older long-term patients who have behavioral problems that make placement at Rule 36 facilities, board and care facilities, or nursing homes difficult to accomplish. A strong focus on this unit is on placements as well.

In all the programs, the focus is on the patient, family, case managers and community resources with whom we interact. Our focus is to return the patient to an appropriate community facility as quickly as possible. We also stress working with community resources to ensure a successful placement after discharge from MLRTC. Workshops with Rule 36 providers, family days for family members, coordination of services with mental health centers and community support programs are some examples of the emphasis we place in working with community resources.

Developmental Disabilities

The Developmental Disabilities (DD) 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.

The Program, along with the Department, has developed two, six-bed ICF/MR (intermediate care facility for the mentally retarded) group homes and one day program. It is currently building a third group home and another day program in Duluth. In

addition, the DD Program is also providing crisis intervention, respite care and technical assistance to community providers in an effort to help keep people from having to be institutionalized.

Day Programs

The "WORKS" Activity Center/Supported Employment Program has grown from 8 clients in 1987 to a current size of 62. 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 the 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 patients not readily served in the private sector. The Program offers two types of extended care for men: the Stabilization Model designed for the "fragile" chemically dependent patients who have long term withdrawal issues, cognitive deficits, and/or need monitoring/evaluation to stabilize appropriate medication for mental disorders; and the Relapse Model designed to help the male patient who has not maintained sobriety after primary treatment. A day outpatient program is available for patients who live in the vicinity of the RTC.

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 and self-learning behavioral changes with emphasis on self strengths and independence. The educational component gives information on a variety of concerns a woman may encounter within her recovery including the development of healthy relationships, setting boundaries, assertiveness skills, eating disorders, grief and sexuality issues. An aftercare component helps patients increase independence by learning how to mobilize personal and community resources. Liberalis offers primary and extended-care programming with varying lengths of stay.

Table 40 - MLRTC Operating Expenditures

	FY91	FY92
MH/DD Programs		
Salaries	$16,739,958	$17,427,469
Current Expense	$1,331,700	$1,433,956
Repairs & Replacements	$241,857	$224,202
Special Equipment	$10,277	$53,118
Total:	$18,323,792	$19,138,745
CD Program		
Salaries	$2,055,271	$1,610,785
Current Expense	$297,342	$347,287
Indirect Costs	$78,261	$74,260
Total:	$2,430,874	$2,032,332

Table 41 - MLRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	MH	DD	CD	Total ADC	CD Outpt.
FY78	155	143	158	456	
FY79	155	141	163	459	
FY80	150	133	174	457	
FY81	145	129	197	471	
FY82	163	122	185	470	
FY83	193	112	185	490	
FY84	169	107	159	435	
FY85	171	103	161	435	
FY86	164	96	157	417	
FY87	179	94	117	390	
FY88	196	83	74	353	
FY89	205	73	52	330	
FY90	196	70	46	312	1
FY91	197	69	46	312	370 hrs
FY92	184	52	46	282	268 hrs

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

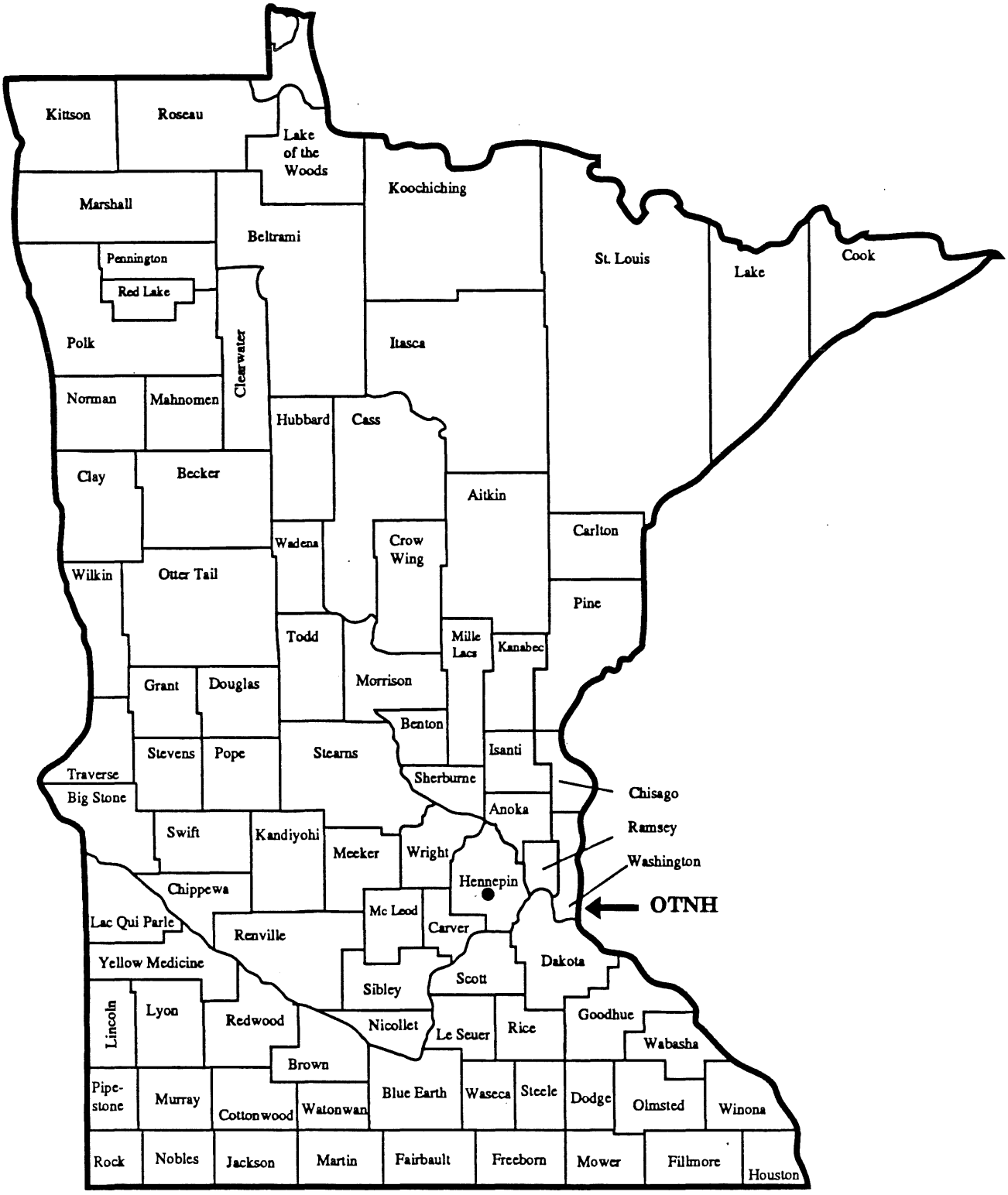
Table 42 - MLRTC Admissions by Fiscal Year - 5 Year Period

Fiscal Year	MH	DD	CD	Total
FY88	403	1	784	1,188
FY89	343	1	473	817
FY90	353	8	449	810
FY91	351	9	380	740
FY92	371	4	384	759

Table 43 - MLRTC Discharges by Fiscal Year - 5 Year Period

Fiscal Year	MH	DD	CD	Total
FY88	358	15	837	1,210
FY89	325	12	468	805
FY90	359	12	464	835
FY91	342	12	380	734
FY92	382	20	395	797

Oak Terrace Nursing Home



OAK TERRACE NURSING HOME

The Oak Terrace Nursing Home (OTNH) in Minnetonka began operation in 1962 following legislative authorization to lease facilities at the Glen Lake Sanatorium from Hennepin County for 35 years. OTNH was opened on the sanatorium campus and the State operated both programs until 1976 when the sanatorium closed. The nursing home program closed June 30, 1991.

The 1989 Minnesota Legislature authorized closure of OTNH because of the poor condition of the physical plant which is not owned by the State. Relocation of residents was 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. Cooperative efforts between the staff of the Nursing Home and Hennepin County Social Services Agency were instrumental in the smooth transition for residents. Thirty-day, follow-up visits made by the County Social Services staff showed residents adjusting well.

The Department of Human Services' (DHS) Management Services Division assisted staff in the disposition of surplus equipment and supplies. The Hennepin County and Minnetonka Historical Societies acquired a number of items of historical value.

Patient medical records and other confidential files were transferred to the State Records Center. Business office and personnel records were transferred to the appropriate divisions at DHS.

The lease was terminated and the property transferred back to Hennepin County on June 30, 1992.

Table 44 - OTNH Operating Expenditures

	FY91	FY92
NF Program		
Salaries	$4,802,360	$509,805
Current Expense	$441,873	$148,768
Repairs & Replacements	$126,620	$27,135
Special Equipment	$10,594	$0
Total:	$5,381,447	$685,708

Table 45 - OTNH Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	NF
FY78	336
FY79	336
FY80	331
FY81	333
FY82	334
FY83	332
FY84	333
FY85	333
FY86	323
FY87	297
FY88	275
FY89	241
FY90	182
FY91	65
FY92	0

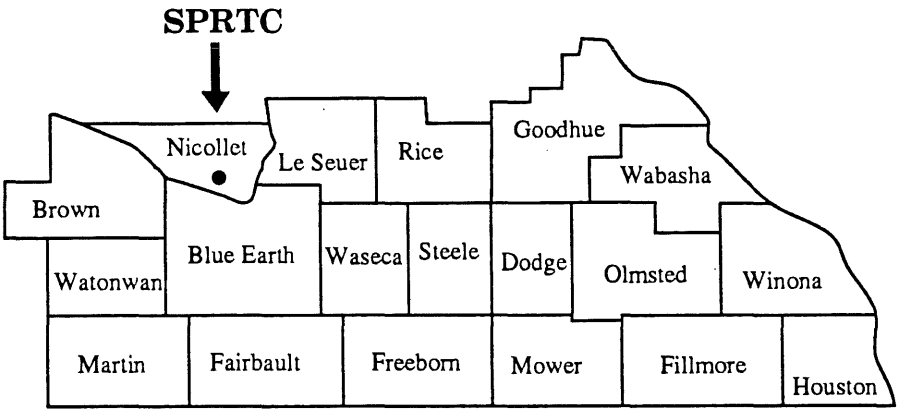
Table 46 - OTNH Admissions by Fiscal Year - 5 Year Period

Fiscal Year	NF
FY88	16
FY89	8
FY90	3
FY91	0
FY92	0

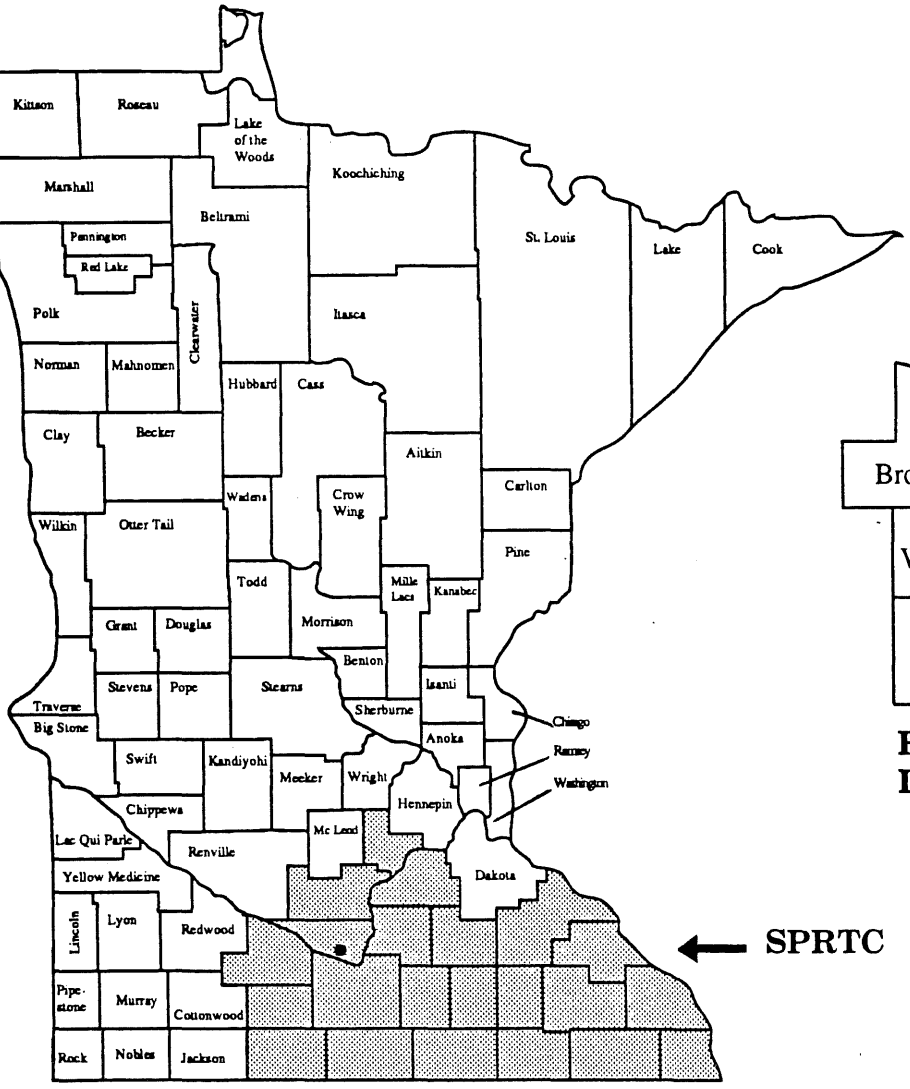
Table 47 - OTNH Discharges by Fiscal Year - 5 Year Period

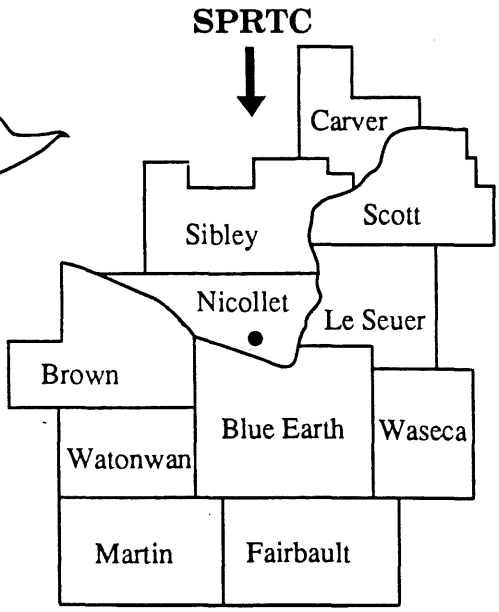
Fiscal Year	NF
FY88	42
FY89	44
FY90	106
FY91	66
FY92	0

St. Peter Regional Treatment Center and Minnesota Security Hospital



Receiving Area for Mentally Ill and Chemically Dependent





Receiving Area for Developmentally Disabled

The Minnesota Security Hospital receives clients from the entire state.

ST. PETER REGIONAL TREATMENT CENTER

St. Peter Regional Treatment Center (SPRTC) is Minnesota's largest RTC. It has four treatment divisions. The Mental Health Division, formerly known as St. Peter State Hospital, opened in 1866 as Minnesota's first state psychiatric hospital. The Minnesota Security Hospital, also known as the Forensic Division, was established in 1911 to house and treat mentally ill and dangerous men from the entire State. In 1982 a new Minnesota Security Hospital was constructed to replace the old facility. The Developmental Disabilities Division, formerly known as Minnesota Valley Social Adaptation Center, was established in 1968 to serve developmentally disabled people. The Chemical Dependency Division (CDD), also known as Johnson Chemical Dependency Center, opened in 1970. A statewide treatment program for hearing impaired mentally ill adults was established within the MHD in 1985. SPRTC has a licensed bed capacity of 670. In the past decade, it has admitted and treated over 10,000 people.

SPRTC serves developmentally disabled clients from Region IX plus Scott and Carver counties (11 counties); mentally ill and chemically dependent patients from Regions IX and X (19 counties); and mentally ill and dangerous clients from the entire State. SPRTC is fully licensed and certified, and accredited by the Joint Commission on Accreditation of Healthcare Organizations.

The Mental Health Division

The Mental Health Division (MHD) has been serving mentally ill patients in Minnesota for 126 years. It has a licensed bed capacity of 176. In the past decade, the MHD has admitted and treated over 3,200 people.

The MHD provides high quality, comprehensive mental health services to adults in southcentral and southeastern Minnesota. There are several processes through which individuals are admitted to this division. They may be legally committed by a county court, voluntarily seek treatment by requesting admission, or be transferred from other facilities throughout the State. Four mental health units in Pexton Hall specialize in treating individuals with serious and/or persistent mental illness; they provide a continuum of psychiatric care. Patients are assigned to these units based on assessed needs for structured care and treatment. Bartlett Hall 1 South provides treatment primarily to psychogeriatric patients with mental and physical problems and minimal self-care abilities. The MHD also offers comprehensive inpatient psychiatric and psychological services to patients who are mentally ill and hearing impaired. A large number of direct care staff have been trained in sign language, allowing patients to be placed on most units within the MHD, as the need arises.

Overall, the MHD provides modern, comprehensive psychiatric, psychological, and rehabilitative services to patients who are unable to be treated with existing community resources. The MHD is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations, licensed under the Department of Human Services' Rule 36, and certified by the U.S. Department of Health and Human Services for Title XVIII and XIX.

Minnesota Security Hospital (The Forensic Division)

The Minnesota Security Hospital (MSH) has been praised by outside reviewers as one of the finest forensic hospitals in the U.S. MSH has a licensed bed capacity of 266. It provides comprehensive court-ordered forensic psychiatric evaluations, including competency to stand trial, the insanity defense and pre-sentence and sex offender evaluations. MSH evaluates and treats patients who are mentally ill, mentally ill and dangerous, and those committed as psychopathic personalities.

In addition to evaluation services, MSH has intensive treatment programs for aggressive patients and accepts transfers within the Department of Human Services from other RTCs for evaluation and treatment. Clients from the Department of Corrections may be accepted by transfer or on parole status. MSH admits approximately 224 persons per year; the FY92 average daily census was 222. It provides a full range of psychiatric, psychological, nursing and social work services.

The Developmental Disabilities Division

The Developmental Disabilities Division (DDD) is an integral part of Minnesota's developmental disabilities service delivery system. The DDD serves people who have a primary diagnosis of mental retardation and whose service needs are frequently complicated by additional physical, behavioral, and/or mental health disabilities. Staff work with other human services agencies and vendors to provide expertise and assistance in treating residents who are not able to be treated with existing community resources, or in less restrictive settings.

For the past several years, the DDD, like other state-operated facilities for the developmentally disabled, has been in the process of downsizing. This is being accomplished through aggressive community placement, and the gradual emergence of an increased number of community-based treatment and residential options. The facility adheres to the highest regulatory and accrediting standards. The DDD is accredited by the Joint Commission on Accreditation of Healthcare Organizations, certified by the Health Care Financing Agency, and licensed by the Minnesota Departments of Health and Human Services'Rules 34 and 38.

Chemical Dependency Division

Johnson Chemical Dependency Center (JCDC) offers an Alcoholics Anonymous-based chemical dependency treatment program for men and women 18 and older. It has a licensed bed capacity of 58. Several treatment options are available.

The 28-day primary program offers three phases of treatment: acceptance, family and re-entry, in a flexible format. A patient may enter or exit at the beginning or end of any phase depending upon their needs. The program also offers a 2 x 4 component with a combination of inpatient and outpatient treatment. A multi-disciplinary treatment team assists patients in identifying, recognizing and accepting their substance abuse problems. Although the inpatient program specializes in treatment of multi-diagnosed and behavior disordered patients, it is open to all who desire sobriety and health. Specialized program components include: a Women's Program which includes inpatient, outpatient or extended care options; a Dual Diagnosis Program for patients who have mental health and chemical dependency problems; 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; an Extended Care Program which is available for individuals who have been unable to maintain lasting sobriety; a Family Program which provides education and support to a patient's family members and significant others; Aftercare Services to all patients who have completed treatment; and a Relapse Program for patients who have completed treatment within the last twelve months, but were unable to maintain sobriety.

JCDC offers a wider array of chemical dependency and mental health programs than any other chemical dependency treatment program in Southern Minnesota. In the past decade it has admitted and treated over 4,300 people. JCDC is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations, and licensed under the Department of Human Services' Rules 35 and 43.

Table 48 - SPRTC Operating Expenditures

	FY91	FY92
MH/DD Programs & MSH		
Salaries	$31,604,255	$32,831,576
Current Expense	$3,105,964	$3,120,500
Repairs & Replacements	$444,387	$474,876
Special Equipment	$41,225	$84,481
Total:	$35,195,831	$36,511,433
CD Program		
Salaries	$1,042,488	$785,475
Current Expense	$150,596	$173,287
Indirect Costs	$39,270	$35,701
Total:	$1,232,354	$994,463

Table 49 - SPRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	MH	DD	CD	MSH	Total ADC	CD Outpt.
FY78	150	208	42	167	567	
FY79	137	191	44	198	570	
FY80	136	192	40	203	571	
FY81	144	184	45	193	566	
FY82	159	175	45	189	568	
FY83	165	179	54	212	610	
FY84	156	170	54	210	590	
FY85	160	164	54	219	597	
FY86	153	161	53	222	589	
FY87	157	155	50	222	584	
FY88	161	157	36	223	577	2
FY89	170	156	31	229	586	0
FY90	165	140	22	229	556	0
FY91	164	122	21	230	537	618 hrs
FY92	159	95	23	222	499	1,264 hrs

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

Table 50 - SPRTC Admissions by Fiscal Year - 5 Year Period

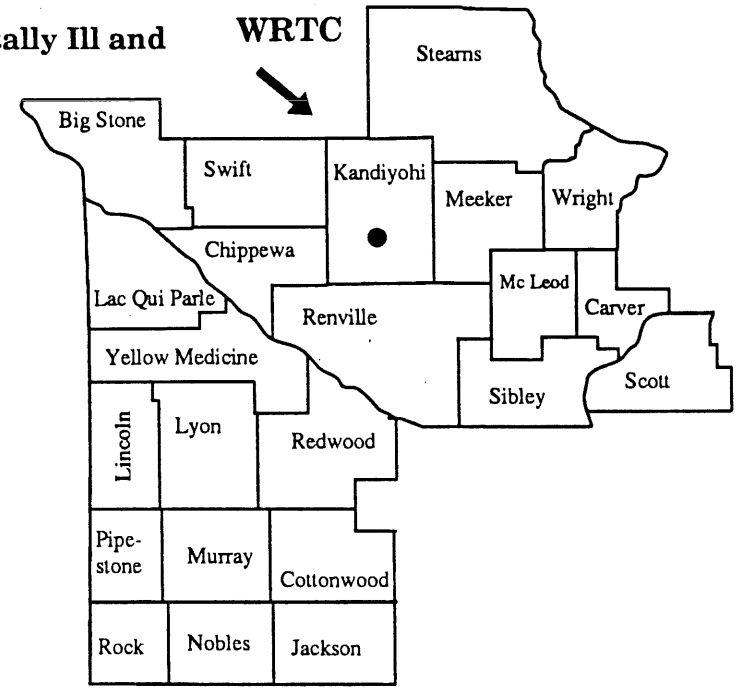
Fiscal Year	MH	DD	CD	MSH	Total
FY88	326	43	401	260	1,030
FY89	339	30	294	246	909
FY90	356	11	230	227	824
FY91	373	20	248	224	865
FY92	388	23	283	224	918

Table 51 - SPRTC Discharges by Fiscal Year - 5 Year Period

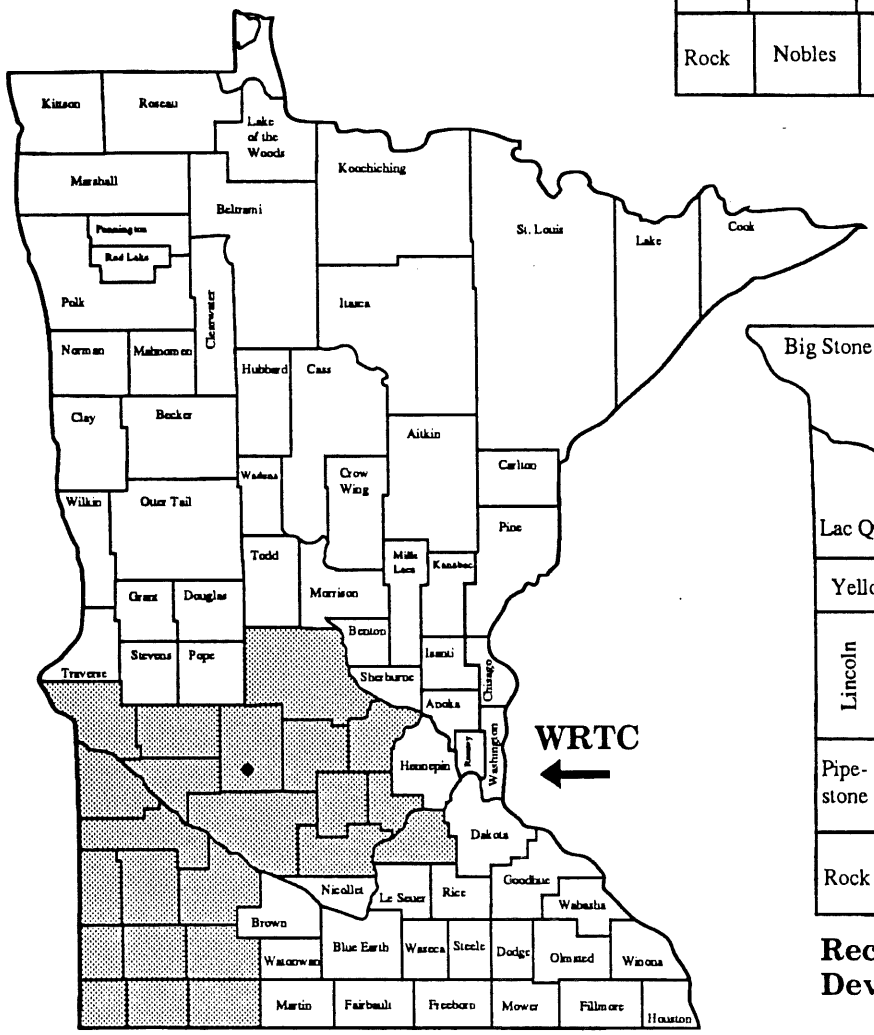
Fiscal Year	MH	DD	CD	MSH	Total
FY88	266	41	412	255	974
FY89	332	28	288	246	894
FY90	354	25	252	229	860
FY91	392	52	256	226	926
FY92	418	42	250	231	941

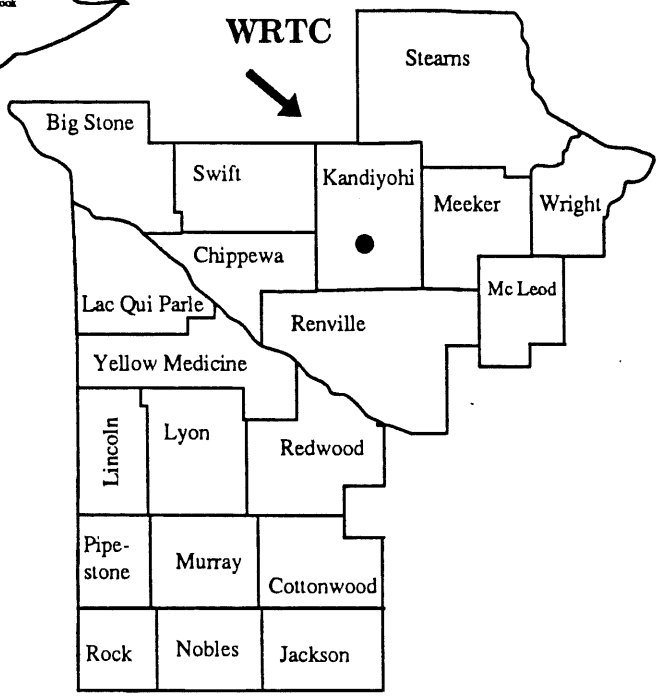
Willmar Regional Treatment Center

Receiving Area for Mentally Ill and Chemically Dependent



Adolescent Treatment Units serve the entire state.





Receiving Area for Developmentally Disabled

WILLMAR REGIONAL TREATMENT CENTER

In 1912 the Willmar State Asylum opened for the treatment of inebriates and drug addicts. Enabling legislation was passed in 1907 to impose a two percent tax on liquor licenses to build the facility and support operating costs. By 1917 an increase in the number of "dry" counties drastically reduced the number of inebriate 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-1950s, major developments in medication led to dramatic improvement in the treatment of the mentally ill. Willmar State Hospital was 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 became the first Minnesota state hospital to be accredited by the Joint Commission on Accreditation of Healthcare Organizations. All programs have been continuously accredited since. In 1986 the Willmar State Hospital was renamed the Willmar Regional Treatment Center (WRTC) to more accurately reflect its mission as a regional resource and multi-disciplinary campus.

WRTC provides services to persons with developmental disabilities, chemical dependencies and mental illnesses 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

Adults who are admitted to WRTC programs for the mentally ill receive early and rapid diagnosis, assessment and evaluation on the Admission/Observation Unit. Over one-third of those admitted to the hospital are discharged from this unit after a stay of less than ten days. Others are transferred to a unit with patients of similar anticipated lengths of stay and diagnosis. The Stabilization Unit is treatment-intensive, stabilizing, treating, and typically discharges patients within ten weeks. Two transition units serve patients on the threshold of chronic mental illness. A geriatric unit provides services to elderly patients with behavioral and mental health disorders. The Behavioral Therapy Unit is structured to enhance self-control and coping skills in persons with serious and persistent mental illness. The Psychiatric Rehabilitation Unit is a behaviorally-based program for young

adults who are seriously and persistently mentally ill. The mental health and chemical dependency program is dually licensed to treat those who are both mentally ill and chemically dependent.

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. It provides a comprehensive approach to the treatment of severely emotional and behaviorally disturbed youth. The Adolescent Treatment Unit celebrated its twenty-fifth anniversary in 1990.

Developmental Disabilities

Glacial Ridge Training Center is both a home-like residence and training center for nearly 50 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. The Center consists of two campus residences and three, day-training and habilitation programs; two located on the campus of WRTC and one in the community. In 1991 WRTC opened a six-bed ICF/MR (intermediate care facility for the mentally retarded) offering state-operated community services in Redwood Falls.

Chemical Dependency

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

The Bradley Center offers an array of intensive treatment programs for persons suffering addiction disorders. The Primary Residential Treatment Program has been in operation for over 75 years and uses a combination of individual and group therapy, and education and spiritual services to assist patients move to sobriety. The average length of stay in this program is 30 days. For patients 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. Patients stay an average of three 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 30 days of primary treatment. The Center is the only state facility licensed for the use of methadone which is used only during the withdrawal process.

The Cardinal Recovery Center operates a Primary Outpatient Treatment Program for adults who can maintain sobriety during treatment. Patients 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 thirteen to eighteen, to an understanding of their relationship with their chemical of choice. The Youth Program is a 10-week course of treatment averaging 150 hours per patient.

A flexible program for relapse-prone patients is offered at both the Bradley Center and Cardinal Recovery Center.

Table 52 - WRTC Operating Expenditures

	FY91	FY92
MH/DD Programs		
Salaries	$23,552,635	$23,963,853
Current Expense	$1,713,732	$1,939,215
Repairs & Replacements	$655,475	$181,046
Special Equipment	$49,893	$76,330
Total:	$25,971,735	$26,160,444
CD Program		
Salaries	$1,173,836	$1,044,571
Current Expense	$161,748	$170,131
Indirect Costs	$44,260	$41,559
Total:	$1,379,844	$1,256,261

Table 53 - WRTC Average Daily Census (ADC) by Fiscal Year - 15 Year Period

Fiscal Year	MH	MH Adol (PCU)	MH Adol (ATU)	DD	CD	Total ADC	CD Outpt.
FY78	316			162	105	583	
FY79	321			161	109	591	
FY80	313			158	104	575	
FY81	310			158	97	565	
FY82	306			162	96	564	
FY83	312			159	99	570	
FY84	296			155	103	554	
FY85	290			151	96	537	
FY86	294			133	84	511	
FY87	288			109	82	479	
FY88	304			90	48	442	
FY89	304	6		78	26	414	
FY90	260	6	29	74	19	388	5
FY91	237	6	32	65	15	355	4,544 hrs
FY92	236	6	30	57	16	345	8,022 hrs

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

Table 54 - WRTC Admissions by Fiscal Year - 5 Year Period

Fiscal Year	MH	MH Adol (PCU)	MH Adol (ATU)	DD	CD	Total
FY88	549			14	464	1,027
FY89	653	38		10	238	939
FY90	676	7	39	8	213	943
FY91	747	8	68	9	148	980
FY92	687	15	66	16	176	960

Table 55 - WRTC Discharges by Fiscal Year - 5 Year Period

Fiscal Year	MH	MH Adol (PCU)	MH Adol (ATU)	DD	CD	Total
FY88	533			25	476	1,034
FY89	639	31		14	255	939
FY90	667	5	41	10	213	936
FY91	719	9	66	16	152	962
FY92	732	11	76	24	168	1,011

Appendix I

Census Information

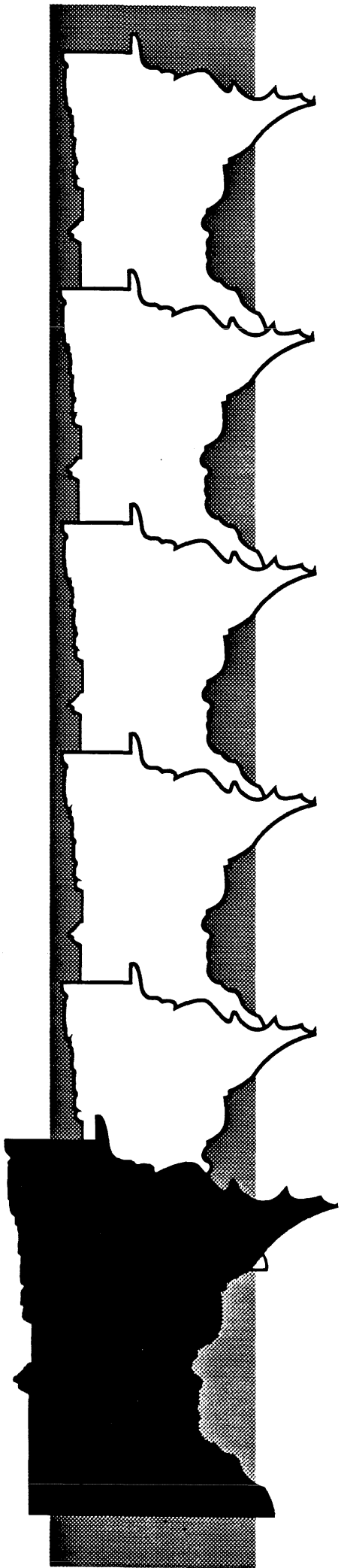


Table 1 - Average Daily Census Breakdowns by Facility and Disability

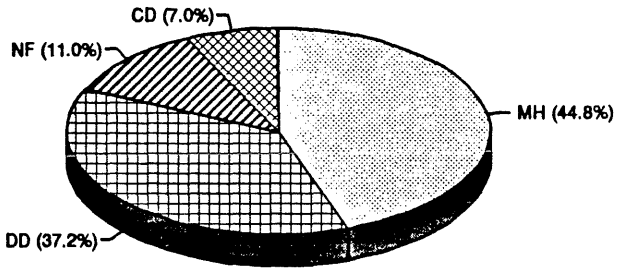
Facility	FY78	FY79	FY80	FY81	FY82	FY83	FY84	FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92
AGCC															
NF	369	358	351	328	330	326	319	322	318	296	240	249	257	252	252
CD							20	24	18	27	23	25	27	22	18
CD Outpt.													0	131	255
Total:	369	358	351	328	330	326	339	346	336	323	263	274	284	274	270
AMRTC															
MH	248	281	280	240	228	224	237	234	235	240	236	233	230	231	231
CD	88	87	82	80	78	81	79	79	78	79	67	63	59	39	35
CD Outpt.											(2)	(2)	(3)	215	79
Total:	336	368	362	320	306	305	316	313	313	319	303	296	289	270	266
BRHSC															
MH	67	72	60	65	74	78	65	57	64	69	72	72	75	76	74
MH Adol (TACP)				36	35	41	37	37	35	37	38	33	21	22	18
DD	511	470	440	360	328	311	287	261	239	206	182	170	164	158	144
NF (WSC)													19	27	28
CD	42	38	43	47	49	49	60	69	63	52	51	43	35	29	29
CD Outpt.											(6)	0	(4)	1,829	4,969
Total:	620	580	543	508	486	479	449	424	401	364	343	318	314	312	293
CRIISC															
DD	576	553	527	510	509	503	483	459	406	368	335	302	295	262	219
FRC															
DD	856	833	807	774	772	747	709	668	627	545	514	481	469	438	372
NF										34	33	34	34	32	32
Total:	856	833	807	774	772	747	709	668	627	579	547	515	503	470	404
FFRTC															
MH	131	142	129	125	113	108	98	104	99	99	100	102	101	106	104
DD	288	282	278	268	268	245	231	222	200	179	165	148	133	122	111
CD	128	155	143	157	166	169	140	144	136	122	82	49	42	27	31
CD Outpt.										(8)	(7)	(6)	(7)	1,983	4,804
Detox									(3)	(3)	(3)	(2)	(2)	(3)	(2)
Total:	547	579	550	550	547	522	469	470	435	400	347	299	276	255	246
MLRTC															
MH	155	155	150	145	163	193	169	171	164	179	196	205	196	197	184
DD	143	141	133	129	122	112	107	103	96	94	83	73	70	69	52
CD	158	163	174	197	185	185	159	161	157	117	74	52	46	46	46
CD Outpt.													(1)	370	268
Total:	456	459	457	471	470	490	435	435	417	390	353	330	312	312	282
OTNH															
NF	336	336	331	333	334	332	333	333	323	297	275	241	182	65	
RSH															
MH	259	251	253	224	125										
DD	146	153	153	129	36										
CD	41	54	51	38	0										
Total:	446	458	457	391	161										
SPRTC															
MH	150	137	136	144	159	165	156	160	153	157	161	170	165	164	159
DD	208	191	192	184	175	179	170	164	161	155	157	156	140	122	95
CD	42	44	40	45	45	54	54	54	53	50	36	31	22	21	23
MSH (MH)	167	198	203	193	189	212	210	219	222	222	223	229	229	230	222
CD Outpt.											(2)	0	0	618	1,264
Total:	567	570	571	566	568	610	590	597	589	584	577	586	556	537	499
WRTC															
MH	316	321	313	310	306	312	296	290	294	288	304	304	260	237	236
MH Adol (PCU)												6	6	6	6
MH Adol (ATU)													29	32	30
DD	162	161	158	158	162	159	155	151	133	109	90	78	74	65	57
CD	105	109	104	97	96	99	103	96	84	82	48	26	19	15	16
CD Outpt.													(5)	4,544	8,022
Total:	583	591	575	565	564	570	554	537	511	479	442	414	388	355	345

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

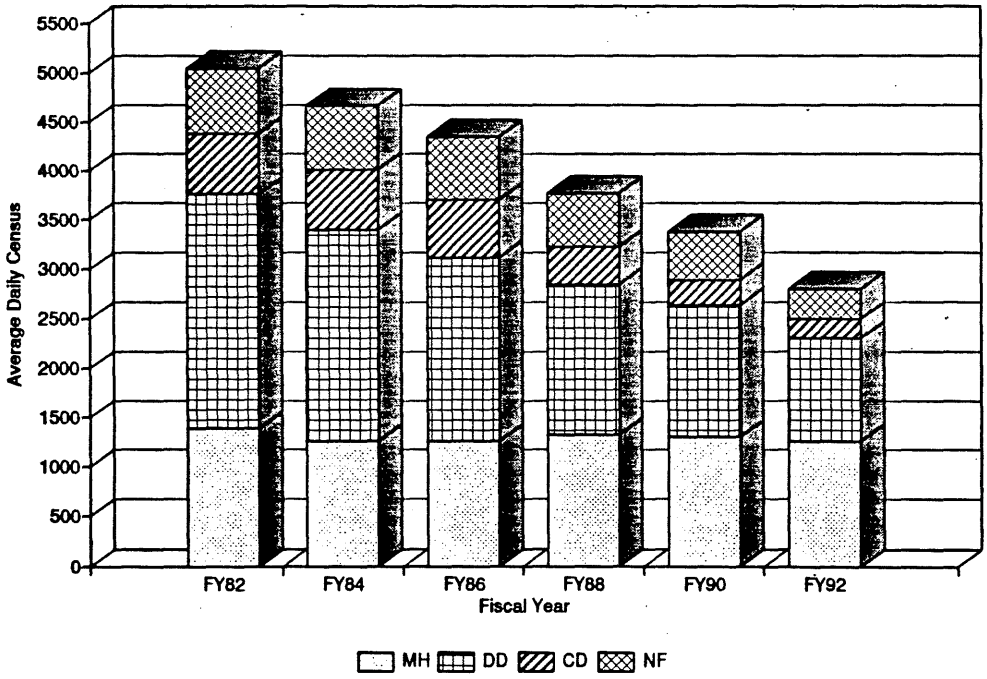
Table 2 - Total Average Daily Census Breakdowns by Disability

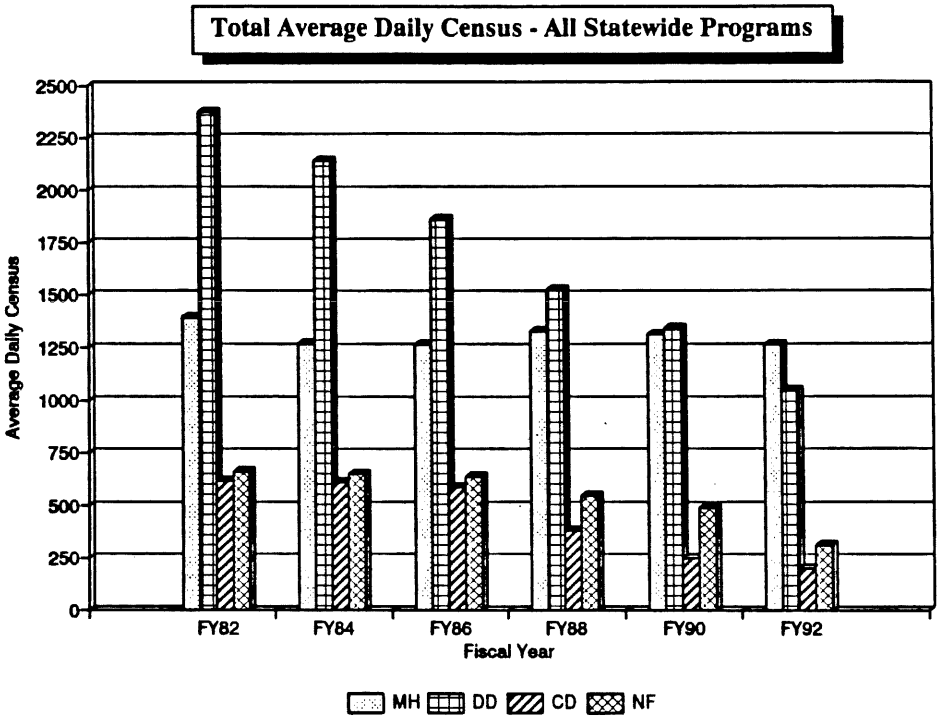
Disability	FY78	FY79	FY80	FY81	FY82	FY83	FY84	FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92
MH	1,493	1,557	1,524	1,482	1,392	1,333	1,268	1,272	1,266	1,291	1,330	1,354	1,312	1,301	1,264
DD	2,890	2,784	2,688	2,512	2,372	2,256	2,142	2,028	1,862	1,656	1,526	1,408	1,345	1,236	1,050
NF	705	694	682	661	664	658	652	655	641	627	548	524	492	376	312
CD	604	650	637	661	619	637	615	627	589	529	381	289	250	199	198
CD Outpt.										(8)	(17)	(8)	(20)	9,690	19,661
TOTAL:	5,692	5,685	5,531	5,316	5,047	4,884	4,677	4,582	4,358	4,103	3,785	3,575	3,399	3,112	2,824

Total Average Daily Census for FY92
All Statewide Programs



Total Average Daily Census - All Statewide Programs




Total Average Daily Census - All Statewide Programs
Average Daily Census
2500
2250
2000
1750
1500
1250
1000
750
500
250
0
FY82
FY84
FY86
FY88
FY90
FY92
Fiscal Year
MH
DD
CD
NF

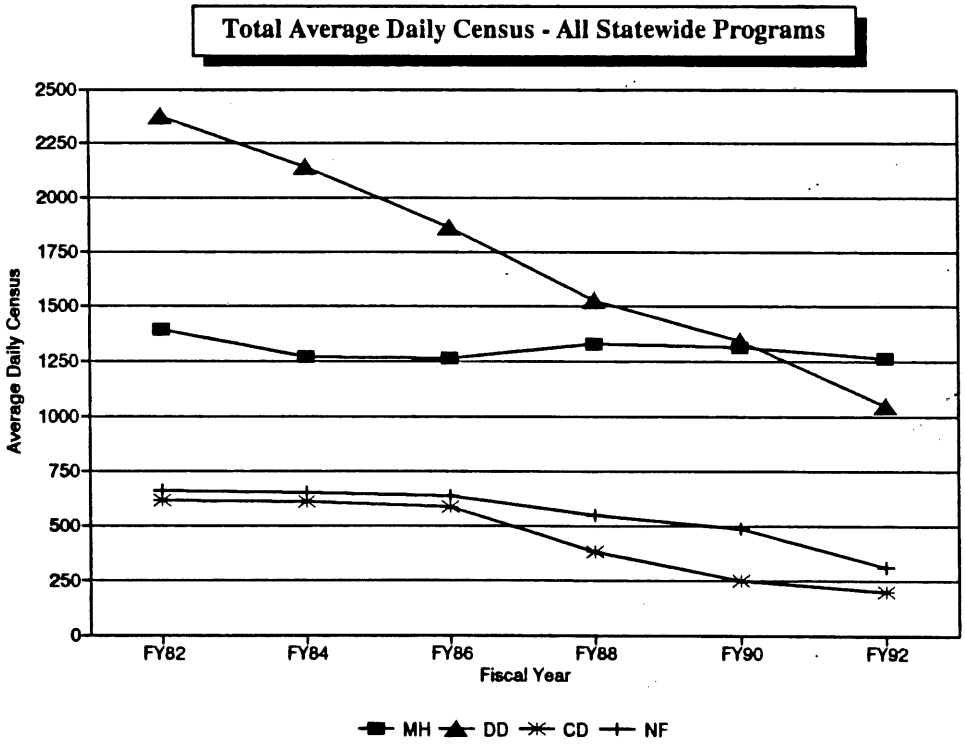

Total Average Daily Census - All Statewide Programs
Average Daily Census
2500
2250
2000
1750
1500
1250
1000
750
500
250
0
FY82
FY84
FY86
FY88
FY90
FY92
Fiscal Year
MH
DD
CD
NF

Table 3 - Average Daily Census, Utilized Bed Capacity and Percent of Occupancy - August, 1992

Facility	Average Daily Census	Utilized Bed Capacity	Percent of Occupancy
AGCC	267	301	88.70%
AMRTC	257	301	85.38%
BRHSC	303	337	89.91%
CRHSC	213	288	73.96%
FRC	368	478	76.99%
FFRTC	251	269	93.31%
MSH	225	266	84.59%
MLRTC	274	345	79.42%
SPRTC	255	362	70.44%
WRTC	340	414	82.13%

Table 4 - Certified Bed Capacity - August, 1992

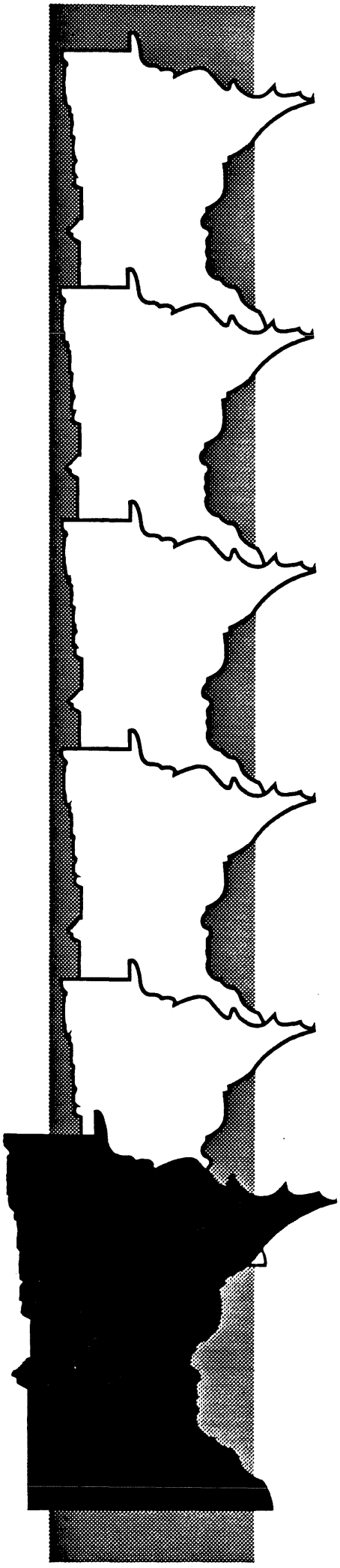
Facility	Title 18/19 Psychiatric Hospital	ICF/MR	Title 18/19 SNF/NF	NF I
AGCC				343
AMRTC	257			
BRHSC	124	192	28	
CRHSC		288		
FRC		443	35	
FFRTC	185	160		
MSH				
MLRTC	400	83		
SPRTC	176	170		
WRTC	426	97		

Table 5 - Licensed Bed Capacity - August, 1992

Facility	Specialized Hospital (Mental)	SLF-A	SLF-B	Hospital (Mental)	Nursing Home
AGCC		40			343
AMRTC	257		90		
BRHSC	151	33	192		28
CRHSC			288		
FRC			443	35	35
FFRTC	232	60	160		
MSH	72	194			
MLRTC	400	42	83		
SPRTC	234		170		
WRTC	467		140		

Appendix II

Other Facility Information



SHARED SERVICE AGREEMENTS
FY92

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

Facility	Contract Type	Expenditure
AGCC	• Meals for Cass County Jail	75,525
AMRTC	• Meals & Security for Lessee - Anoka County	368,293
	• U of M - Medical Students, Consultant Lectures & Office Supplies	3,391
	• Psychiatric Services - Mercy Medical & Riverside Medical	146,020
BRHSC	• Crow Wing County CD Counseling Services	5,781
	• Laundry for Camp Ripley	182,583
	• Dietary Services for Crow Wing County Jail	77,539
	• Medical & Support Services for Crow Wing Community Corrections	4,961
CRHSC	• Community Based Pilot Project DD - Salaries	707,560
	• Community Based Pilot Project DD - Expenses	107,080
	• Community Technical Services Program	8,121
	• State Operated Community Services Training	0
FRC	• Laundry to Regional Organizations	404,455
	• Community Based Pilot Project DD - Salaries	838,740
	• Community Based Pilot Project DD - Expenses	134,680
	• Bakery Services to Regional Organizations	126,782
	• Misc. Lease Support Income Project	640
	• Services for State Operated Community Services	0
	• Work Activity - Community Client Supervision	129,957
FFRTC	• Outpatient CD Services for Clay County	50,104
	• CD Counseling Services to School District #548	5,905
	• CD Counseling Services to School District #146	21,927
	• Dietary & Maintenance Services	54,920
	• Steam Purchase	754,850
MLRTC	• Dietary Services to Willow River Camp	0
SPRTC	• Meals to Nicollet County Jail	23,933
	• Counseling & Training - Friendship Haven	9,028
	• Laundry Services - Hoffman Center/Nicollet County Jail	0
WRTC	• Training & Technical Assistance to Local Groups and Nursing Homes	30,403
	• Training & Habilitation Services Provided by Crossroads DAC	139,282
	• Dietary Services to Prairie Lakes Detention Center	79,503
	• Laundry Services to Prairie Lakes Detention Center	5,553
	• General Support Services to Prairie Lakes Detention Center	8,730
	• Services to State Operated Community Services	27
Total:		4,506,273

CAPITAL IMPROVEMENTS ALLOCATION
Laws of Minnesota 1992
Chapter 558

		Appropriation
Sec. 8.	**HUMAN SERVICES**	
Subd. 1.	To the Commissioner of Administration for the purposes specified in the following subdivisions:	**$24,105,000**
Subd. 2.	St. Peter Regional Treatment Center	$8,100,000
	To program, design, equip, and construct a 50-bed addition to the Minnesota Security Hospital to accommodate psychopathic personaliy commitments.	
Subd. 3.	Brainerd Regional Treatment Center	$210,000
	To rehabilitate and improve the regional laundry facility at Brainerd regional treatment center.	
Subd. 4.	For the construcation of a 34-bed nursing facility annex and ten-bed infirmary at the Rice County District Hospital location (vetoed by the governor).	$2,145,000
Subd. 5.	For the installation of air conditioning in Oakview building at Cambridge Regional Human Services Center.	$250,000
Subd. 6.	Mental Health Units	
	To reconstruct or remodel mental health units at a regional treatment center or centers, to be selected by the commissioner of human services.	$13,400,000

SQUARE FOOTAGE AND ACREAGE OF CAMPUSES

Table 1 - Square Footage

	Total Square Footage	Utilized Square Footage	Leased Square Footage	Surplus Square Footage
AGCC	252,919	230,983	3,882	18,054
AMRTC	482,691	412,806	60,988	8,897
BRHSC	732,746	606,139	22,902	103,705
CRHSC	693,791	471,161	37,797	184,833
FRC	942,453	930,729	5,748	5,976
FFRTC	863,573	647,224	59,254	157,095
MLRTC	583,014	500,609	82,405	0
SPRTC	796,367	758,048	17,631	20,688
WRTC	597,640	535,748	18,246	43,646
Total:	5,945,194	5,093,447	308,853	542,894

NOTE: 480 square feet of shared space that Fergus Falls leases to the Dept. of Public Safety is not included in the totals.

Table 2 - Acreage

	Total Acres	Acres Transfered	Acres Leased
AGCC	181.05	0.00	0.50
AMRTC	236.38	10.50	88.32
BRHSC	193.33	0.00	14.12
CRHSC	150.97	85.63	0.00
FRC	760.90	0.00	585.00
FFRTC	215.00	340.00	15.00
MLRTC	172.00	0.00	0.00
SPRTC	607.10	0.00	0.00
WRTC	158.00	0.00	0.00
Total:	2,674.73	436.13	702.94

CURRENT LEASE AGREEMENTS
By Facility

Facility	Lessee	Square Footage	Acres	Anual Lease Income
AGCC	AFSCME	137		$273
	Bi-County CAP		0.50	$3,540
	Northern Cass County DAC	3,230		$4,800
	Northern Pines Mental Health Center	515		$3,090
	Total:	3,882	0.50	$11,703
AMRTC	Anoka County	22,028		$36,346
	Anoka County	17,866		$26,799
	Anoka County	17,866		$29,479
	Anoka County	3,228		$6,000
	Anoka County Comm. Action Prog.		0.28	M/B
	Anoka Tech. College		74.00	$100
	City of Anoka Parks & Rec.		7.00	M/B
	City of Anoka Parks & Rec.		0.43	M/B
	MTC		6.61	M/B
	Total:	60,988	88.32	$98,724
BRHSC	AFSCME	411		$822
	Charlie Peterson Comm. Gardens		14.12	M/B
	Crow Wing County	5,548		$16,644
	Crow Wing-Morrison Comm. Corr.	11,913		$32,165
	ISD #181	4,976		M/B
	SCCU	54		$167
	Total:	22,902	14.12	$49,797
CRHSC	A Children's Garden	2,500		$6,250
	AFSCME	1,728		$1,080
	ISD #911	5,880		M/B
	ISD #911	1,500		M/B
	Isanti County	18,739		$43,287
	Outlook Health Services	200		$600
	Pine Tech. College	2,400		$6,936
	Robert Dryden (The Muscle Factory)	2,500		$6,250
	The Refuge	2,350		$300
	Total:	37,797	0.00	$64,703
FRC	City of Faribault		536.00	M/B
	City of Faribault		10.00	M/B
	City of Faribault		39.00	M/B
	Rice County	5,748		$17,244
	Total:	5,748	585.00	$17,244

M/B = Mutual Benefits

CURRENT LEASE AGREEMENTS
By Facility

Facility	Lessee	Square Footage	Acres	Anual Lease Income
FFRTC	AFSCME	336		$1,176
	Bruce Ver Steeg	3,171		$3,300
	Catholic Charities	12,744		$19,116
	Charles Wahl		15.00	$238
	Conrad & LaVae Moen	2,612		$4,200
	Dept. of Health	4,791		$7,187
	Dept. of Public Safety	480		M/B
	ISD #544	3,465		$5,544
	ISD #544	17,152		$25,892
	ISD #544	5,113		$7,670
	James Koenig	3,268		$4,800
	Kendall & Patricia Heier	3,171		$4,200
	MN Public Radio	Roof Space		M/B
	O. John Bloom	2,626		$2,844
	West Central Ed. Coop.	805		$1,208
	Total:	59,734	15.00	$87,373
MLRTC	AFSCME	98		$546
	Dept. of Corrections	26,150		$71,913
	Dept. of Corrections	26,150		$71,913
	Dept. of Corrections	26,150		$65,375
	Dept. of Corrections	3,857		$10,607
	Total:	82,405	0.00	$220,353
SPRTC	AFSCME	88		$540
	Dept. of Jobs & Training	5,954		M/B
	Dept. of Public Safety	2,850		M/B
	ISD #508	240		M/B
	The Hoffman Center	8,499		$3,600
	Total:	17,631	0.00	$4,140
WRTC	Prairie Lakes Dent. Center	18,246		$39,229
	Total:	18,246	0.00	$39,229
	GRAND TOTAL:	**309,333**	**702.94**	**$372,914**

M/B = Mutual Benefits