

RESOURCE DIRECTORY

services for the mentally ill

department of public welfare
community support project



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PREFACE

Since the Governor's Conference on "Minnesota Alternatives: Services for the Mentally Ill" in November of 1979, there have been numerous requests directed to the Department of Public Welfare and the Community Support Project in particular, to compile a statewide directory of resources for adults with long-term mental illness. It is often difficult, despite our best intentions, to remain informed about the variety of resources which may be necessary to maintain a chronically mentally ill person in the community. And it is just such knowledge which facilitates appropriate planning and thus, the provision of needed services in the least restrictive setting.

This resource directory is a first step toward the development of a comprehensive, up-to-date directory which can be useful to consumers, advocates, service providers, case managers and families. Several methods were used to identify possible resources for the directory. A survey form was developed and sent to each agency/provider which presented at the Governor's Conference. Survey forms were also sent to each county welfare or social service agency, every community mental health center, each state hospital which serves the mentally ill, Rule 36 licensed residential facilities and additional agencies/ programs/services which were listed as referral sources by those completing the survey form. In addition, with the announcement of awards under Rule 14 (the \$2 million appropriation for community-based experimental programs for the chronically mentally ill) efforts were made to include descriptions, however brief, of these emerging resources.

In any undertaking of this kind, subjective decisions must be made regarding the scope and type of information to be presented. These decisions have been made, it is not necessary (or likely) that everyone agree with them as they are not cast in stone. Future revisions of the directory may delete certain listings and add others - we will appreciate and consider your suggestions.

Community-based programs for the chronically mentally ill have evolved piecemeal and in isolation rather than in a planned, organized fashion. A single resource may attempt to meet a variety of needs because it is the only resource in a given geographical area. It is often difficult to categorize agencies/providers according to the service or services provided. As planning at the local level becomes more deliberate and real community support systems develop, the goal and function of each agency/service/program should be clarified, as well as how the various providers will interact to form the system.

A consequence of listing programs/services/agencies by name is that systems or mechanisms which currently exist for the integration of services and case management for long-term mentally ill have not been listed. While a system must be composed of parts (the specific agencies/services/programs in a given area), the parts alone do not make up the system - there must be integration and coordination of the parts, verbal and/or written agreements among them, identification of gaps in the continuum of care and clearly assigned responsibility for case management. These issues will be discussed in the INTRODUCTION. Examples of systems which currently exist are the Hennepin County Community Support Project and the multi-agency team/community support systems in St. Louis County. Contact persons for additional information are:

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And finally, acknowledgements must be made to the many people who have contributed ideas, skills, time and energy to the development of this Resource Directory. Among those who made special contributions are Marge Wherley, Clara Taylor, Connie Gallagher, Richard Hanson and Diane Lindgren. And to all of you who took the time to fill out the survey forms and answer our telephone calls for additional information, a grateful thank you is conveyed.

Maureen G. Heaney
CSP Project Manager

HOW TO USE THE DIRECTORY

The Directory is organized into several sections:

- INTRODUCTION, which provides a framework for the delivery of services to persons with long-term mental illness with emphasis on the development of community support systems.
- GENERAL RESOURCES, which identifies those services most commonly provided by the 87 county welfare/social service agencies (listing included) and identifies those services most commonly provided by county public health nursing services (listing included).
- ALPHABETICAL LISTING OF PROGRAMS/SERVICES/AGENCIES, which serve the chronically mentally ill. The specific service or program components of a particular agency are described, as well as eligibility requirements and fees, whenever possible.
- LISTING OF DIRECTORY ENTRIES BY COUNTY, which lists each of the 87 counties alphabetically with the programs/services/agencies in that particular county. Some programs serve clients from more than one county, for example, all state hospitals serve a large geographic area. One county may purchase services from an agency in another county. In most cases, counties will have access to additional resources over and above those which are listed.
- LISTING OF SPECIFIC SERVICES BY CATEGORY, which presents several specific categories of services, for example, residential facilities, day treatment programs, etc. Not every entry under the alphabetical listing appears in this section.

We urge you to first take time to thoroughly read the INTRODUCTION - it is an excellent statement of the context in which community-based programs and services are currently developing.

As stated in the PREFACE certain decisions were made regarding the inclusion or deletion of material from the Directory. Specifically with regard to residential facilities, it was not always clear which facilities to include in the Directory because of the inability of DPW to enforce Rule 36 due to the lack of funding to support the required staff and programming. Some residential facilities which were previously licensed under Rule 36, may continue to provide some supportive services as a board and lodging facility. Facilities with similar licensure from the Department of Health may, in fact, specialize in meeting the needs of the chronically mentally ill, or may serve a mixed adult population. All of those residential facilities statewide which are specifically oriented to serving the mentally ill (with or without a current Rule 36 license) are included. However, only some of those residential facilities which are not specifically oriented to serving

the mentally ill are included - and these facilities are those outside the metro area. For a listing of board and care, and board and lodging facilities in Hennepin and Ramsey counties, a contact name and address are provided.

A decision was also made to delete nursing home facilities from the directory. While a person with long-term mental illness may be in need of a nursing home placement, there are directories of this kind already available.

For help in obtaining service or access to a particular program, we suggest that consumers and families start with a contact to their local county welfare/social service agency. Depending on the size of the county, there will be a worker, or unit/s with specialized mental health responsibilities.

INTRODUCTION

An Introduction to Deinstitutionalization

In 1963, new federal legislation was passed which was to revolutionize the entire field of mental health. Previous to this time, the focus of mental health treatment had been on the separation and segregation of persons with emotional or mental illness problems from the community. Whether this was intended to protect society or to protect the individual experiencing problems was irrelevant; the consequences were the same. By the mid 1950's, almost 600,000 persons were residing as in-patients in county, state and federal mental hospitals in the United States. But with the advent of anti-psychotic drugs, which controlled many of the symptoms of mental illness, a new philosophy emerged, and growing pressure to return persons who had been institutionalized to their communities followed. In 1963, this trend was given legislative support through the passage of the Mental Retardation Facilities and Community Mental Health Centers Construction Act, which set as its goal the reduction of state hospital populations by one-half, and the development of a system of small, decentralized mental health centers to provide services to persons in their communities, on an outpatient basis.

By the middle of the 1970's, the first goal had been more than achieved, and the number of state hospital residents had been reduced nationally by two-thirds. However, efforts to reach the second goal were less successful. Only 507 mental health centers were in operation, less than half of the number needed. Planning and funding had not kept pace with depopulation, with the result that mentally ill persons who had been institutionalized for many years were being sent back to communities which were not prepared to receive them. Most had ended up living an impoverished, lonely existence, lacking social supports and even the basic skills necessary for survival. They had merely exchanged the "back wards" of the hospital for the "back alleys" of the community. Depopulation had been achieved, deinstitutionalization had not. By now, communities were beginning to resist the "dumping" of clients without the development of necessary services, and hospital re-admission rates had doubled with increasing numbers of short-term "revolving door" admissions. The situation was critical and explosive.

Then, in February of 1977, the President's Commission on Mental Health was convened to study mental health issues and to recommend solutions for this urgent problem. The Commission Report, published in 1978, re-emphasized the seriousness of the plight of the nation's 400,000 discharged mental hospital patients, calling for a national priority to meet the needs of people with chronic mental health problems. The Commission further recommended the development of both state and national plans to address funding of community resources, coordination within and between federal, state and local levels of government, and the continued phasing down of state institutions. The community focus of treatment was maintained. The Commission cited many reasons for the failures within the deinstitutionalization movement, and spelled out the financial and political commitments required to achieve the movement's original goals. The philosophy had not failed; we had failed to provide the necessary supports. And now it was time to fill in that missing link.

Whether or not the Commission Report will result in long-lasting changes in the mental health service system, and an improvement in the lives of chronically mentally ill persons remains to be seen. Although initial reactions to the Report are promising, such changes take time. Time for politicians to respond, and then more time for communication to filter down through the maze of federal and state bureaucracies. However, client needs cannot easily wait for data to be gathered, plans to be written and strategies developed. Persons suffering from mental illness, inadequate medical care, substandard housing, unemployment and social discrimination cannot postpone their problems until the next legislative session. Something must be done now to resolve such immediate needs.

Fortunately, Minnesota is a state with a long tradition of not waiting. In 1957, Community Mental Health Programs legislation was passed by the state legislature, providing for the creation of a system of mental health centers in Minnesota, six years before the passage of the similar Federal Act. By 1969, every county in Minnesota had made arrangements to participate in this program, and 26 community mental health centers were in operation in Minnesota. In the period of time between 1962 and 1977, the total average daily population of Minnesota's nine state hospitals declined from 14,520 to 5,181, a decrease of 64 percent. The change in average daily state hospital populations of persons diagnosed as mentally ill was even more dramatic, falling from 8,709 in 1962 to 1,542 in 1977, a decrease of over eighty percent. Minnesota was, in fact, considered a leader in the deinstitutionalization movement.

That status did not, however, mean that Minnesota had escaped its share of the problems accompanying the national effort. Here, too, a lack of leadership, planning, funding and coordination resulted in the same story: clients with minimal self-help skills being discharged into communities largely devoid of services, climbing hospital readmission rates and increasing community resistance.

Again, Minnesota did not wait. While the President's Commission was still gathering facts, Governor Perpich appointed a Governor's Task Force in February of 1978 to look at Minnesota's mental health system and to recommend solutions that could be implemented here and now. Other Minnesota studies occurring at about the same time examined the residential care system, collected data on county involvement in providing mental health services, and described problems with the hospital commitment process. The studies uncovered the following facts, all of which are consistent with findings of the President's Commission:

- No comprehensive reliable data exists which would describe the number, location and needs of mentally ill persons in Minnesota. At any one time, there are over 12,000 mentally ill persons residing in nursing homes and board and lodging facilities, over 1,000 in private hospital psychiatric units, and another 1,500 in state hospitals. Since over half of state hospital discharges are to the client's own home, there are also a large but undetermined number of clients living more or less independently in the community. These are only point-in-time figures; the total number of clients in need of or receiving services over the course of a year would be much larger. National incidence statistics suggest

that there are probably a minimum of 80,000 persons in Minnesota in acute need of mental health services at any one time, and that of these persons, over 30,000 are suffering from schizophrenia, depressive disorders and other psychoses. These mental health consumers are distributed throughout Minnesota's 87 counties in numbers roughly proportional to county populations, with about half residing in the three most populous counties of Hennepin, Ramsey and St. Louis.

- Restrictions built into federal funding programs have severely curtailed the development of the community services needed by mentally ill persons in Minnesota. Federal regulations prohibit the use of some funding sources for many critical mental health services, particularly residential treatment programs. The state has not filled this funding gap; only 20 percent of the funds specifically appropriated for mental health programs in 1978 were targeted for community programs, with the remaining 80 percent used to support the state hospital system. Counties have also been unable in most cases to supply the needed revenue, with the result that needed programs have simply not developed. Mental health centers and county welfare social service departments are not sufficient substitutes for a comprehensive continuum of services. Six thousand chronically mentally ill persons were seen by mental health centers in 1977, and over seven thousand persons, or 23 percent of county welfare caseloads, are at any one time receiving county social services for emotional or mental illness problems. These are not unduplicated statistics; persons who received services from both types of agencies would have been counted twice. The total number of mentally ill persons served by mental health centers and county welfare departments at any point in time is therefore actually lower, and probably represents no more than one-third to one-half of those in need of such services. Private agencies may provide treatment to an equal number of clients, yet in most areas of the state, serious gaps remain. In fact, national statistics indicate that at least one of every five persons diagnosed schizophrenic has never received any kind of mental health treatment.

These findings underscore the need for a concerted, united effort to develop community support systems for persons with chronic mental illness problems.

There has been some progress in recent years towards meeting this need. In 1978, Minnesota sought and was awarded a contract with the National Institute of Mental Health to develop a model community support system for chronically mentally ill clients in Hennepin County and to define those program ideas, coordination techniques and implementation strategies which were most successful in this local demonstration system, as well as gaps and obstacles that still remained. Then, with this knowledge, the state level of the project would seek to promote the development of community support systems in other areas of the state through policy, funding, training and technical assistance developed within the Department of Public Welfare.

In two years, the Minnesota Community Support Project has developed a successful demonstration project in Hennepin County, and has been active and

influential in a number of significant funding and policy issues, including securing \$720,000 from the Office of Housing and Urban Development for community mental health services, and coordinating the Governor's Conference on "Minnesota Alternatives: Services for the Mentally Ill". The project is also developing a series of psychosocial rehabilitation manuals to assist providers training clients in independent living skills, and it will be coordinating training programs in other topic areas throughout the state.

On the local level, there have also been some noteworthy successes, as several areas of the state have increased mental health funding and manpower, and developed new services targeted towards the chronically mentally ill. Consumer and provider groups across the state have become more active and vocal in expressing their needs, and policy-makers are beginning to respond. For the first time, it seems that consumers, public and private providers, and rural and urban areas are united in their understanding of what is needed.

However, there are still many unresolved problems and critical gaps in the system which require our attention. Ongoing advocacy on behalf of the mentally ill continues to be needed, and a cooperative effort on the part of all involved, if deinstitutionalization is ever to become more than a euphemism for the irresponsible dumping of clients out of institutions. Many changes are still needed at both the state and local levels to create meaningful community support systems for the chronically mentally ill. Client needs are not waiting...and Minnesota cannot afford to wait.

Community Support Systems: Defining the Goal

In order to plan, deliver, evaluate or receive mental health services, it is useful to first look at the system as a whole - its goals and components. To judge the effectiveness of a system, some consensus must be reached about how that system should operate, where it is going and how the pieces work together.

There has been a great deal of attention in recent years to defining the goals of community mental health and the methods by which such goals might best be achieved. The emphasis has shifted from the traditional focus on the reduction of psychiatric symptoms to the teaching of concrete skills. For although the debate continues regarding the causes and cures for mental illness, most recent research is in agreement that community living skills are frequently the deciding factor in whether or not a client is hospitalized or learns to adjust to life in the community.

William Anthony, a national expert on psychiatric rehabilitation defines this new goal more specifically:

The psychiatric rehabilitation practitioner's overall rehabilitation goal is to increase the psychiatrically disabled helpee's (client) ability to perform the physical, intellectual and emotional skills needed to live, learn and work in his or her particular community, given the least amount of support necessary from agents of the helping profession. (From The Principles of Psychiatric Rehabilitation.)

For any individual consumer to reach such a goal, he or she must have the opportunity to receive whatever rehabilitation services are necessary. And in keeping with the positive, health oriented approach of psychiatric rehabilitation, rehabilitation should take place in the least restrictive, most independent setting, and should be appropriate for the client's individual needs, skill level and lifestyle.

On a larger scale, for all persons with mental illness problems to achieve specific rehabilitation goals requires the existence of a mental health system, a comprehensive array of quality services which are available in adequate quantity, accessible financially and geographically, and appropriate to the age, sex, race and/or ethnic groups of the recipients. From this continuum of services, each client can then be linked with the services that meet his or her medical, financial, residential, vocational and psychosocial needs in a way that is minimally disruptive to his or her freedom of choice and maintains or strengthens his/her natural support network (bonds with family, friends and community). The system must also provide some method for coordinating this linkage, and for seeing to it that all components are functioning effectively.

In other words, if we are to assure all mentally ill persons in Minnesota an opportunity to maximize their independence and quality of life, we must establish a community support system which includes all of the following essential components:

COMPONENTS OF A COMPREHENSIVE COMMUNITY SUPPORT SYSTEM

DATA BASE/INFORMATION SYSTEM

For a mental health system to effectively plan, deliver and evaluate services to clients, it must possess some basic information, both about the clients and the services involved. Data must be collected on the number of clients with mental illness problems, their location, the extent of their disability and the services required for their rehabilitation. In addition, we must know something about the communities and their resources; numbers and types of rehabilitation services available, staff, program locations and the numbers and types of clients to whom each service is being provided.

With this information as a data base, patterns and trends can be identified, underserved groups of clients and geographic areas located, and service gaps and overextended programs will become visible. All of this information is vital background for making decisions about program development and funding. Therefore, the information must be accessible to decision-makers at all levels of the system, from the individual service program, through local, state and federal government agencies. Obviously, not all information is relevant for all agencies and the form and content of an information system will vary according to those who develop it. But some consistency at all levels is desirable, both to facilitate the collection of data at the client level and the grouping of data at higher levels for comparisons between geographic areas, programs, etc.

Without data, it becomes difficult to determine the need for increased funding, and to maximize the use of available funds. A data base is more than an academic exercise; it is also a political tool which can be used to improve the delivery of services to clients.

THE CONTINUUM OF SERVICES

The necessity for a variety of mental health treatment services is based on the diversity of mentally ill clients' needs, which vary from one individual to another and also change over time. Appropriate services must be available for consumers who are highly disabled and dependent, and for consumers who are much more independent. Progress for some clients is rapid, while for others movement is slow or erratic. The variety of services required to meet these collective needs ranges along a continuum, from those services which are most institutional to those most closely approximating "normal" independent living. In general, the more services provided by an organization, the more "institutional" it is in character; the more activities a client is required to perform independently in a program, the less institutional that program becomes. Every effort is made to place clients into programs that provide only as many services as each client is unable to perform without assistance, while at the same time teaching clients the additional skills needed to increase their level of independence. An example is the housing continuum.

Such a continuum matches client needs with the most appropriate services. Services selected should not be too restrictive nor too independent for the client's level of functioning. In this continuum, as in any other service continuum, the client may enter and exit from the service system at any point, and may, over time, use any or all of the available resources as his or her needs change.

For example, Client A may enter the system as an inpatient in a private community hospital (institutional), be discharged from the hospital to a halfway house (community-based, semi-independent), and then move to an apartment (independent). Client B may have entered a state hospital (institutional), remained there for 12 years, been discharged to a board and care facility (semi-institutional) to reside there indefinitely. Client C may first enter a halfway house, require hospitalization, be discharged to a board and lodging program, and alternate between the board and lodging facility, the hospital and independent living for many years. Ideally, the entire continuum would be accessible to all clients at all times, as their needs and skills dictate.

The service requirements of clients are not limited to housing needs, of course, but may also involve any or all of the following areas, each of which may constitute a separate service continuum:

- vocational/employment services, including prevocational, vocational, education and training and job placement/counseling;

- psychosocial rehabilitation services, including training in independent living and socialization skills, therapeutic social and recreational groups and self-help, counseling and therapy programs;

- crisis services, available as short-term residential, "total intervention" programs, on-the-spot crisis intervention, hot lines;

- transportation, through specially designated transportation and public transportation;

- medical services, the full range of inpatient and outpatient health, emergency and medication services;

- financial assistance programs, from total support, to timelimited assistance while making the transition to independent living, ongoing partial assistance, and crisis-related financial help.

A comprehensive service system would include the full range of services in each of the above areas. The continuum should also include some services or programs in all of these categories that are specifically targeted to meet the special needs of minority and handicapped clients, women, and the elderly. Services must also be accessible, financially and geographically.

HOUSING CONTINUUM

Most institutional
Most restrictive

Institutions, providing 24 hour care and all other treatment and support services (e.g., cooking, laundry, etc.)

Examples: State and private psychiatric hospitals, most nursing homes.

Community-based semi-institutional programs, providing 24 hour supervision, most rehabilitation services and some daily living services. Client may perform some independent activities and/or receive some services outside the facility, in the community.

Examples: Board and care facilities, some residential treatment programs, some nursing homes.

Community-based semi-independent living programs, providing some supervision, a few rehabilitation services and minimal support services. Client performs most daily living activities and receives most treatment in the community.

Examples: Board and lodging homes, foster homes, apartment living programs, halfway houses, some residential treatment programs.

Most independent
Least restrictive

Independent living: client performs all daily living activities and receives all rehabilitation services in the community.

Examples: Client lives alone, with others or family, in a house or apartment.

QUALITY ASSURANCE STANDARDS

A comprehensive mental health community support system must assure the quality of its components. This requires reasonable standards against which programs are measured and for which programs are held equally accountable. Ideally, quality assurance standards would cover every element of the service system. They would also apply to methods of service delivery, including the individualized treatment plan, client involvement, etc. Licensing, peer review and reporting requirements would monitor and enforce standards, assuring accountability to clients, funders and the community.

ASSESSMENT AND SCREENING MECHANISMS

The range of services and client needs requires some method to identify persons in need of mental health services and to determine which programs are most appropriate for each client. Client skills, skill deficits, and the demands of his or her environment must be assessed whenever a client enters the system, and then reassessed regularly to determine progress and new needs. This assessment should determine the client's vocational, residential, financial, medical and psychosocial skills and needs, so the most appropriate rehabilitation goals and resources can be selected in each area.

Client skills in each of these categories will not necessarily be consistent; for example, a client functioning in a highly independent living situation may have severe vocational deficits and only moderate social skills. Therefore, assessment must take into consideration all areas in which a client requires psychiatric rehabilitation, and assess strengths and skill deficits in each area. Each of the service programs should provide entry-level screening, as a further check on the appropriateness of their services for the individual client being referred.

COORDINATION

Within a mental health community support system, coordination must occur on two levels. At the client level, coordination assures continuity of treatment. Clients must be linked with the services they require, when they are needed and only as long as they are needed. Since many clients receive multiple services, frequently from a series of agencies, the goals and methods of these programs must be consistent and mutually supportive. Efforts must be made to terminate services no longer necessary and to terminate services which will fit new needs, in a way that minimizes disruption of the rehabilitation process.

This type of client level coordination, or case management, may be performed by a team or an individual through public or private agencies. A case management system ensures: 1) client skills and needs in all areas (vocational, psychosocial, medical, etc.) are assessed; 2) an individualized treatment plan or discharge plan is developed, specifying all the client's rehabilitation goals and how those goals will be cooperatively achieved; 3) linkage with needed services and community resources occurs and, 4) periodic re-assessment of the client's progress is provided. The team or person with case management responsibilities may also directly provide some of the services, but the coordination role distinguishes case management as a separate component.

Program or system coordination is also necessary, at local, state and federal levels, to develop and maintain community support systems. The persons, groups and/or agencies providing coordination at this level would see to it that the pieces of the program or system work together. Filling service gaps, reducing unnecessary service duplications, making use of all funding and improving policy and communication all require coordination. In addition, coordination is essential among the following groups, all of which play an important role in the mental health system:

- mental health consumers, their families and advocates;
- mental health service providers, including public and private providers, nontraditional caregivers (clergy, police, etc.), professionals, paraprofessionals and volunteers;
- indirect service providers, including those government agencies, administrators, planners, supervisors and elected officials whose decisions impact upon the mental health system; and
- community representatives, businesses, civic organizations, charitable institutions and other groups which can provide support and opportunities for clients to live independently in the community.

In short, coordination between local, state and federal agencies and intra-agency coordination among program sub-units is an absolute necessity. Coordination between public and private agencies, between institutional and community resources, and between the professionals, clients and community is similarly necessary.

MANPOWER/HUMAN RESOURCES

People are obviously a major part of any mental health system. But while the personnel needs of a medical rehabilitation system are simple to define, the numbers, types and locations of the manpower necessary to provide psychiatric rehabilitation is much more difficult to determine. This is partly due to the difficulty of assessing the skill and support deficiencies of mentally ill clients. The changing nature of those needs, and the lack of a single method for rehabilitation are also factors. Thus, a truly multidisciplinary approach using professionals, paraprofessionals and nonprofessional "community support persons" seems best. Mental health rehabilitation is no longer solely defined by professional roles and is more open to a functional approach. Psychiatric nurses, social workers, psychologists and psychiatrists are still the professionals most involved in psychiatric rehabilitation. However, many of their duties may be shared to some extent with county homemakers, vocational counselors, clergy, police and even clients. Whatever the titles of the persons providing services, they should be available in sufficient numbers and appropriately distributed, both geographically and programmatically, to assure quality services.

TRAINING, CONSULTATION AND TECHNICAL ASSISTANCE

If a community support system for mentally ill persons is to function effectively, all participants in the system must understand the goals, roles and methods involved. Clients and their family members must be educated about the system; how it works in general and how it will work in the client's rehabilitation.

Service providers and administrators must be trained in assessment and rehabilitation techniques, and given technical assistance in program development, implementation of laws and policies and evaluation. Communities and elected officials also need education about mental illness and the roles they can play in overcoming stereotypes, identifying persons in need of services and promoting true deinstitutionalization. In-service training, classes, workshops, conferences, public meetings and the media may all achieve this end.

RESEARCH/EVALUATION

Progress in the mental health field as a whole depends upon accurate evaluation of the current situation. Research on treatment methods, prevention programs and the contribution of social and biochemical factors to the development of mental illness is also needed. Without systematic evaluation and research efforts, the experiences gained within a community support system cannot contribute to program improvements. Often, as much is learned through failure as from success, but failures and successes both require examination for learning to occur.

FUNDING

A comprehensive community support system depends on sufficient funding. Money is needed for start-up costs, capital expenditures (building, equipment, etc.) and as a stable funding base for programs, services and personnel.

Such funding must also promote the most independent and least restrictive service alternative for each client. Eligibility requirements and funding policies should not penalize clients who can achieve increased independence, by withholding necessary services and/or financial support. Less restrictive services should not be excluded from coverage, nor costs increased by requiring a disproportionately higher share of the funding for such services from the local area, program or client. Policies of the various funding programs should be consistent.

Available funds must go first to services for clients who are most in need, including the chronically mentally ill, minorities, handicapped clients, women and the elderly. Allocations should also reflect the locations of clients in the system; distribution should be proportionate to rural-urban and institutional-community based service needs and utilization patterns.

AUTHORITY/RESPONSIBILITY

In order for a mental health system to provide all the necessary elements - services, funding, quality assurance, information-gathering, human resources, advocacy, training, etc. - there must be some consensus regarding the roles of the persons and organizations involved. Ideally, all the participants in the system - clients, providers, administrators and communities - share in the maintenance of a mental health system. Each group performs those functions best suited to its experience and expertise, and coordinates its activities with those of all the other groups involved. Together, these

agencies, programs and people provide planning, services, regulation and funding in that system. In such a system, the responsibility of each group for its element(s) of the system is clear and mutually acceptable. Authority or the legal, accepted power to carry out each activity is synonymous with the responsibility or mandate for each task. All the actors involved understand and accept their roles and are able to carry them out.

ADVOCACY AND THE PROTECTION OF CLIENT RIGHTS

A mental health system must protect clients' rights to quality services, to refuse services and to least restrictive alternatives which promote freedom of choice. Other rights to privacy, confidentiality and dignity must also be safeguarded. Consumer rights, grievance procedures and options for legal recourse when rights have been violated should be clearly spelled out, and that information should be available to consumers, families, providers and administrators. Such rights should be protected by law and policy.

But beyond mechanisms preventing abuse or discrimination, internally and externally-based advocacy are important to promote responsive mental health treatment, funding and policy. Advocacy organizations and programs operate on two separate but related levels. Individual or case advocacy focuses on the client who may be unserved or inappropriately served and intervenes to improve the client's situation. System or class advocacy improves the capacity of the mental health system to serve mentally ill clients. Any level of the system may be targeted for such advocacy efforts, taking any or all of the following forms:

- Analyzing information and documenting gaps and problems in the system;
- Proposing solutions and/or requesting action to resolve problems and fill holes;
- Holding those persons/groups with the authority for planning, providing and evaluating services accountable for fulfilling their responsibilities; and/or
- Providing some services, usually related to self-help, education and/or consultation.

To be effective the person or program providing advocacy must be viewed as legitimate by both consumers, providers and administrators.

Emphasis: Assessment

If psychiatric rehabilitation is one of the primary goals of the community support system, then assessment is the first and most critical step in the rehabilitation process. But although much has been written about the importance of assessment, there are few guidelines available which describe exactly what a psychiatric rehabilitation assessment should include or how it is conducted. Those materials that are available may describe the assessment process in very different terms, depending upon the author's own perspective and his or her bias towards certain treatment philosophies and techniques.

The field of psychiatric rehabilitation is a relatively new one, having emerged only during the last decade, as a response to the widespread depopulation of the nation's psychiatric hospitals which has occurred over the past twenty years. From rising readmission rates, it was obvious that merely discharging institutionalized clients to their communities was not sufficient to enable them to live independently. In the early 70's, a program in Madison, Wisconsin, the Project in Assertive Community Training (PACT), undertook to teach independent living skills to mentally ill persons who had been discharged from hospitals as a part of the deinstitutionalization movement. Since institutionalization in a setting where clients do not have to make decisions or perform independent living skills results in an atrophy of those skills, the PACT program sought to counter this effect by helping clients learn (or relearn) those skills, with the hope that this would enable them to live more effectively in the community. And, in fact, a lack of community living skills, more than mental illness symptoms, has been shown to be related to decisions to hospitalize mental health clients and to keep them hospitalized. Research by PACT and other psychosocial rehabilitation programs nationwide has demonstrated the effectiveness of a "skill acquisition" approach to rehabilitating persons with chronic mental illness. The National Institute of Mental Health has also recognized the success and importance of teaching independent living skills, and requires all states participating in its Community Support Project to include psychosocial rehabilitation as one of the essential components of their model community support systems.

Since the emphasis in psychiatric rehabilitation is placed on concrete independent living skills, it would follow that the beginning stages of rehabilitation would focus on assessing the skills clients already possess and the areas in which they have skill deficits which must be overcome. Training begins after a thorough exploration of the individual's abilities and the demands of his or her environment have led to the development of a goal-oriented individualized rehabilitation plan. And for the plan to be successful, it must be based on an accurate, comprehensive appraisal of the client's existing and needed skill level. This appraisal is the psychiatric rehabilitation assessment.

This type of assessment is quite different, both in purpose and in method, from the traditional process of determining a psychiatric diagnosis. The traditional diagnostic approach measures symptoms and behaviors which

deviate from the normal, defining the extent of pathology. The psychiatric rehabilitation assessment focuses on a measurement of effective coping behaviors. Therefore, the standard personality and psychological tests used by the traditional diagnostic school are of little value in developing a psychiatric rehabilitation assessment, since these tests do not measure concrete community living skills. Research has shown that results of such tests cannot predict whether or not mentally ill clients can successfully live in the community or become employed, the goals of psychiatric rehabilitation. But if traditional measures and instruments are not relevant to the rehabilitation assessment, the new instruments and new measurement techniques must be developed to describe and evaluate the skills which are the focus of rehabilitation.

Since skill assessment is as new to the field of mental health as psychiatric rehabilitation, there is only limited literature and virtually no training available to describe the "what" and the "how to" of assessing or even defining community living skills. Obviously, there are countless individual skills involved in the emotional, intellectual and physical activities of daily living, and many ways of categorizing these skills. It would be an endless, if not impossible task to define every skill needed to live and work in the community, and then to observe and measure the performance of every client in each skill. Judgement is called for in order to select out the most critical skill areas which are essential for successful community living. And if successful community living is defined as coping effectively with the demands of one's environment, it becomes clear that just as clients' living situations vary, so too do the demands of their environments, and the skills needed to cope successfully in each situation will also vary. The key to a successful rehabilitation plan then becomes an assessment of the client's environment to discover critical skill demands, as well as an assessment of the degree to which the client already possesses the necessary skills.

Importance of the skill for effective coping in the client's environment becomes the criterion for deciding which skills to measure. For example, cooking skills would not be an essential community living skill for a client residing in a board and lodging program where meals are provided. But if that client is preparing to move into an apartment, then cooking becomes a critical skill area. A client living in a halfway house may have to meet demands for assertiveness and conversation skills, and obey limits set by the other residents with whom he or she is living in close contact. In an apartment, this same client would then also have to learn additional skills, such as how to initiate conversation with strangers, how to structure time alone, etc. Through discussions with the client and significant others in the client's environment, and observations of the client's behavior in his or her environment, it becomes possible to pick out critical skill demands, and then discover skill deficits in those areas. The entire assessment process should systematically examine the interplay of skill demands and performance, in all areas of interpersonal relationship skills, vocational development and activities of daily living.

If all of this is to be accomplished, the psychiatric rehabilitation assessment must take time, more time than the standard intake interview. It also requires some objective method of determining how well a client is already performing these necessary skills. This method may take the form of counting how many times, how frequently or how long a client is able to perform the skill, or rating the degree to which the client is able to perform a speci-

fied skill on a scale. Some form of measurement is necessary. Then practical, realistic goals can be set according to the level of the demands made of the client by his or her environment. Goals would specify the frequency, duration or rating level which should be attained by the client to successfully cope with that environment. This initial measurement of the client's current skill level becomes not only the basis for determining the rehabilitation plan, but also the standard against which progress towards achieving the goals of that plan is measured. And because the assessment and plan are easily understood by clients, their family members and other professionals involved in the rehabilitation process, all can participate in helping the client achieve the goals. Motivation is increased by having concrete behavioral goals to aim for and standards by which to measure success.

This focus on observable behaviors does not, however, mean that all persons involved in psychiatric rehabilitation must necessarily practice, or even subscribe to a philosophy of behaviorism or behavior modification techniques. The skills required to assess community living skills are those involved in all of the helping professions and disciplines. Interpersonal skills such as listening and empathy, and the cognitive skills of observing, measuring and categorizing are all necessary for making a psychiatric rehabilitation assessment. The client skills under consideration are also not limited to cooking and budgeting skills, but also relate to self-concept and interpersonal relationships, such as being able to list positive things about oneself, being able to ask for support, and being able to respond to requests for support by others. Once the assessment is complete, and the rehabilitation plan is developed, any techniques and methods may be used to achieve the goals which have been set. Psychiatric rehabilitation is not identical to behavior modification, although it does seek to modify behavior. Behavior modification techniques may, in fact, be very effective in assisting clients to achieve their rehabilitation goals. But they are not the only techniques which may be employed; counseling, verbal instruction, and other methods may also be a part of the rehabilitation process. Psychiatric rehabilitation is actually most similar to some forms of education. The goal of both fields is to teach useful skills, and both fields start by assessing the skills and skill deficits of the learner. Both are also broad enough in scope that a variety of methods can be successfully used to achieve the final goals for each learner.

In summary, the psychiatric rehabilitation assessment is a process of:

1. Determining the critical skills needed by a client in his or her community environment, and the level of each skill that is required for successful coping,
2. Determining the degree to which the client already possesses those necessary skills at the required level, and
3. Defining discrepancies between required and existing skills, to develop a set of goals which becomes part of the individualized rehabilitation plan.

The assessment process includes the following information-gathering methods:

1. Observation of the client, in interviews, group situations and in his or her normal environments,
2. Discussion with the client, his or her significant others, and all involved professionals (Research has shown that client self-report and ratings by significant others of the client's social skills are more accurate predictors of whether the client will successfully remain in the community than ratings by professionals.), and
3. Situations which are contrived to measure specific skills, such as role playing a job interview, assessing concentration, manual dexterity and speed by counting the number of nuts and bolts that a client can assemble in ten minutes, etc.

Making a psychiatric rehabilitation assessment is not an entirely new process. What is new is the need to systematically define, observe, and measure a wide range of skills needed to function successfully in the community. We are only now beginning to realize the degree to which persons who have been mentally ill and institutionalized have lost, or never had the chance to learn, the vast array of skills that most of us take so completely for granted that we have a difficult time even naming them. Naming, measuring and teaching these behaviors and skills is a highly skilled and challenging new task which will require openness to learning and much practice on the part of those providing assessment and rehabilitation services. It is a new direction in the mental health field which has great promise and the results should be well worth the commitment needed to understand, learn and implement them.

The Plan

With the completion of a comprehensive psychiatric rehabilitation assessment, it becomes possible to develop a plan which summarizes needed community living skills and describes the methods which will be used to help the client attain these skills. The plan spells out the goals of the client's rehabilitation, defines action steps which will lead to accomplishment of the goals, assigns roles and responsibilities to all persons involved in the rehabilitation process, and describes monitoring procedures. The Individualized Program Plan, or Psychiatric Rehabilitation Plan, is actually a work plan that describes what a client needs to learn and how it will be learned.

There are many advantages to having a work plan. The first and most important advantage is that it brings the client into the rehabilitation team as an active participant, rather than a passive recipient of rehabilitation services. Clients, through active involvement in decision-making, gain the experience of making choices and confronting the consequences of those choices. Through being accorded the respect of a partnership role, positive expectations are established which become the basis of increased self-esteem. Open and honest relationships are developed, leading to increased trust, risk-taking and confidence. Clients also have a right to be informed about their treatment plans, and to participate in the development. This right includes the right to be informed about programs to which he or she may apply for services, including information about expectations, restrictions and probable outcomes. Medications being taken, along with the reasons, dosages and side effects should also be explained during this time. Thus, the process of developing the plan also becomes a means of sharing information.

A second advantage of having a specific, written rehabilitation plan is that it allows rehabilitation to proceed in a more organized, systematic way. With a set of concrete goals to aim for, rehabilitation becomes a process of logically defining the steps required to attain the treatment goals. Rehabilitation can then progress through this series of small, progressive steps which lead to mastery of the desired skill. This is the way in which all learning occurs; by spelling out the steps in a plan, rehabilitation will be more efficient and effective. The more immediate, smaller goals become more meaningful and necessary when viewed in relation to the final goal.

Third, by developing one overall plan, which includes all of the persons involved in the rehabilitation process, a variety of perspectives are brought together in one team, with the client as the center and focus. Clients frequently receive services from a variety of agencies, all of which have their own program philosophies, goals and methods. By including all of these persons and programs and the client's family and/or significant others in the plan, rehabilitation efforts become more coordinated and consistent, with everyone playing a role in working towards the same, agreed-upon goals. Communication is increased and conflict or interference is decreased when all have been consulted and have had a part in developing the plan.

Finally, the rehabilitation plan becomes a useful way of judging the client's progress towards successful community living. As actions specified in the plan are completed, the clients can see how far he or she has come in the rehabilitation process, feedback which is both rewarding and motivating. The client can also realistically determine how much farther he or she has yet to go. The rehabilitation plan, as a measureable indicator of needs and progress, can also sometimes provide information which can be used for mental health services planning and evaluation of the effectiveness of rehabilitation efforts.

The rehabilitation plan, then, is a blueprint for treatment. It is a goal-setting, problem-solving process involving:

- the client,
- the client's family and/or significant friends and relatives with an interest in the client, who can and wish to play a role in the rehabilitation process,
- representatives from vocational, residential, psychosocial, medical, financial, homemaking, crisis and other programs which are or will be involved in providing rehabilitation services to the client, and
- any key "natural caregivers" who are part of the client's natural support system, such as teachers, clergy, police, etc.

These persons are all involved to some degree, in some or all parts of the rehabilitation plan and the client's progress toward his or her goals. Although they may or may not all meet together, they can be considered to be a part of the rehabilitation team. As a team, these persons are responsible for the following steps:

1. Assessment - Planning begins with the psychiatric rehabilitation assessment discussed in Chapter 3. Most of the persons who will be writing the rehabilitation plan will probably already have been involved in the assessment process, examining the client's vocational, independent living, and interpersonal relationship skills. The client's natural support network will also have been assessed. Families, significant others and natural caregivers will have contributed observations about the client's skills and critical areas where skills must be acquired. The client will also have input on needs and strengths, and rehabilitation staff may have provided testing situations which provide additional assessment information. All of these perceptions have been combined into a list of the client's overall skills and skill deficits. The list may have also been prioritized, with the most essential or immediate community living skills ranked higher so that they will receive first attention in the rehabilitation plan. The final assessment is shared, with the client's permission, with all members of the rehabilitation team.

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2. Goal-setting - The skills which have been determined, through the
assessment process, to be necessary for successful coping in the
client's environment, and areas in which the client is currently
unable to perform at the required level, become translated into
the rehabilitation goals. First long-range goals are set, identifying
broad skill areas in which the client must acquire competence in
order to successfully manage his or her life, such as "living in
an apartment" or "working full-time as a fry cook in a restaurant".
These are long-range goals, which may require several years to
accomplish. For some clients, these are not even feasible long-
range goals; "returning home to live with his family" or "working
half-time at the sheltered workshop" may be more realistic goals.
More advanced goals may be set in the future, depending on progress.

Smaller, more intermediate goals must also be set, short-range goals which
can probably be achieved in 3-6 months and which focus on skills which must
be mastered in order to accomplish the longer range goals. Each long-range
goal will probably be followed by two or more intermediate goals. An inter-
mediate goal may be for the client to learn cooking skills, or minimal
assertiveness skills. These are only two of the skills that would be re-
quired if the client were to successfully function in a halfway house or
an apartment.

Obviously, there are many goals which could be set by and for any client.
The goals which are chosen should be based on the assessment of the client's
needs - those which are most important and most immediate. The goals must
also be reasonable and achievable; we all learn best and are most moti-
vated by success, and many clients have had too few successes. A good
intermediate goal is one which is the best first step for a client towards
meeting his or her current and long-range plans. A good rule of thumb is
"if at first you don't succeed, try a smaller goal".

A well-written goal is also clear to anyone who might read it. It states
clearly what the client must do to successfully achieve the goal; it is
an observable, measureable, specific activity to be performed, rather than
a vague event. "John will demonstrate that he can balance his checkbook
for one month" is much more observable and understandable than simply
stating that "John will learn how to handle his finances". Goals should
also include deadlines or approximate target dates, so that all involved
persons have the same frame of reference for expectations and monitoring.
For the same reason, the responsibilities of each person participating in
the plan should also be clearly identified.

Goals should also include some emphasis on maintaining, developing and
strengthening the client's natural support system, i.e., ties with family,
friends and community. Care must also be taken when setting goals to avoid
value judgments and cultural bias. In determining parenting skills goals,
for example, the goals might differ for a white versus a black mother, and
for an Indian mother they might take still a different form. Skills in
grooming, cooking, budgeting and housekeeping are also areas in which the
value judgments of the service providers frequently intervene. Clients
have a right to determine acceptable standards in such areas, and their
judgments should be respected unless such standards pose real hazards or
interfere significantly with the rights of others in the client's living
situation.

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ally ill women

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nd House offers supportive counseling and medica-
The House teaches independent living skills and
l skills. Room, board and laundry services are
marily a family centered group home which focuses
and House provides advocacy services for individuals,
ll and the mentally ill as a group.

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intment via phone call, ext 252
indic offers psychological testing, psychotherapy
es, medication management and other medical ser-
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the Department of Winona County Social Services
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board and laundry for any period of time.

(Adult Day Care)

f Carver County, at least 60 years old.

p.m. Mon.- Fri.

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the Center does not offer specialized services for
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it living skills and socialization/interpersonal
resources to encourage and a

Cedar Valley Rehabilitation Workshop, Inc.
2111 - 4th Street Northwest 415 North Grove Street 421 Adams Street
Austin, MN 55912 Owatonna, MN 55060 Albert Lea, MN 56007
433-2303 451-5897 377-2893

Eligibility: Over 16 years of age
Hours: 8:00 a.m. - 5:00 p.m. Mon.- Fri.
Fees: \$45 screening, \$110/week evaluation, \$70/week work adjustment training
Funded by: D.V.R., County, United Fund
Intake Procedure: Referral leads to scheduled on-site intake interview.
Services Provided: The workshops offer supportive counseling, vocational
testing, sheltered work, supportive competitive employment, job training,
job placement and career/employment counseling. The workshops teach inde-
pendent living skills and socialization/interpersonal skills. The use of
community recreational resources is encouraged and recreation/socialization
programs are offered through the workshops.

The Center for Behavior Therapy, Inc.
Suite 612
606 - 24th Avenue South
Minneapolis, MN 55454
612/332-1503

Hours: 8:00 a.m. - 10:00 p.m. Mon.- Thurs., 8:00 a.m. - 5:00 p.m. Fri.
8:00 a.m. - Noon Sat.

Fees: Set fee for services provided
Funded by: Insurance, Medical Assistance, private
Intake Procedure: Contact Intake Secretary
Services Provided: The Center offers psychological testing, individual, group
and family psychotherapy, supportive counseling, medication management, and
other medical services. The Center provides vocational testing and volunteer
employment. The Center teaches independent living skills and socialization/
interpersonal skills. The Center encourages the use of community recreational
resources and offers a specialized recreation/socialization program. The
Center has on-site crisis intervention and will be beginning an inpatient
residency program in August, 1980. This program will supply room, board and
laundry services for inpatients for a period of up to nine months. The
Center has mutual support groups through their Re-entry Program and offers
biofeedback-assisted anxiety management. The Re-entry Program is a specialized
day treatment program.

Central Manor Board and Lodging Home
26 East Exchange Street
St. Paul, MN 55102
612/224-7639

Eligibility: 1. Require minimal supervision, 2. Minimum of one month stay,
3. Private pay or meet county assistance eligibility criteria, 4. Not pre-
sently harmful to self or others, 5. No current chemical abuse.
Fees: \$465.74/monthly
Funded by: Social Security--SSI, General Assistance, Minnesota Supplemental
Assistance, County, private
Intake Procedure: Schedule interview and tour
Resident Population: 85% are stabilized Mentally Ill

3. Action Steps - Here the activities needed to achieve each short-range goal are listed. Each observable, measurable action is followed by a designation of who is responsible for that action, and a target date for completion of the action or review of progress. This is the most specific, practical part of the plan; goals are concrete and measurable skill behaviors, but ones which the client will not be able to immediately perform. Action steps, however, can be performed now the client's current skills. Examples of action steps include "John will attend assertiveness groups every Friday night from 6:00 p.m. to 7:30 p.m.", or "John's rehabilitation counselor will meet with John on July 12 at 2:00 to explain DVR training programs and employment services." These are measurable activities. Measurement is important in that it allows for consensus on whether or not the activity actually has been completed, in contrast to confusing statements such as "John will improve his hygiene" or "John will not lose his temper". Clarity is the key. Of course, measurements can be taken to an unnecessary degree of specificity. An action step such as "John will brush his teeth at 7:30 a.m. for a period of not less than three minutes" conjures up pictures of John's counselor standing in the bathroom with an alarm clock and a stop watch, and does not allow for any normal flexibility. However, reasonably measurable rehabilitation activities "demystify" the rehabilitation process and allow the client more control over his or her treatment by assigning him/her educational "homework" assignments. There are many possible action steps which could be taken to reach any particular short-range goal, and choice of the steps is limited only by the creativity of the rehabilitation team and the number of the steps is limited only by the creativity of the rehabilitation team and the number of resource programs and persons available to teach the necessary skills.
4. Monitoring Plan - Rehabilitation plans are usually developed yearly or quarterly. Some method must be included for monitoring implementation of action steps and progress towards the plan's goals on a more frequent basis, perhaps monthly or bi-monthly. When client skill level and/or motivation is low, monitoring should occur on a regular, frequent basis, such as weekly or even, in some circumstances, daily. The purpose of monitoring is to spot problems and obstacles before a crisis occurs, to give positive feedback, and to assure that all members of the rehabilitation team are fulfilling their responsibilities. Monitoring can be accomplished by a rehabilitation team coordinator or case manager, through progress meetings, telephone calls and other written forms of communication. Self-monitoring, where a client records his or her own progress, is an effective technique which also provides on-going reinforcement for success, and should be used whenever possible.
5. Review and Update - This occurs on a regularly scheduled basis and on as needed basis, such as during times of crisis and transition. As client needs change and skills are acquired, the original plan will no longer be relevant to the current situation. Therefore, although many long-range goals may remain the same, there must be a new assessment, new intermediate goals, and sometimes new service programs must be integrated.

These are the steps to developing a rehabilitation plan. The key to making the process successful and meaningful is the client - the client must be involved in the planning process. With some clients, needs and fears may be so overwhelming, and trust so low that they seem incapable of meaningful involvement in treatment planning. No client is incapable of participation in treatment planning. The level of active involvement may be minimal at first; however, the client will, at some level, be aware of the purpose of the planning, and will gradually learn how to participate more fully. Frequently, clients have not had the experience of being allowed any control over their own treatment. Their trust level is low and anxiety is high. Passive withdrawal, distracting/inappropriate behavior and/or hostility are frequently ways of testing professionals, and themselves, in terms of exactly how much control they will actually be allowed to exert. Other times, clients may attempt to avoid control, as the responsibility for making choices may seem overwhelming. This is precisely the reason that they need to be involved and make those choices. When supported, assisted and encouraged in making choices, learning to assume an active role will occur. Assuming responsibility for choosing goals and for carrying out assigned tasks needed to attain their goals is one of the most valuable living skills clients can master. The rehabilitation plan offers the opportunity for this learning to occur.

Issues in Case Management

Case management might more accurately be called "system management", a form of coordination which enables the client to select and utilize those mental health resources which are best suited to his or her psychiatric rehabilitation goals. For the client, case management is the "glue that holds the system together". Because as human service systems become increasingly varied and administrative procedures become more complex, the client within the system tends to become lost in the jumble of paperwork and red tape. Mental health clients, already overwhelmed by personal and situational problems and the difficulties of surviving daily life, frequently do not have enough energy left to navigate the maze of services and procedures with which they are confronted. And if the client manages to be accepted into a housing program in one part of town, a vocational program in a nearby city, and a public assistance program downtown, that client may be faced with five or six different counselors and social workers, all of whom have different goals, plans and forms for "their" client. It can be an impossible situation, at best. One might even speculate that if a client is successful in coordinating all of the programs, persons and paperwork, perhaps they don't really need help after all!

What clients do need, and have a right to expect, is assistance in sorting out their needs and strengths, finding the services they need, and getting through the complexity of bureaucratic procedures. They also need consistent and compatible treatment plans, monitoring of their progress, and advocacy in receiving the rights and benefits to which they are entitled. They need a case manager. While the services may all be in place, and a full continuum available unless the client can be assisted to pick the appropriate service components and actually make the linkages between them, the services will not work effectively for that client. And that is the job of the client's case manager - the facilitator, coordinator, advocate and evaluator who holds the system and all of its services and service providers together so that each individual client gets what he or she needs, when it is needed, and only as long as it is needed.

Case management, then, is a linkage function. The function of the case manager is to bring together and coordinate the community resources needed by a client. The case manager's ongoing responsibility is to the individual client, to assist the client in regaining control over his or her life by making educated service choices designed to help the client become more self-sufficient. Although the client's needs, level of independence and the types of services he or she requires will change over time, the case manager's assistance is available regardless of whether the client is hospitalized or living independently in the community, as long as or whenever the client is in need of and desires this assistance.

Case management is goal-directed, in that a case manager assists the client in deciding which skills need to be developed, and how this will be accomplished. Services that the client receives are services which will contribute to the achievement of the agreed upon goals. The case manager's job is to help the client choose and receive the most appropriate services at the right point in time, and to assure that all services are working together towards the same goals. Supportive counseling in relation to the service plan and, when needed, advocacy are services which are also provided by the case manager to facilitate the client's achievement of his or her rehabilitation goals.

Case management is not identical with the direct provision of services, such as psychotherapy or rehabilitation. A case manager may, especially in areas with limited services, fulfill a dual role and provide ongoing direct services. However, the two roles are independent, involving some differences in skills and requiring some differences in training. Case management requires an extensive knowledge of direct service resources and client assessment, and, through application of community organizational principles, the skilled facilitation of client-community problem-solving. It also requires sensitivity to the cultural/ethnic and rural/urban differences of clients and communities.

Case management is a service - a coordinating service - and thus should be viewed as optional. Not all clients need or want a case manager. Some may require only one type of program service and so do not need coordination. Others may desire to and be capable of coordinating services without assistance. It is, therefore, important that clients be given the opportunity to choose to receive case management services, but that these services not be forced upon them. Likewise, clients should have a voice in deciding with whom to contract for such services. The types of services needed, case load sizes, outreach capability and degree of rapport with the client should all be considered in the decision to assign case management responsibilities. It may be appropriate, in some cases, for this responsibility to be transferred when the client's situation changes. However, the critical point is that at any one time, only one of the service providers interacting with the client should be designated as the case manager, unless a specialized case management service is available. And regardless of who is designated, the responsibilities of the case manager include the following:

1. Outreach, client identification and intake.
2. Assisting the client to assess needs, strengths and goals (vocational, social, medical, financial, residential and/or therapeutic), and to choose appropriate community services (public and private, traditional and nontraditional). Central to this is an assessment of the client's existing natural support network, i.e., involvement with and support by family, friends, and community residents and programs.
3. Facilitation/development of an individualized service contract (plan) involving the client, significant others and community resources. Such a contract would involve setting both long-term and specific, time-limited, measurable, short-term goals. Specific actions to be taken to achieve the goals are listed, along with the name of the person(s) responsible for each step. This process would include, in all cases, an emphasis on maintaining, developing and/or strengthening natural support networks.
4. Follow-up and monitoring of the service plan, including regular record-keeping and communication with the client and resources to identify problems, progress, compliance and advocacy, when needed.
5. Evaluation and reassessment of the plan on both a scheduled (e.g., quarterly) and an as-needed basis (i.e., during times of crisis and transition), with periodic updating and modification of the plan.

6. Compilation of client needs, service availability, and client outcome, to be used for cost benefit study, evaluation of service effectiveness and data for the planning and development of needed services.

As a linkage service, case management is a concept which is easily understood. However, there are many philosophical and methodological issues involved in implementing case management in a local community support system. These same questions tend to arise in every service system, regardless of its size, location or complexity; however, each area must determine which solutions will be most effective and acceptable in relation to its own needs, resources and service delivery patterns.

Issue #1 - Who Provides Case Management? The Authority Question

The first issue which must be dealt with is how case management services are delivered. Must a client receive case management services from one person who has been designated as the case manager? Or can a team effectively provide such a service?

Experiences of the Community Support System in Hennepin County, and other community support systems across the state demonstrate that either method may be effective. An obvious advantage of designating one person as the case manager for a client is that both the client and all others involved in the psychiatric rehabilitation process can easily locate who has the responsibility for providing case management services. Communication and coordination between service providers will obviously be more consistent when one person is responsible for providing the linkage. However, on the other hand, it may be more difficult for one person to be accepted as the case manager in a service system where the program components are accustomed to functioning in a highly independent manner. In addition, when case loads are high and/or service systems are complex, an individual case manager may feel overwhelmed, and burn-out is more likely to become a problem. Team case management has the advantage of offering needed support, as well as a broader representation of the community support services, leading to increased acceptance and cooperation by the other agencies. However, with a team providing linkage, a systematic method for communicating problems and progress between team members, and between the team, client and other providers must be developed. Data privacy must also be given more consideration.

A second, related question is who has the authority and responsibility for seeing to it that a case management system is established. Is there any legal mandate for where case management should be located? Is the public or the private sector more capable of providing case management services?

According to current interpretations of the Community Social Services Act by the Department of Public Welfare, the local mental health authority (i.e., the county board) is mandated to provide case management for those persons who were previously hospitalized. However, provision of case management to others is optional. The local authority may directly provide case management services or it may contract with any public or private agency to provide the services. Or the local authority may choose not to make any decision regarding case management, leaving the service system to reach its own agreements. The capability of any one type of agency, public or private, to meet the case management needs of mentally ill clients will vary from area to area. And the capability of any agency

to provide effective case management services for any one client may also vary according to the particular needs of that client. Although a private psychosocial rehabilitation agency may, by consensus, also provide case management services for the county in which it is located, this agency may or may not be capable of best serving a client whose needs fall almost entirely in the category of vocational development. And whether the agency so designated, either by the county authority or by consensus of the service system, is public or private, there is still the question of how much authority a case manager can exert in relation to the other members of the service system, and how far that authority will be accepted. The public and private sectors have, in many areas of Minnesota, operated independently, even at times in isolation, and such autonomy may not be relinquished easily. Yet, the existence of these differing perspectives only increases the need for a service to coordinate the varied goals, philosophies and methods on behalf of the client and his or her psychiatric rehabilitation needs.

Again, different methods have proven effective, depending upon the characteristics of the local service system. A single agency, public or private, can provide effective case management services if it has the capability to provide outreach services and has developed good relationships with the other components of the local system. Multi-agency case management teams representing both public and private agencies have also proven successful. With a team approach, the representative of the agency with which the client has primary contact can become the central "case manager" for that client. Primary case management can also be reassigned as client service needs change or in response to the client's preference.

2. Professional Qualifications of Case Managers

There has been much debate over the types of professional/educational backgrounds which should be required for case managers. Should a case manager be a social worker? A nurse? With a Masters Degree? Or can a paraprofessional provide case management services?

Case management involves a knowledge of the needs of mentally ill clients and the resources of the community. Skills in problem-solving, communications, conflict resolution and other areas are also important. These are skills that are usually included in the training of social workers. However, other human service providers, such as vocational rehabilitation counselors, behavior analysts, mental health workers and others have been trained in similar areas, and such persons can and do operate as effective case managers. Some may require supplemental training, but much of the knowledge and many of the skills are transferrable between professions. Paraprofessionals have also successfully specialized in providing case management services. It is also conceivable that in some situations, clients, family members or volunteers may be taught to provide case management services. The degree of training required depends on the number and types of clients requiring the service, and the size and complexity of the local service system. However, all case managers should be given training in the following areas:

- **Mental Illness:** Stresses the philosophy of the least restrictive treatment alternative and maximizing consumer involvement. Also includes information on mental illness problems, psychiatric rehabilitation, rehabilitation resources, and psychopharmacology.

- Case Management: An overview and definition of case management skills, responsibilities, and roles, client and community resources assessment, community organization, advocacy, outreach, treatment planning.
- Legal Issues in Mental Health: Includes client rights, interpretation of laws, policies and regulations which impact on clients and service delivery.
- Crisis Intervention: Crisis intervention skills in dealing with mental health clients' psychiatric, medical and situational crisis such as suicide, drug-induced complications, etc.

3. Roles and Responsibilities: Conflict and Confusion

Many times the critical question for service providers is "how does case management differ from direct services?" Many direct service workers claim that much of their time is spent providing case management services. Case managers assert that direct services is an integral part of their function. How much separation can and should be maintained between case management and direct services?

The only answer to this question is that the degree of separation will depend upon the service system in question, its resources, and the methods established in that area for providing case management. Case management is a coordinating function involving assessment, goal planning, linkage and communication. Skills needed to perform these functions include interviewing, listening, problem-solving and counseling, skills which are also central to the function of direct service providers. However, the case manager uses these activities to focus on assessing client skills and skill deficits, developing an overall psychiatric rehabilitation plan and linking the client to the appropriate direct service providers. The direct service providers will also contribute their perspectives to the assessment and goal-setting process, and are responsible for implementation of the plan, through actually teaching the target skills which have been identified.

Although these two sets of functions are different in focus, they need not be mutually exclusive. Case management and direct services can both be performed by the same person or team. For example, a social service worker providing psychosocial rehabilitation services to a client in a board and lodging facility may also be designated as that client's case manager, and assist the client in coordinating his or her vocational and medical needs and services. This may be especially successful, if not necessary, in an area with few rehabilitation resources and limited manpower. In such cases, the case manager will probably not have the necessity for or luxury of providing only case management services, but must also play a major direct service role in the psychiatric rehabilitation process. However, in an area with a large number of rehabilitation resources, the process of choosing, coordinating and communicating with all of the relevant resources becomes a much larger task. A case manager in such a system would have less need of opportunity for providing direct services, and separation between the two roles would make more sense.

Even when both roles are assigned to the same person, it is still important to clarify that fact. Unless it is clear who will be acting as the case manager, effective coordination may not occur. A frequent problem which arises when the case management role is not specifically designated, is that all direct service workers will come to see themselves as the case manager for the more highly skilled and motivated clients, while no one will assume that responsibility for the more "hard core" clients who may be most in need of services. To prevent this situation, one of the direct service workers should also be specifically assigned the case management role.

A second role/responsibility issue relates to the "many hats" which case managers may have to wear. A case manager is somehow expected to be an expert on all facets of mental health problems, resources and treatment. He or she must be able to work effectively as a coordinator while maintaining positive relationships with clients, families and providers; yet the case manager must also advocate on behalf of the client, sometimes against the wishes of family members or service providers. The case manager is supposed to follow the client through the system, constantly assessing, intervening, coordinating and re-assessing. And of course, there is the paperwork involved in planning, referring, keeping track of progress and communicating with all resources. Sometimes the case manager must also provide direct services. How can any one person be expected to fulfill so many responsibilities, especially when at times the roles may be in direct conflict?

This is indeed a potential problem area, especially when case management is viewed as a cost-saving alternative to filling the gaps in the service system. Case management is a necessary and effective method of seeing to it that proper services are delivered on behalf of a client. Case management is not a substitute for needed services. When case managers are expected not only to organize the system but also to be the service system, unrealistic expectations are set up, leading to frustration, failure and burn-out. It is as important to define what case managers are not expected to do as to spell out what is required, and support must be available to case managers as an on-going part of the role. Local agency administrations must clarify role expectations, agency requirements and limits of authority to case managers, and such expectations must be clear and consistent. Case management is a broad and inclusive role; caution must be taken not to expect case managers to fulfill an unrealistic number of roles. In addition, the development of intra- and/or inter-agency teams should be deliberately promoted by agencies. Such support offers consultation opportunities and also emotional benefits.

4. Client Rights

The fact that case managers have so much control over the rehabilitation plan and the resources which are utilized by clients, leads to the issue of client rights in relation to case management. Case management could conceivably be used as a control over client utilization of services, limiting access to needed resources. There is potential for abuse of the power which case managers could exert over the client and other members of the service delivery system.

Case management is an effective service delivery model, provided that it is viewed as a method of assisting clients to increase control over their own lives. Case management must be voluntary and client-centered. It should not be used in any sense to control or limit client access to needed services. When case management is not viewed in this way, the result can be that a high degree of power is given to the case manager to control the type and quality of services received by clients. The purpose of a case management system should be to assist clients to make educated service choices, and to receive the services to which they are entitled. The client has the primary responsibility for his or her life, not the case manager. Case management services should be considered an optional service that clients may choose to refuse. Although local social service agencies have certain legally mandated responsibilities to supervise persons who have been previously hospitalized, other case management activities are not required, and should not be forced upon clients, even involuntary clients. Acceptance of case management services should likewise not be required as a condition for receiving needed agency services. Clients should be informed about the benefits, requirements, rights and responsibilities associated with acceptance of case management services. One option might be to enable clients to contract for case management services for a trial period of time.

Clients should also be included in all phases and levels of treatment planning and evaluation. This is true not only in relation to the client's individual service plan, but also in regard to agency and program service planning and evaluation. Ways of accomplishing this broader participation include client representation on advisory councils, consumer satisfaction surveys and other means. The consumer's contribution to programming, at all levels, is essential for effective, responsive, appropriate treatment.

5. Minority Issues in Case Management

One last issue which must be addressed by local areas developing their case management systems is how case management services to minority clients might differ from those same services to nonminority clients. Does the concept of case management differ from nonwhite clients? Are different skills and resources needed to perform effective case management services for minorities?

There is some agreement that the purpose and principles of case management hold true for all clients, and that minority clients as well as majority clients need assistance in navigating through the mental health service system. Frequently, minority clients are even less familiar with the bureaucratic systems than nonminority clients, and therefore even more in need of help in coordinating service resources. And minorities, just like any other clients, need an individualized plan that assesses their own needs and strengths. However, some special considerations must be kept in mind when providing case management services to mentally ill consumers who are members of a racial or ethnic minority:

1. **Minority staff.** In any area which provides services to a significant number of minority persons, every effort should be made by the local community support system to recruit and hire professional and/or paraprofessional minority staff to act as case managers and direct service providers. Although not all minority clients will want or require a minority case manager, such staff should, whenever possible, be an available option to clients.

2. Program Coordination. When an area includes minority people and programs have been developed in that area specifically to meet the needs of minorities, the community support system and the case manager should develop cooperative agreements with these programs. Such an agreement would include referral procedures, administrative and fiscal relationships, and mutual expectations for accountability.
3. Consumer involvement. The local community support system and agencies serving minority people should formally involve representatives of the minority communities in service planning and evaluation. This may include, but not be limited to, minority representation on advisory boards, task forces, satisfaction surveys and special projects. Such involvement should be aimed towards maximizing the appropriateness of existing services for minority clients, improving access to these services for minority clients, improving access to these services and, when desirable and feasible, establishing services specially targeted towards minorities.
4. Training. Case managers who work with minority clients should be given training in the minority groups' culture, beliefs, and traditional folk support systems. Laws which deal with the delivery of services to minority clients, such as the Indian Child Welfare Act, must also be discussed. Although each client's specific needs/strengths must be individually addressed, such training is still important to the delivery of services to clients. Many times, the minority client's natural support system may be more extensive and more important to treatment outcome, values may differ, and needs may be affected by minority group status.
5. Education. Case managers and local community support systems must make special efforts to educate minority consumers about services, referral and treatment procedures, anticipated outcomes and consumer rights/responsibilities. Education should be directed towards "leadership" persons in the minority community, as well as to clients. Also, efforts should be made to educate the broader community about minority issues.

All of the issues listed above must be considered when a local community support system is designing its case management system. Obviously, considerable flexibility exists for tailoring the system to fit local needs. The most important considerations are practicality, organization and simplicity. Case management services, whatever form they may take, must simplify the system, not contribute to its complexity. Therefore, the key to success is in the match between the service developed and the local system involved. Only by tailoring case management services to the needs of the consumers and providers involved can issues such as roles, authority, professional status, rural/urban differences and minority client needs be adequately addressed. In the end, each area must provide its own answers.

GENERAL RESOURCES

A Listing of County Social Service Agencies

According to the Minnesota Hospitalization and Commitment Act, the "designated agency" (most often the county welfare department) must provide "after care" services for ex-patients. Therefore, the county welfare departments are an integral component of the service delivery system for the chronically mentally ill. While many county welfare/social service departments have developed specialized programs and services for the chronically mentally ill, certain basic services which are funded through Title XX are available in every county - chore services, homemaker services, transportation, case management - in addition to the maintenance of economic benefits to which a client may be entitled.

The following is a list of the 87 county welfare/social service departments.

MINNESOTA COUNTY WELFARE AND HUMAN SERVICE AGENCIES

DRW 2090
112-791

COUNTY	DIRECTOR	TELEPHONE	ADDRESS
1. Aitkin County Family Service Agency	Robert Farrell, Acting (a/c)	218-927-2141 218-927-3744	Court House Annex, Aitkin 56431 Court House Annex, Aitkin 56431
2. Anoka County Social Service	George Steiner, Acting (branch)	612-421-4760 012-789-4326	Court House, Anoka 55303 4024 Central Ave. N.E., Columbia Heights 55421
3. Becker County Welfare Department	Fred Kranstover (a/c)	218-847-5628	Court House, Detroit Lakes 56501
4. Beltrami County Welfare Department	Charles Melberg (loc. serv.)	218-847-5684	Court House, Detroit Lakes 56501
5. Benton Social Service Agency	Charles Melberg	218-751-4310 218-678-3326	426 Bemidji Avenue, Bemidji 56601 (Box 688) Branch Office, Red Lake 56671
6. Big Stone County Family Service Center	Donald J. Sykora	612-968-6256	Court House, Foley 56329
7. Blue Earth County Human Services	Dale Stryzka Gordon Fuller, Ed P Allen Segalus, Economic Security Richard Hejington, Ph. D. Richard Hejington, Ph. D. Ronald Wilborn, Health & Social Development Corrections & Community Support Thomas Henderson	612-809-2555 907-825-9034	340 N.W. Second St., Ortonville 56278 (Box 338) Blue Earth County Government Center, 410 So. Fifth St., Mankato 56001
8. Brown County Family Service Center (see also Brown/Nicollet HSB)	Thomas Henderson	507-354-8246	114 North State St., New Ulm 56073
9. Carlton County Human Services Center	P. Jerome Turnquist	218-879-4583	P.O. Box 316, 1215 Avenue C., Cloquet 55720
10. Carver County Family Service Department	Robert Sullivan	612-448-3661	Court House, Chuaska 55318
11. Cass County Department of Social Services	John Fjirstul	218-547-1340	Welfare Building, Walker 56484
12. Chippewa County Family Service and Welfare Department	Norman G. Sluiter	612-269-6401	Community Service Building, 7th & Washington Montevideo 56265 Suite 200
13. Chisago County Welfare and Family Service Department	David Fredericks	612-257-1300	Court House Annex, Center City 55012
14. Clay County Social Service Center	Paul Sundberg	218-236-0900	1004 First Ave. No., Moorhead 56560 (Box 1166)
15. Clearwater County Social Service Department	Ordisen A. Synstaelin (a/c)	218-694-6512	Court House, Bagley 56821 (Box X)
16. Cook County Family Service Department	Ordisen A. Synstaelin (loc. serv.)	218-694-6164	Court House, Bagley 56821 (Box X)
17. Cottonwood County Family Service Agency	Thomas R. Huestet (loc. serv.)	218-387-2900 218-387-1484	Court House, Grand Marais 55604 North Star Building, Grand Marais 55604
18. Crow Wing County Social Service Center	Albert C. Hoppert	507-831-1891	Industrial Park Site, Windom 56101 (Box B)
19. Dakota County Human Services	Wayne L. Larson Frederick W. Jay, Jr. Human Services Director John Fallon, Economic Assistance Shirley Utzinger, Social Services	218-829-0311 612-437-0110 612-457-0811	County Service Bldg., Brainerd 56401 (Box 688) Dakota Co. Human Service Bldg., 1580 W. Hwy 55, Hastings 55033 820 Southview Blvd., So. St. Paul 55075
20. Dodge County Social Services	Beverly O'Malley	612-457-0711	181 North Concord, So. St. Paul 55075
21. Douglas County Social Welfare Center	Melvin Mudboe	507-635-2211	21 N.E. Seventh St., Monticello 55955
22. Fairbault County Human Service Center	Melvin Mudboe (See Fairbault/Martin/ Watsonwan HSB)	612-762-2202 507-526-3765	Court House, Alexandria 56308 Box 436, Fairbault County Office Building, Blue Earth 56013
23. Fillmore County Welfare Department	Rolf Huggemik (a/c) (loc. serv.)	507-765-3821 507-765-3304	Court House, Preston 55965

COUNTY	DIRECTOR	TELEPHONE	ADDRESS
24. Freeborn County Welfare Department	Fred Silbaugh	507-373-6482	Court House, Albert Lea 56007
25. Goodhue County Welfare Department	Philip M. McConaughy	612-388-8761 612-272-3843	Court House, Reed Wing 55086 (metro area)
26. Grant County Social Service Department	Charles Hanson	218-685-4417	Court House, Eboon Lake 56531
27. Hennepin County Bureau of Social Services	James Weathers Michael Weber, Community Services Bruce P. KUTLE, Economic Assistance	612-348-8125 345-8339	A-10205 Government Center, 300 So. Sixth Street, Minneapolis 55487
28. Houston County Social Service	Harold Thompson	507-724-3344	Court House, Cafedonia 55921
29. Hubbard County Social Service Center	Robert Sunderland	218-732-3329	Court House, Park Rapids 56470
30. Isanti County Family Service and Welfare Department	Ronald Moores	612-688-1711	221 Southwest Second Ave., Cambridge 55028
31. Itasca County Social Services	Edwin N. Yartzaw	218-326-9441	Court House, Grand Rapids 55744 (Box 570)
32. Jackson County Welfare Department	Norbert L. Bruemmann	507-647-4000	Box 57, Jackson 56143
33. Kanabec County Family Service Department	Philip Peterson	612-679-3465 612-679-4740	18 North Vine, Mora 55061 (adv.) (soc. serv.)
34. Kandiyohi County Family Service Department	John Haines	612-226-3014 612-226-8317	Court House, Willmar 56201 (Box 757) (adv.) (soc. serv.)
35. Kittson County Welfare Department	John Beau Lac	218-643-2659	Court House, Hallock 56728
36. Koochiching Family Services	Elynn Box	218-263-6405	Court House Annex, International Falls 56649
37. Lac qui Parle County Family Service Center	Dolores J. Bormann	612-698-7594	Court House, Madison 56258
38. Lake County Social Service Department	Carol Moore	218-834-2134	618 Third Ave., Two Harbors 55618
39. Lake of the Woods County Social Service Department	Robert Goudge	218-634-2642	Court House, Baudette 56823
40. LeSueur County Welfare Department	Allen Zurech	612-357-2751 612-445-7543	Court House, LeCenter 56057 (metro area)
41. Lincoln County	(See Region VIII North Welfare)	507-694-1452	Court House, Izenhoo 56142
42. Lyon County	(See Region VIII North Welfare)	507-537-1441	Court House, Marshall 56258
43. McLeod County Social Service Center	Beverly Barker	612-864-5551	County Office Building, Glenco 55336
44. Mahan County Welfare Department	Vernon L. Strandemo	218-935-2508	County Office Building, Mahanomen 56557
45. Marshall County Welfare Department	Arthur Kolthase	218-745-5124	Court House, Warren 56762
46. Martin County Human Service Center	(See Farbauch/Martin/ Westonwan HSB)	507-238-4447	Court House, Fairmont 56031
47. Meeker County Social Service Department	Robert L. Scott	612-693-2418	Court House, Litchfield 56355
48. Miller County Family Service and Welfare Department	Shirley Johnson	612-983-6161	Court House, Milaca 56353

COUNTY	DIRECTOR	TELEPHONE	ADDRESS
49. Morrison County Social Services	Fran M. Litz	612-632	Court House Annex, Little Falls 56345
50. Mower County Welfare Department	Robert Schulz	507-433-3416	Court House, Austin 56912 (Box 189)
51. Murray County	(See Region VIII North Welfare)	507-836-6144	Courts Building, Clayton 56172
52. Nicollet County Social Services (see also Brown/Nicollet HSB)	Dayton R. Martinson	507-931-6800	Court House, St. Peter 56082 (Box 300)
53. Hobbs County Family Service Agency	Dean R. Swanson	507-372-2157	1500 First Ave., N. P., Worthington 56187 (Box 167)
54. Norman County Social Service Center	George French	218-784-7136	County Office Building, Ada 56510
55. Orlimitted County Department of Social Services	Carl J. Maeder	507-285-8384 507-285-8395 507-285-8416	915 Third Ave. S.E., Rochester 56901
56. Otter Tail County Human Service Board	Art Bohma (Court Services) Diane Thorson (Health Services) Roland F. Winterfeldt (Social Services)	218-739-4491	505 South Court, Fergus Falls 56537
57. Pennington County Social Service Center	Gary Erickson	218-681-2880	Court House, Thief River Falls 56701 (Box 340)
58. Pine County Department of Human Services	William M. McQuillan	612-629-6781 612-245-2268 (loc. serv.) (IV D)	Court House, Pine City 55063 City Hill Sandstone 55072 Court House, Pine City 55063
59. Pionestown County Family Service Center	Perry Zimmerman	507-825-3267	116 Second Ave. S.E., Pionestown 56164
60. Polk County Social Service Center	Emil J. Bagley	218-281-3127	Court House, Crookston 56716
61. Pope County Family Service Department	John V. Delmoret	612-634-4591	Court House, Glenwood 56334
62. Ramsey County Community Human Services	Thomas. Fashmpebauer	612-298-5351	160 E. Kellogg Boulevard, St. Paul 55101
63. Red Lake County Social Service Center	Charles A. Stephens	218-253-4131	Court House, Red Lake Falls 56750
64. Redwood County Welfare Department	Jimmie R. Schug	507-637-5741	Court House Annex, 301 South Jefferson, Redwood Falls 56283 (Box 27)
65. Renville County Family Service Department	Richard M. Hoaglund	612-523-2202	300 So. Seventh St., Olive 56277
66. Rice County Social Services	Chester W. Pearson	507-334-2281	128 N.W. Third St., Faribault 56021 (Box 718)
67. Rock County Family Service Agency	Charles Olson	507-283-9507	107 East Main, Luverne 56156
68. Roseau County Social Service Center	Victor Bettiger	218-463-2411	Roseau 56751
69. St. Louis County Social Service Department	Miles J. Wengenstein	218-727-8231 218-262-4841 218-749-7100 218-305-6151	422 West Third St., Duluth 55806 Court House, Hibbing 55746 Court House, Virginia 55792 City Hall, Rm. 10, 209 Chapman St., Ely 56731
70. Scott County Human Services	Susan Smith	612-445-7750	699 County Rd. 83, Shakopee 55379
71. Sherburne County Social Services	Donald Strel	612-441-1711 612-261-4550	P.O. Box 34, Elk River 55330 County Branch Offices, Becker 55308
72. Sibley County Social Services	Paul D. Hanson	612-237-2351 (loc. serv.) 612-237-5266	Court House, Gaylord 55334

COUNTY	DIRECTOR	TELEPHONE	ADDRESS
73. Stearns County Social Service Center	Paula L. Striano (Branch)	612 755-6000 612 352 6531 612 243 7441	700 St. Germain, St. Cloud 56301 Spok Centre 56378 Paynesville 56362
74. Steele County Social Service Center		507 451 6740	Steele County Admin. Annex, 590 Dunnet Drive Oxington 56060
75. Stevens County Welfare and Family Service Agency	Mike Marxen	612 589 1481	Court House, Morris 56267 (Box 111)
76. Swift County Welfare and Family Service Agency	Ronald G. Laycock	612 843 3160	109 - 12th St. South, Benson 56215
77. Todd County Social Services	Darryl Meyer	612 732 6181	Court House Annex, Long Prairie 56347
78. Traverse County Family Service Department	Mike Marxen	612 563 8255	15 - 10th St. South, Wheaton 56296
79. Wabasha County Department of Social Services	Wallace J. Walzer	612 565 3351	Court House, Wabasha 56081
80. Wadena County Social Service Department	Dennis O. Johnson	218 631 7832	Court House Annex, 22 S.E. Dayton, Wadena 56482
81. Waseca County Welfare and Social Service Department	Russell W. Lee	507 835 3240	Security Building, Waseca 56093
82. Washington County Social Services	Allen Main	612 439 6901	929 W. Anderson St., Stillwater 56082
83. Watonwan County Human Service Center	[See Faribault/Martin/ Watonwan HSB]	507 375 3341	Court House, St. James 56081 (Box 31)
84. Wilkin County Family Service Agency	Thomas Fawcett	218 643 8561	Court House, Breckenridge 56520
85. Winona County Department of Social Services	Wm. Craig Brooks	507 452 8200	Court House, Winona 55987 (Box 163)
86. Wright County Human Services Agency	Janice M. Devens	612 682 3900 (listing number) 612 339 8881	Court House, Buffalo 56313
87. Yellow Medicine County Family Service Center Region VIII North Welfare Department (Lincoln, Lyon, Murray Counties)	Richard Wimbale Frank Moose	612 564 2211 507 537 1441	Court House, Granite Falls 56241 Court House, Marshall 56258

MULTI-COUNTY HUMAN SERVICE BOARDS

COUNTIES	DIRECTOR	TELEPHONE	ADDRESS
Brown/Nicollet Human Service Board	Robert C. Butler	507 931 4140 or 931 3000, Ext. 346	100 Freeman Drive, St. Peter 56082
Faribault/Martin/Watonwan Human Services Board	Duane Shumpack	507 238 4447	Security Building, 201 Lake Ave., Fairmont 56031

Available from Welfare Forms Supply,
B-20 Centennial Office Building
St. Paul, Minnesota 55155

Send changes to:
Minnesota Department of Public Welfare
Special Services Division (612/296-2461)
Centennial Office Building
St. Paul, Minnesota 55155

A Listing of County Public Health Nursing Services

Like county welfare/social service departments, county nursing services play an important role in supporting the chronically mentally ill in the community and offer certain basic services. Among these are supportive counseling, medication management/administration, and formulation and implementation of treatment plans. Some nursing services also provide education in health care, independent living skills, and homemaker services. Skilled nursing care services are usually available on a sliding fee scale based on the client's ability to pay.

The public health nurses may often be more readily accepted by a client because there is little stigma attached to the provision of health care services.

COUNTY PUBLIC HEALTH NURSING SERVICES

Carver County Community Health Services
609 West 1st Street
Waconia, MN 55387
442-4493

Countryside Public Health Service
Courthouse
Montevideo, MN 56265
269-7937

Countryside Public Health Service
Swift County Courthouse
P.O. Box 313
Benson, MN 56215

Fillmore County P.H.N. Service
Preston, MN 55965
507/765-3898

Freeborn County Public Health Nursing Service
Courthouse
Albert Lea, MN 56007
507/373-0626

Hubbard County Nursing Service
Courthouse
Park Rapids, MN 56470
218/732-9749

Isanti County Public Health Nursing Service
221 Southwest 2nd Avenue
Cambridge, MN 55008
689-1711

Kandiyohi County Community Nursing Service
905 West Litchfield Avenue
Willmar, MN 56201
235-4785

Le Sueur County Public Health Nursing Service
Courthouse
LaCenter, MN 56057
357-2251

Marshall-Kittson County Nursing Service
208 East Colvin Avenue
Wadena, MN 56762
218/745-5154

Mille Lacs County Community Health Agency
635 2nd Street Southeast
Milaca, MN 56353
612/983-2561

County Public Health Nursing Services (contd.)

Morrison County Public Health
808 Southeast 3rd Street
Little Falls, MN
632-6665

Nicollet County P.H. Nursing Service
Box 73
St. Peter, MN 56082
507/931-6800

Olmsted County Health Department
415 4th Street Southeast
Rochester, MN 55901
507/285-8354

Pine County Nursing Service
Courthouse
Pine City, MN 55063
629-6781

Polk County Nursing Service
P.O. Box 403
Crookston, MN 56716
218/281-3385

Ramsey County Public Health Nursing Service
910 American Center Building
150 East Kellogg Boulevard
St. Paul, MN 55101
298-4548

Redwood County Public Health Nursing Service
Box 12
Redwood Falls, MN 56283
507/637-2969

Roseau County Nursing Service
Courthouse
Roseau, MN 56751
281/463-3211

Sherburne County Health Service
326 Lowell Street
Elk River, MN 55330
441-1252

Steele County Public Health Nursing Service
828 South Cedar Street
Owatonna, MN 55060
507/451-4400

County Public Health Nursing Services (contd.)

Stevens Traverse P.H.N. Service
Box 404
Courthouse
Morris, MN 56267
589-2294

Suburban Public Health Nursing Service
West 201
8700 West 36th Street
St. Louis Park, MN 55426
933-2445

Wilkin County Public Health Nursing Service
Box 127 Courthouse
Breckenridge, MN
643-4722

ALPHABETICAL LISTING OF PROGRAMS/SERVICES/AGENCIES

Abbott-Northwestern Mental Health Center

2727 Chicago Avenue
Minneapolis, MN 55407
612/874-5327 or 874-5216

Fees: Set fees

Hours: 24-hour inpatient service

Services Provided: This mental health center has psychological testing, and psychotherapy for individuals, families and groups. Abbott-Northwestern Center offers supportive counseling and medication management services, as well as medical services. The inpatient treatment program has a ten-day family oriented crisis intervention and assessment program. The inpatient program includes room, board and laundry. The Center teaches independent living skills and interpersonal skills. The Center also offers advocacy services for individuals and for families of the mentally ill.

Abbott/Northwestern Mental Health Clinic

2605 Elliot Avenue South
Minneapolis, MN 55407
612/874-5369

Hours: Mon. and Thurs. 9:00 a.m. - 9:00 p.m., Tues. and Wed. 9:00 a.m. - 6:00 p.m., Fri. 9:00 a.m. - 2:00 p.m.

Fees: Individual Therapy \$40.00 per session, minimum \$20.00 if no insurance and under \$12,000 income. Day treatment \$45.00 per day. Group Therapy \$25.00 Agoraphobia Group, \$35.00.

Funded by: Insurance, private

Intake Procedure: Call for intake interview.

Services Provided: The clinic offers psychological testing, psychotherapy on individual, group and family bases, supportive counseling and medication management. The Clinic also offers career/employment counseling. The day treatment program teaches independent living skills. The Clinic also offers a specialized agoraphobia group.

Ability Building Center, Inc.

1911 - 14th Street Northwest
Rochester, MN 55901
507/289-1891

Eligibility: 1. Have a diagnosed vocational handicap, 2. At least 16 years old, 3. Be capable of caring for personal needs, 4. Have the potential to benefit from vocational services.

Hours: 8:00 a.m. - 5:00 p.m. Mon. - Fri.

Fees: \$170/week evaluation, \$80/week work adjustment

Funded by: Minnesota Division of Vocational Rehabilitation (MDVR), County

Intake Procedure: Screening interview

Services Provided: The Center offers some psychological testing, and vocational testing. Sheltered work is available through the Center. Job training, job placement and career/employment counseling is also provided. The Center offers work adjustment training and a work activities program through which socialization/interpersonal skills are taught. The Center teaches independent living skills and encourages the use of community recreational resources. On-the-job evaluations are offered through the Center.

The Achievement Center (T.A.C.)

P.O. Box 585
916 6th Avenue
Worthington, MN 56187
507/376-3168

Eligibility: 1. Diagnosed vocational handicap, 2. 16 years old, 3. Capable of caring for personal needs, 4. Desire to participate, 5. Capable of working a minimum of 1/2 day.

Hours: 8:30 a.m. - 3:30 p.m. Mon. - Fri.

Fees: \$50/week

Intake Procedure: Referral accompanied with recent medical and psychological reports, social history and other pertinent material. Visit and tour of facility.

Services Provided: The Center offers sheltered work, work adjustment training, supportive, competitive employment, job placement, and career/employment counseling.

Andrew Care Home

1215 South 9th Street
Minneapolis, MN 55404
612/336-6321

Eligibility: Basically nonacute, transitional or chronic mentally ill adults over 18 years of age.

Hours: 24-hour care, Preadmission interviews Mon. - Thurs. 9:00 a.m. - Noon.

Fees: Private pay per day: \$30.50 - 3 per room, \$31.30 - 2 per room, \$35.00 - private room.

Funded by: MSA, SSI, SSA, GA, MA, Veterans Benefits, Insurance, private pay.

Intake Procedure: Notify Admissions Coordinator for preadmissions interview.

License: Board and Care

Beds: 211

Services Provided: The Home offers supportive counseling, medication management, supportive competitive employment, competitive employment, and career/employment counseling. The Home teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and a specialized socialization/recreation program is offered at the Home. Room, board and laundry services are provided. Andrew Care Home has on-site crisis intervention services. Advocacy services for individuals, families of the mentally ill, and the mentally ill as a group are available through the Home.

Anoka State Hospital

Anoka, MN
612/421-3940

Eligibility: At least 18 years, a resident of Anoka, Hennepin or Sherburne Counties.

Funded by: State of Minnesota

Intake Procedure: Referrals by county welfare, Mental Health Centers, physicians, families, courts, self.

Services Provided: Anoka State Hospital offers psychological testing, limited individual and group psychotherapy, supportive counseling, medication management and other medical services. It is strictly an inpatient facility which provides room, board and laundry services for its clients. Independent living skills and socialization/interpersonal skills are taught. The hospital offers on-site crisis intervention. Advocacy services for clients and for families of the mentally ill are offered. The hospital has a specialized unit for mentally ill and dangerous women.

Apartment Living Program
727 - 5th Avenue South
Minneapolis, MN 55415
612/338-8135

Eligibility: Age 18-35, ability to manage own medication, diagnosed mental health problem, low likelihood of suicidal or assaultive behavior and a plan for daytime activities.

Fees: Room and board \$6.07/day, Program and Services \$22.08/day.

Funded by: private funds, Public Assistance, Title XX

Intake Procedures: Call intake social worker.

License: Board and lodging

Beds: 26

Services Provided: The Program offers psychological and vocational testing, supportive counseling, job placement and career/employment counseling. The Program teaches independent living skills, and socialization/interpersonal skills. The use of community recreational resources is encouraged and a specialized recreation/socialization program is offered. Room and board is provided through the Program. On-site crisis intervention services and advocacy services for individual clients are provided.

Apartment 3
C/O Beltrami County Social Services
Box 688

Bemidji, MN 56601
218/751-9310 (Apt. 3), 218/751-4310 (Beltrami County Office)

Eligibility: Severe and ongoing mental and/or emotional dysfunction, resident of Beltrami County

Hours: Both daytime and evening programming is available Mon. - Fri., home training by appointment.

Fees: Free to client, some services are reimbursable through third party payers.

Funded by: State of Minnesota, Beltrami County

Intake Procedure: Referral and Intake interview.

Services Provided: Apartment 3 offers supportive counseling, group therapy and medication management. A number of educational services are taught through the Apartment 3 program including job-seeking skills, independent living skills and socialization/interpersonal skills. Therapy groups focus on issues such as remotivation, goals, and personal effectiveness. Apartment 3 encourages the use of community recreational resources and offers a socialization program. Apartment 3 does have drop-in hours, too. Training in client's home will take place on a limited basis. On-site crisis intervention services and a telephone/hotline are available to the clients. Advocacy services for clients and their families are available. Apartment 3 hopes to implement family counseling into their present program.

Apollo Drop-In Center
25 North Dale
St. Paul, MN 55102
612/227-6321

Eligibility: At least 18 years old, mentally ill.

Hours: 9:00 a.m. - 5:00 p.m. Mon., Wed., Fri.

9:00 a.m. - 10:00 p.m. Tues., Thurs.

12:00 p.m. - 5:00 p.m. Sat.

Fees: None

Funded by: State of Minnesota

Intake Procedure: Drop-In.

Services Provided: Apollo Drop-In Center offers a number of psychological services, including psychotherapy for groups and individuals, supportive counseling and teaches socialization/interpersonal skills. Independent living skills are also taught. The Center has a specialized recreation/socialization program. The Center also serves a crisis intervention center. Advocacy services are offered through the Center.

Arrowhead House

225 North 1st Avenue West

Duluth, MN

218/722-5031

Eligibility: Over 18 years old

Fees: \$19.20/day

Funded by: G.A. under board and care

Intake Procedure: Set up intake interview

License: Board and lodging

Beds: 26

Services Provided: Arrowhead House offers supportive counseling, medication management, and career/employment counseling. The House teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and a specialized recreation/socialization program is offered. Room, board and laundry services are provided by the House. A telephone hotline and on-site crisis intervention services are available for the residents in crisis situations. Advocacy services are provided to individuals and the mentally ill as a group. A support group is facilitated by a staff counselor which deals with concerns, support growth and confronts self-defeating behavior.

Braaten's Board and Lodging

Hancock, MN

612/392-5630

License: Board and lodging

Beds: 18

Services Provided: Supervised home care with room, board and laundry for extended periods of time.

Brainerd State Hospital

Box 349

Brainerd, MN 56401

218/828-2250

Eligibility: At least 18 years old, a resident of: Aitkin, Beltrami, Benton, Cass, Clearwater, Crow Wing, Hubbard, Lake of the Woods, Morrison, Stearns, Todd or Wadena Counties.

Hours: 7:30 a.m. - 8:00 p.m. 24-hour emergency admissions

Funded by: State of Minnesota

Intake Procedure: Referrals by county welfare, Mental Health Centers, physicians, families, courts, self.

Services Provided: Brainerd State Hospital offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. The hospital provides sheltered work and supportive competitive employment for its residents. It is strictly an in-patient facility which provides room, board and laundry services for its clients. Independent living skills and socialization/interpersonal skills are taught. The hospital offers on-site crisis intervention. Advocacy services for individual clients and for families of the mentally ill are offered.

Brieland House
1531 East 4th Street
Duluth, MN 55812
218/728-5931

Eligibility: Chronic mentally ill women

Fees: \$12.97/day

License: Board and lodging

Beds: 17

Services Provided: Brieland House offers supportive counseling and medication management services. The House teaches independent living skills and socialization/interpersonal skills. Room, board and laundry services are provided. The House is primarily a family centered group home which focuses upon living skills. Brieland House provides advocacy services for individuals, families of the mentally ill and the mentally ill as a group.

Cambridge Clinic
626 Southwest 7th Avenue
Cambridge, MN 55008
612/689-1411

Hours: 9:00 a.m. - 5:00 p.m. Mon. - Fri.

Fees: \$30/hour

Funded by: Insurance, medical assistance, private

Intake Procedure: By appointment via phone call, ext 252

Services Provided: The Clinic offers psychological testing, psychotherapy for individuals and families, medication management and other medical services. The Clinic has a telephone hotline and offers on-site crisis intervention as well as advocacy services on an individual basis.

Carlson Home
628 Grand
Winona, MN 55987
507/454-4660

Fees: \$225/month

Intake Procedure: Through the Department of Winona County Social Services

License: Board and lodging

Beds: 10

Services Provided: Room, board and laundry for any period of time.

Carver County Care Center (Adult Day Care)

401 East 4th Street
Chaska, MN 55318
612/448-2136

Eligibility: Residents of Carver County, at least 60 years old.

Hours: 8:00 a.m. - 5:00 p.m. Mon.- Fri.

Fees: Based on ability to pay

Funded by: Title III, local tax money

Intake Procedure: Referral, preliminary screening, visit to Center, medical examination, home evaluation form.

Services Provided: While the Center does not offer specialized services for mentally ill, it does offer sheltered work and volunteer employment. The Center teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and a recreation/socialization program is offered. Transportation to and from the Center is offered.

Cedar Valley Rehabilitation Workshop, Inc.

2111 - 4th Street Northwest
Austin, MN 55912
433-2303

415 North Grove Street
Owatonna, MN 55060
451-5897

421 Adams Street
Albert Lea, MN 56007
377-2893

Eligibility: Over 16 years of age

Hours: 8:00 a.m. - 5:00 p.m. Mon.- Fri.

Fees: \$45 screening, \$110/week evaluation, \$70/week work adjustment training

Funded by: D.V.R., County, United Fund

Intake Procedure: Referral leads to scheduled on-site intake interview.

Services Provided: The workshops offer supportive counseling, vocational testing, sheltered work, supportive competitive employment, job training, job placement and career/employment counseling. The workshops teach independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and recreation/socialization programs are offered through the workshops.

The Center for Behavior Therapy, Inc.

Suite 612
606 - 24th Avenue South
Minneapolis, MN 55454
612/332-1503

Hours: 8:00 a.m. - 10:00 p.m. Mon.- Thurs., 8:00 a.m. - 5:00 p.m. Fri.
8:00 a.m. - Noon Sat.

Fees: Set fee for services provided

Funded by: Insurance, Medical Assistance, private

Intake Procedure: Contact Intake Secretary

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. The Center provides vocational testing and volunteer employment. The Center teaches independent living skills and socialization/interpersonal skills. The Center encourages the use of community recreational resources and offers a specialized recreation/socialization program. The Center has on-site crisis intervention and will be beginning an inpatient residency program in August, 1980. This program will supply room, board and laundry services for inpatients for a period of up to nine months. The Center has mutual support groups through their Re-entry Program and offers biofeedback-assisted anxiety management. The Re-entry Program is a specialized day treatment program.

Central Manor Board and Lodging Home

26 East Exchange Street
St. Paul, MN 55102
612/224-7639

Eligibility: 1. Require minimal supervision, 2. Minimum of one month stay, 3. Private pay or meet county assistance eligibility criteria, 4. Not presently harmful to self or others, 5. No current chemical abuse.

Fees: \$465.74/monthly

Funded by: Social Security--SSI, General Assistance, Minnesota Supplemental Assistance, County, private

Intake Procedure: Schedule interview and tour

Resident Population: 85% are stabilized Mentally Ill

License: Board and lodging

Beds: 80

Services Provided: The Home offers medication management and other medical services. The Home encourages recreational outings in the community and self-help program plans outside of the facility. Assistance with personal appearance is available. The Home provides room and board; laundry facilities are available for use by the residents.

Central Mesabi Medical Center

750 - 4th Street

Hibbing, MN 55746

Hours: Outpatient--8:00 a.m. - 9:00 p.m. Mon, 8:00 a.m. - 4:30 p.m., Mon.,
Thurs. 4:00 p.m. - 8:00 p.m.

Funded by: Private, third party

Services Provided: Central Mesabi Medical Center (formerly Hibbing General Hospital) offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. Independent living skills and socialization/interpersonal skills are taught through the Day Treatment Program. The use of community recreational resources is encouraged and a specialized recreation/socialization program is offered. The medical center offers short-term inpatient treatment. The medical center hopes to implement a drop-in center for the mentally ill.

Central Minnesota Mental Health Center

635 Main Street

Elk River, MN 55330

612/441-3770

Eligibility: Residents of Sherburne and Wright Counties.

Hours: 8:00 a.m.- 6:00 p.m. Mon., Tues., Wed., Fri. 10:00 a.m.- 9:00 p.m.
Thurs.

Fees: \$3-\$31.80 per hour.

Funded by: Federal, State and County, private.

Intake Procedure: Appointments scheduled by calling receptionist.

Services Provided: The Center offers psychological testing, individual group and family psychotherapy and supportive counseling. The Center also has on-site crisis intervention and provides advocacy services for individuals.

Central Minnesota Mental Health Center

1321 - 13th Street North

St. Cloud, MN 56301

612/252-5010

Eligibility: Residents of Benton, Sherburne, Stearns and Wright Counties

Hours: 7:00 a.m.- 6:00 p.m. Mon. and Tues., 7:00 a.m.- 10:00 p.m. Wed. and
Thurs., 7:00 a.m.- 5:00 p.m. Fri.

Fees: Sliding scale based on ability to pay

Funded by: Federal, state and local, third party reimbursements, and private

Intake Procedure: By appointment

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, and medication management. The Center teaches independent living skills and socialization/interpersonal skills. The Center encourages the use of community recreational resources and offers a specialized recreation/socialization program. The Center has a telephone hotline, a crisis intervention center and on-site crisis intervention. The Center intends to open a mentally ill group home in December, 1980 which would provide room, board and laundry for inpatients for a period of up to nine months. The Center offers a day treatment program. The Center provides extensive case management and some outreach services for its clients.

Chrysalis-Center for Women, Inc.

2104 Stevens Avenue South

Minneapolis, MN 55404

612/871-0818

Eligibility: Any woman 18 years or older

Hours: 9:00 a.m.- 8:00 p.m. Mon.-Fri.

Fees: Sliding fee scale

Funded by: NIAAA, Hennepin County, State of Minnesota, private foundations, United Way

Services Provided: While Chrysalis does not have any specialized services for the mentally ill, the center does offer supportive counseling and advocacy services for individuals. The Center has a telephone hotline, a crisis intervention center and on-site crisis intervention services for crisis situations. The Center also sponsors several support groups on topics of concern to women.

Circle F Unit

19805 3rd Avenue South

Minneapolis, MN 55404

612/348-4947

Eligibility: Hennepin County resident with prior psychiatric treatment

Hours: 11:30 a.m.- 8:00 p.m. Mon.- Thurs.

11:30 a.m.- 4:45 p.m. Fri.

Services Provided: The Circle F Unit offers a variety of services including a drop-in center, a therapeutic social club, which meets regularly, crisis intervention services, long-term treatment planning and a work activity program. The Circle F Unit works in conjunction with a variety of mental health providers in Hennepin County in the development and implementation of individualized treatment plans for long-term mentally ill.

Community-University Health Care Center-Mental Health Unit

2016 16th Avenue South

Minneapolis, MN 55404

612/376-4781 or 376-4774

Eligibility: Resident of Hennepin County

Hours: 8:30 a.m.- 7:00 p.m. Mon., Wed., Thurs. 8:30 a.m.- 5:00 p.m. Tues. and Fri.

Fees: Based on a sliding fee scale

Funded by: third party, private, County

Intake Procedure: Initial interview

Services Provided: The Center offers psychological testing, individual and family psychotherapy, and supportive counseling. The Center also teaches socialization/interpersonal skills. The Center has an on-call Crisis Line. The Center provides advocacy services for individuals.

Cooperative Work Transition Project

160 East Kellogg Blvd., 5 Northeast

612/298-5965

Eligibility: Chronic mentally ill adults

Hours: 8:00 a.m.- 6:00 p.m. Mon.- Fri. (client work hours may differ).

Funded by: State Deinstitutionalization Funds, Ramsey County

Intake Procedure: Through Ramsey County social worker.

Services Provided: The Project offers supportive counseling, vocational testing, sheltered work, supportive and competitive employment, job training, job placement, career/employment counseling and volunteer employment. The Project teaches socialization/interpersonal skills and provides advocacy services for individuals. The Project starts their clients with volunteer employment and gradually increases them to full time paid employment. The Project sponsors pre-employment and employment peer support groups, as well as a social peer support group for those who have completed the program.

The Creative Living Center, Multi Resource Centers, Inc.
1900 Chicago Avenue
Minneapolis, MN 55404
612/871-2402

Eligibility: Age 17 or older, primary disability which is emotional, social or behavioral.

Hours: 9:00 a.m.- 2:25 p.m. Mon.- Fri.

Fees: Free to client

Funded by: Hennepin and other counties

Intake Procedure: Referral by county social worker or other counselor involved with client.

Services Provided: The Center offers psychological testing, psychotherapy, supportive counseling, and vocational testing services. This day treatment program focuses upon the development of social skills, prevocational skills and daily living skills. The use of community recreational resources is encouraged and a specialized recreation/socialization program is offered.

Crestview Home
101 South State
Thief River Falls, MN 56701
218/681-3484

Eligibility: Client must be able to take care of himself/herself, needing only custodial and supervisory care.

Fees: \$568/month

License: Board and care

Beds: 15

Services Provided: The Crestview staff offers some individual and group psychotherapy as well as supportive counseling and medication management. Independent living skills and socialization/interpersonal skills are also offered. The use of community recreational resources is encouraged. Room, board and laundry services are provided through the Home for any needed period of time.

CWDC Industries, Inc.
401 Southeast 11 Street
Grand Rapids, MN
218/326-8574

Eligibility: vocational handicap

Hours: 8:00 a.m.- 3:30 p.m. Mon.- Fri.

Fees: Fee for work adjustment training

Funded by: D.V.R., County

Intake Procedure: Agency referral

Services Provided: CWDC Industries offers sheltered work, competitive employment, clerical job training, career/employment counseling, work adjustment training and job placement with a one year follow-up. The work activity program includes instruction in developing independent living skills and socialization/interpersonal skills. Branch offices of CWDC Industries, Inc. are in Hibbing and Virginia.

Dakota County Crisis Intervention Program
South St. Paul Jr. High School
357 9th Avenue North
South St. Paul, MN
612/457-0652 (office)

Eligibility: Dakota County resident experiencing psychiatric crisis

Hours: 24

Fees: None

Funded by: Rule 14, Rule 22, Dakota County

Intake Procedure: Social Service Professionals--contact Crisis Team "on call" through Sheriff's Office.

Services Provided: The program offers individual and family psychotherapy, supportive counseling, medication management and other medical services. The program has a telephone hotline, on-site crisis intervention services and crisis homes where care is offered to individuals for a period no longer than 90 days. These short-term crisis homes will be located in the Burnsville/Apple Valley area and South St. Paul/Inver Grove Heights area. However, in order to be admitted to one of the homes, one must call the Sheriff's office first. The program is to begin August 1, 1980.

Dakota County Mental Health Center, Inc.

744 19th Avenue North

South St. Paul, MN 55075

612/455-9651

Eligibility: Must be Dakota County resident and meet income eligibility (at present, maximum income of \$24,000).

Hours: 8:00 a.m.- 5:00 p.m. Mon., Tues., Thurs., Fri.

8:00 a.m.- 9:00 p.m. Wed.

Fees: Sliding fee scale

Funded by: Third party, private, state, county.

Intake Procedure: Self, agency referrals.

Services Provided: The Center offers psychological testing, psychotherapy on individual, group and family bases, supportive counseling, and medication management. The Center has a 24-hour Emergency On-Call Service.

Da-Trac

1068 Robert Street

West St. Paul, MN 55118

612/451-6840

Eligibility: Dakota County resident, at least 18 years old, past, present recurring mental illness problem.

Hours: Program Hour--9:00 a.m.- 3:00 p.m. Mon.- Thurs. 9:00 a.m.- 2:00 p.m. Fri.

The Center is open 9:00 a.m.- 5:00 p.m. Mon.- Fri.

Fees: None

Funded by: Rule 22, Dakota County, third party reimbursement

Intake Procedure: Referral, appointment with referral person, family (if any) and client.

Services Provided: Da-Trac provides psychological testing, group psychotherapy, and supportive counseling. Da-Trac teaches socialization/interpersonal skills and budgeting skills through support groups. Other support groups include a family advocacy group and an out-reach support group which plans its own activities. Each week, the client, his/her family and his/her counselor review the treatment plan of the client. Da-Trac has a telephone hotline for their clients.

Day Treatment Program

Range Mental Health Center

624 South 13th Street

Virginia, MN 55792

218/749-2881

Eligibility: Chronically mentally ill adults

Hours: 10:00 a.m.- 4:00 p.m. Mon., Thurs., Fri.; 2:00 p.m. - 8:00 p.m. Tues., Wed.

Fees: Usual and Customary

Funded by: Rule 14, third party Reimbursements

Intake Procedure: Verbal referral, staffing with referral agent, intake interview with client.

Services Provided: The day treatment program offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. Career/employment counseling is provided. The program teaches independent living skills, and socialization/interpersonal skills. A specialized recreation/socialization program is offered and the clients are encouraged to meet and interact during non-program hours. Clients are also encouraged to utilize community recreational resources. A telephone hotline is available for crisis situations. Advocacy services are offered to clients, families of the clients, and to the mentally ill as a group.

Emotions Anonymous International

P.O. Box 4245

St. Paul, MN 55104

612/647-9712 office

612/644-6121 24-hour answering service

Hours: 9:00 a.m.- 2:00 p.m., Mon.- Fri.

Fees: None

Funded by: Contributions

Services Provided: Emotions Anonymous is a twelve step program patterned after Alcoholics Anonymous. It is a self-help program which has groups statewide. There are over thirty Emotions Anonymous groups in the Twin Cities area.

Fairview Hospital, Mental Health Unit

Fairview Hospital

2312 South 6th Street

Minneapolis, MN 55454

612/371-6300

Eligibility: Admission by private physicians and social service agencies.

Senior Treatment Program restricted to individuals over 60 years of age.

Hours: 24-hours

Fees: Set room rates and charges for auxiliary services.

Funded by: Insurance and other third party reimbursements.

Intake Procedure: Self, physician and community referral.

Services Provided: The Mental Health Unit offers psychological testing, psychotherapy for individuals, groups and families, supportive counseling, medication management and other medical services. The Unit provides vocational testing and teaches independent living skills and interpersonal skills. They encourage the use of community recreational resources and participation in recreation/socialization programs. The Mental Health Unit offers room, board and laundry. Inpatient treatment is for a period up to 90 days. The Unit offers on-site crisis intervention. They have outpatient support groups and support groups for the families of hospitalized patients. The Unit also has a specialized Senior Treatment Program.

Fairview Southdale Hospital, Mental Health Unit
6401 France Avenue
Edina, MN
612/920-4400

Eligibility: 18 years of age, inpatient services only

Hours: 24-hours

Fees: Set fee

Funded by: Insurance, Medicare, private

Intake Procedure: Interview, psychiatric testing

Services Provided: Fairview Mental Health Unit offers group psychological service. The Unit has vocational testing, career and employment counseling, volunteer employment services and teaches interpersonal skills. The Unit provides room and board for inpatients up to a period of 90 days. They have on-site crisis intervention. The Unit provides assertiveness training, relaxation therapy, self-charting and family meeting services.

Family Life Center Foundation
403 Jackson Street
Anoka, MN 55302
612/427-7964

Hours: 9:00 a.m.- 6:00 p.m. Mon.- Fri.

Fees: Set fees determined by therapist seen

Funded by: fees, grants, foundations

Intake Procedure: Call for an appointment

Services Provided: The Foundation offers psychological testing, psychotherapy on individual, group and family bases, supportive counseling, medication management and other medical services. The Foundation provides career/employment counseling. The Foundation teaches independent living skills and socialization/interpersonal skills. The Foundation encourages the use of community recreational resources and offers a specialized recreation/socialization program. The Foundation has a telephone hotline, a crisis intervention center and on-site crisis intervention services. The Foundation also offers advocacy support services for families of the mentally ill and has two mutual support/problem solving groups for the mentally ill and their families. The Foundation has a day treatment program.

Fergus Falls State Hospital
Fergus Falls, MN 56537
218/739-2233

Eligibility: All mentally ill adults except psychopathic, sex offenders, and first admissions committed mentally ill and dangerous.

Hours: 24

Funded by: State of Minnesota

Intake Procedure: Refer to Admissions Team

Services Provided: Fergus Falls State Hospital offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. Vocational testing and sheltered work are available through the hospital. Independent living skills and socialization/interpersonal skills are taught. The hospital is an inpatient facility, providing room, board and laundry to its clients. The hospital has a crisis intervention center. It offers advocacy services to its residents.

Five County Day Treatment Program
Worthington Regional Hospital
Worthington, MN 56187
507/283-2396

Eligibility: Chronic mentally ill

Primary Service area: Cottonwood, Jackson, Nobles, Pipestone, Rock

Hours: 9:00 a.m.- 4:30 p.m.

Funded by: Rule 14

Services Provided: The program proposes to offer psychological testing, individual, group and family psychotherapy and medication management services. The Program will teach independent living skills and socialization/interpersonal skills. On-site crisis intervention services will be available. The Program is to begin in September, 1980.

Five County Human Development Program, Inc.

205 2nd Street Southwest

Braham, MN 55006

612/396-3333

Eligibility: Resident of Chisago, Isanti, Kanabec, Mille Lacs or Pine Counties

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri. Evening hours by appointment.

Fees: Sliding fee scale

Funded by: private fee income, counties, state.

Intake Procedure: Contact agency by phone.

Services Provided: The Program offers psychological testing, psychotherapy for individuals, groups, and families, supportive counseling and medication management. The Program teaches socialization/interpersonal skills through a specialized socialization program. The Program has a telephone hotline. It provides advocacy services for individual clients and for the mentally ill as a group.

Freeborn-Mower Mental Health Center

908 1st Drive Northwest

Austin, MN 55912

507/433-7389

Eligibility: Resident of Freeborn or Mower Counties

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.

Fees: \$0 - \$40 per hour

Funded by: third party, private, counties, state grant

Intake Procedure: Call or write

Services Provided: The Center offers psychological testing, psychotherapy for individuals, groups and families, supportive counseling and medication management. The Center also supplies advocacy services for individual clients. A day treatment program will begin soon at the Center. As of September 1, 1980, the Center will be funded by only Mower County and will be called Mower Mental Health Center.

Functional Industries, Inc.

Box 206

Buffalo, MN 55313

Eligibility: Have a vocational handicap

Hours: 8:30 a.m.- 4:00 p.m.

Fees: Work Adjustment Training \$80/week, Sheltered Work- No fee, Work Activity- No fee

Funded by: Division of Vocational Rehabilitation

Intake Procedure: Referral only

Services Provided: Functional Industries offers vocational testing, sheltered work, job training, work adjustment training, and job placement.

Gay Community Services, Inc.

2855 Park Avenue South

Minneapolis, MN 55407

612/827-2821

Hours: 9:00 a.m.- 10:00 p.m. Mon.- Thurs., 9:00 a.m.- 5:00 p.m. Fri., 10:00 a.m.- 4:00 p.m. Sat.

Fees: Sliding scale

Funded by: Insurance, private (Medical Assistance pending)

Services Provided: Gay Community Services, Inc. provides psychological testing, individual, group and family psychotherapy, supportive counseling and medication management. It supplies vocational testing and volunteer employment. It has a telephone hotline and limited on-site crisis intervention. They also offer individual and class advocacy services.

Golden Valley Health Center

4101 Golden Valley Road

Golden Valley, MN 55422

612/588-2771 Ext. 275, 276, 277, 278

Hours: Inpatient 24-hours, some outpatient hours

Fees: \$145.50 per day.

Funded by: Private, third party reimbursements

Intake Procedure: Prefer admissions during the day, but whenever necessary.

Services Provided: The Golden Valley Health Center offers psychological testing, individual and group psychotherapy, supportive counseling, medication management and other medical services. The Center offers vocational testing, job training and placement, and career/employment counseling. Socialization/interpersonal skills and independent living skills are taught at the Center. The use of community recreational resources is encouraged and a recreation/socialization is offered. The Center has an inpatient unit which provides room, board, and laundry services for short periods of time. The inpatient treatment program has several groups geared towards the needs of mentally and emotionally ill people. The outpatient therapy is strictly group psychotherapy. The Center offers crisis intervention services for the inpatient residents. Advocacy services for individuals and families of the mentally ill are available.

Goodhue County Support Program for Chronic Mentally Ill

Goodhue County Courthouse

Zumbro Valley Mental Health Office

Red Wing, MN 55066

612/388-8261

Eligibility: Chronic mental illness, 17-30 years old, previous hospitalization for mental illness.

Funded by: State and County

Services Provided: The program provides outreach services for those who have been previously hospitalized with a mental illness problem. The staff will go to the homes of their clients and provide individual and family psychotherapy, supportive counseling, medication management, and other medical services. Independent living skills and socialization/interpersonal skills will be taught to the clients. The use of community recreational resources will be encouraged. Advocacy services will be offered. It is hoped that the families of the clients will participate in the program too. The program begins July 1, 1980.

Goodwill Industries Vocational Enterprises, Inc. (GIVE)

700 Garfield Avenue

Duluth, MN 55802

218/722-6351

Eligibility: Vocationally handicapped

Hours: 8:00 a.m.- 4:30 p.m.

Fees: Evaluation \$120, work adjustment training \$90

Funded by: D.V.R., St. Louis County, United Way

Intake Procedure: Contact intake worker

Services Provided: G.I.V.E. offers vocational testing, sheltered work, supportive competitive employment, job training, job placement, career/employment counseling, and volunteer employment. G.I.V.E. teaches socialization/interpersonal skills.

Goodwill Industries, Inc.

2543 Como Avenue

St. Paul, MN 55108

612/646-2591

Eligibility: At least 16 years old, certified vocational disability, self-care skills, motivation

Hours: 7:30 a.m.- 3:00 p.m. Mon.- Fri.

Fees: \$180/week Evaluation and work adjustment

Funded by: D.V.R., V.A., county

Services Provided: Goodwill Industries offers supportive counseling, vocational testing, sheltered work, job placement, career/employment counseling, and volunteer employment. Goodwill Industries teaches independent living skills and socialization/interpersonal skills.

Guild Hall

206 Marshall Avenue

St. Paul, MN 55102

612/291-0067

Eligibility: Mentally ill clients in period of stability with commitment to improve independent living skills.

Fees: \$311/month.

Funded by: Private pay, G.A., MSA, SSI

Intake Procedure: Interview

License: Board and lodging

Beds: 85, Apartment program 15

Services Provided: Guild Hall offers supportive counseling and medication management services. Guild Hall teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged by the staff at Guild Hall. Room and board services are provided at Guild Hall and a separate apartment facility is available.

Hamm Clinic

919 La fond Avenue B.

St. Paul, MN 55104

612/488-6728

Eligibility: Over 17 years of age, client must not have paid more than \$4,000 in previous year's income tax.

Hours: 8:00 a.m.- 5:00 p.m. Mon., Wed., Thurs., Fri.; 8:00 a.m.- 7:00 p.m. Tues.

Fees: Sliding fee scale

Funded by: Ramsey County, Hamm Foundation

Intake Procedure: Call for one-to-one interview

Services Provided: Hamm Clinic offers psychological testing, individual and group psychotherapy, supportive counseling, and medication management services.

Hennepin County Day Treatment

527 Park Avenue
Minneapolis, MN 55415
612/348-3068

Eligibility: Primary diagnosis of mental illness

Hours: 9:30 a.m.- 3:30 p.m. Mon.- Thurs.; 9:30 a.m.- noon Fri.

Fees: \$49.50/day

Funded by: M.A., insurance, state

Intake Procedure: Referral by client or agency, past history, orientation.

Services Provided: The Hennepin County Day Treatment Program offers psychological testing, family psychotherapy, supportive counseling, and medication management services. Socialization/interpersonal skills are taught. The program has several specialized groups such as a discharge planning group and a support group for former clients who have completed the program.

Hennepin County Medical Center, Crisis Intervention Center

701 Park Avenue South
Minneapolis, MN 55415
612/347-3161, Crisis Line
612/347-2222, Suicide Prevention Line

Hours: 24

Fees: None

Funded by: Mental Health Divisions--County and State

Intake Procedure: Phone or walk-in

Services Provided: The Crisis Intervention Center provides crisis intervention services through their telephone hotline, the Emergency Room and home visits which are available only through appointment. The Center provides evaluation services and serves primarily as a referral agency to other mental health agencies which would better serve a client.

Hennepin County Mental Health Center

Harrington Hall
619 South 5th Street
Minneapolis, MN 55415
612/347-5770

Hours: 8:00 a.m.- 4:30 p.m. Mon.; Tues., Thurs.; 8:00 a.m.- 8:00 p.m. Wed.;
8:00 a.m.- 1:00 p.m. Fri.

Fees: Sliding fee scale

Funded by: Third party, private, Hennepin County

Intake Procedure: One 2-hour interview plus routine psychological testing

Services Provided: The Center offers psychotherapy for individuals, groups and families, supportive counseling, medication management. The Center teaches socialization/interpersonal skills through group therapy. Individual advocacy services by therapists are offered if necessary.

Hennepin County Work Activity Program

1905 3rd Avenue South
Minneapolis, MN 55401
612/348-4947

Eligibility: Hennepin County resident, 18 years of age, primary diagnosis of mental illness

Hours: 8:00 a.m.- 4:30 p.m.

Fees: None

Funded by: Hennepin County

Intake Procedure: Referral and intake interview

Services Provided: The Program offers a pre-vocational sheltered workshop and a transitional work job program.

Heritage Boarding Home, Inc.

Middle River, MN 56737

218/222-3618

Fees: \$320/month

Intake Procedure: Application and personal interview by manager.

License: Board and lodging

Beds: 30

Services Provided: Numerous activities are offered at the Home including a senior citizen's organization. Room, board and laundry services are provided by the Home.

Hewitt House

1593 Hewitt Avenue

St. Paul, MN 55104

612/645-9424

Eligibility: Chronic mentally ill (no primary diagnosis of chemical dependency or mental retardation), 18 years old or older, non-assaultive.

Fees: \$25.52/day (changes annually)

Funded by: Title XX and Purchase of Service with county

Intake Procedure: Telephone referral and screening, scheduled interview followed by review.

License: Rule 36

Beds: 22

Services Provided: Hewitt House offers supportive counseling, medication supervision and therapeutic groups. The House teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged. On-site crisis intervention services are provided by the Hewitt House staff. Individual advocacy services are provided. There are several groups within the House which deal with issues of interest to residents.

Hiawatha Valley Mental Health Center

50 West 2nd Street

Winona, MN 55987

507/454-4341

Eligibility: 18 years of age or older with history of one or more hospitalizations for mental illness.

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.

Fees: Sliding fee scale with no fees in some cases.

Funded by: Third party, private, DPW Rule 22

Intake Procedure: Meeting with Community Support Program worker.

Services Provided: The program provides psychological testing, psychotherapy for individuals, groups and families, supportive counseling and medication management. The program offers several vocational services including vocational testing, job training, job placement and career/employment counseling. The program teaches independent living skills and socialization/interpersonal skills. The program encourages the use of community recreational resources and has a specialized recreation/socialization program. The program has a "safe house" or temporary placement. Advocacy services for individuals, families of the mentally ill and the mentally ill as a group are available in the program. Self-help groups are also available which are led by the program staff.

Hoikka House, Inc.
238 Pleasant Avenue
St. Paul, MN 55102
612/222-7491

Eligibility: At least 18 years old, ambulatory

Fees: \$24.39/day

Funded by: Title XIX, SSI, MSA, SSDI, V.A. Pensions, G.A., private

Intake Procedure: Referral, prescreening in facility

License: Board and care, ICF

Beds: 117

Services Provided: Hoikka House offers supportive counseling, medication management and other medical services. A sheltered workshop, supportive competitive employment, competitive employment, job training and placement, and career/employment counseling services are available to residents of Hoikka House. Residents are taught independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and a specialized recreation/socialization program is offered. Room, board and laundry services are provided by Hoikka House. On-site crisis intervention is provided for resident. Advocacy services for individuals, families of the mentally ill, and the mentally ill as a group are available for Hoikka House residents. There are many mutual support groups in the House and work evaluations are done in the House.

Hope Transition Center, Inc.
1471 Como Avenue
St. Paul, MN 55108
612/644-7961 Administration Line
612/644-8064 Program Line

Eligibility: At least 18 years old, individuals experiencing behavioral and emotional problems with some motivation to change. 23-24 is average age group.

Fees: \$27.59/day

Funded by: Title XX funds, administered through County Welfare Department

Intake Procedure: Call for an interview at 612/644-7961

License: Rule 36

Beds: 40

Services Provided: Hope Transition Center offers supportive counseling and medication management services. The Center teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and a specialized recreation/socialization program is offered for the residents. Room and board is provided through the Center. On-site crisis intervention services for individual clients, families of the mentally ill and the mentally ill as a group are offered.

Horizon Home, Inc.
P.O. Box 3032
306 Byron Street
Mankato, MN 56001
507/625-7879

Eligibility: Meet the criteria of Admission and Review Committee (must be able to care for self)

Hours: 24-hour coverage

Fees: Private pay per day: \$22.29

Funded by: Title XX

Intake Procedure: Must have social history. Client and social worker must be present at Admissions and Review.

License: Board and lodging

Services Provided: The Home offers supportive counseling, medication management, job placement, career/employment counseling and volunteer employment. Residents are taught independent living skills and socialization/interpersonal skills. The use of community recreation/socialization programs is encouraged. Room, board and laundry are the basic services provided. There is on-site crisis intervention and advocacy and support for residents and their families.

The House

3960 West Broadway

Minneapolis, MN 55422

612/533-5213

Hours: 9:00 a.m.- 9:00 p.m. Mon.- Thurs., 9:00 a.m.- 4:00 p.m. Fri.

Fees: Intake \$10, Individual Counseling \$25/hour, Group Counseling \$28/month

Funded by: Third party, private (financial assistance available), Hennepin County grant, donations

Intake Procedure: Call for an appointment

Services Provided: The House offers psychotherapy for individuals, groups and families, and supportive counseling services. The House also supplies advocacy services for families of the mentally ill.

Human Development Center

1401 East 1st Street

Duluth, MN 55805

218/728-4491

Hours: 8:30 a.m.- 5:00 p.m. Mon., Tues., Thurs., Fri.; 8:30 a.m.- 9:30 p.m. Wed.

Fees: Sliding scale to \$37 per hour. Different scales for subprograms

Funded by: County, Federal Grant, fees for service

Intake Procedure: Telephone or drop-in with on-call person

Services Provided: The Center offers psychological testing, psychotherapy for individuals, groups and families, supportive counseling, medication management and other medical services. Independent living skills and socialization/interpersonal skills are taught through specialized programs, i.e., Independence Station. The Center has a drop-in center and encourages the use of community recreational resources. The Center offers a specialized recreation/socialization program called Harmony Center. The Center has a telephone hotline for crisis situations. The Center offers individual advocacy services to their clients. The Center is starting family and young adult mutual support groups.

Hutchinson Community Hospital, Mental Health Unit
Highway 15 South and Century Avenue
Hutchinson, MN 55350
612/587-2148

Eligibility: No restrictions

Hours: 24-hour crisis intervention

Fees: Inpatient billed by hospital—\$100/day + \$45 therapy charge/day.

Funded by: Insurance, Medicare, Social Security, private

Intake Procedure: Set up appointment

Services Provided: The Hutchinson Mental Health Unit provides psychological testing, psychotherapy on individual, group and family basis, medication management, and other medical services. The Unit teaches independent living skills, and interpersonal skills. They also encourage the use of community recreational resources. The Unit offers room, board, and laundry for inpatients for a period of no more than 90 days. The Unit has a telephone hotline and a crisis intervention center as well as on-site crisis intervention. The Unit has several marital counseling groups, too. The Unit is affiliated with West Central Community Services Center which provides outpatient services. The Hospital offers a day treatment program.

Independence Station
1402 East 2nd Street
Duluth, MN 55805
218/728-5101

Eligibility: 18 years of age or older with a primary psychiatric problem or diagnosis

Hours: 9:00 a.m.- 3:00 p.m. Mon.- Fri.

Fees: \$26 per diem. Sliding scale based on ability to pay

Funded by: Third party, private, Federal grant, St. Louis County

Intake Procedure: Referral by phone, intake meeting

Services Provided: Independence Station offers psychological testing, psychotherapy for individuals, supportive counseling and medication management. The Station provides several vocational services, including job placement, volunteer employment and career/employment counseling. Independent living skills and socialization/interpersonal skills are taught. The use of community recreational resources is encouraged. Independence Station has a telephone hotline for their clients and former clients who have completed the program. The Station offers advocacy services for individual clients. The Station is primarily an ongoing day treatment program center.

Independent Living Program, Multi Resource Centers, Inc.
1900 Chicago Avenue
Minneapolis, MN 55404
612/871-2402

Eligibility: Mentally ill with motivation for independent living

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.

Fees: Free to client

Funded by: Contract with DPW-NIMH

Intake Procedure: Referral by Hennepin County Community Support Project to program coordinator and screening interview.

Services Provided: The program offers individual, group and family psychotherapy, and supportive counseling. Vocational testing is offered through the program. The program teaches independent living skills and socialization/interpersonal skills. The program encourages the use of community recreational resources and offers a specialized socialization/support group for clients living in their own apartments. The program offers a relaxation and stress management group, too. Advocacy services are available for individual clients.

Interstate Rehabilitation Center

P.O. Box 404
Red Wing, MN 55066
612/388-7108

Eligibility: Must be eligible for D.V.R. services

Primary Service Area: Goodhue and Wabasha Counties

Hours: 7:30 a.m.- 4:00 p.m. Mon.- Fri.

Fees: \$90/week

Funded by: D.V.R.

Intake Procedure: Referral letter and information to Rehabilitation Director

Services Provided: The Center offers vocational testing, sheltered work, supportive competitive employment, job training, job placement and career/employment counseling. The Center teaches independent living skills and socialization/interpersonal skills. Transportation to and from the Center is provided in the two-county area. The Center also offers assistance in money management.

Institute for Effective Living

111 West 2nd Street Crookston, MN 218/281-6322	318 3rd Street Northwest East Grand Forks, MN	1814 - 18th Street So. Moorhead, MN
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Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri. - Some evening appointments

Fees: \$45/hour

Funded by: Private, third party

Intake Procedure: Call for appointment

Services Provided: The Institute(s) offer psychological testing, individual and family counseling, and supportive counseling.

Jewish Vocational Workshop

24 North 3rd Street
Minneapolis, MN 55401
612/338-5743

Eligibility: Must be disabled, over 16 years old, ready for vocational services

Hours: 8:00 a.m.- 4:00 p.m. Mon.- Fri. (production), 8:30 a.m.- 4:30 p.m. Mon.- Fri. (rehabilitation)

Fees: \$135/week for Evaluation, \$95/week for Work Adjustment Training

Services Provided: The Workshop offers vocational testing, sheltered work, job placement and career/employment counseling.

Job Readiness/Rehabilitation Readiness

Multi-Resource Centers
1900 Chicago Avenue South
Minneapolis, MN 55404
612/871-2402

Eligibility: Physically and/or mentally handicapped adults requiring pre-vocational and vocational services necessary to secure and/or retain employment.

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: Intake-\$70, Evaluation-\$110/week, Case Management \$65/week

Funded by: M.D.V.R., V.A., other referral sources

Intake Procedure: By appointment

Services Provided: The program offers psychological and vocational testing, supportive counseling, supportive competitive employment, job placement and career/employment counseling. Specialized programs offered at the Center include career development, job seeking skills, dress for success, banking/budgeting, job success. The program also offers some transportation.

Lakeland Mental Health Center, Inc.
126 East Alcott Avenue
Fergus Falls, MN 56537
218/736-6987

Eligibility: Resident of Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin or Becker Counties.

Hours: 8:00 a.m. - 5:00 p.m. Mon. - Fri.

Fees: \$2 to \$55 per hour, depending on ability to pay. No one is denied services

Funded by: Insurance, State, gifts, MA, private (non-profit)

Intake Procedure: Call for appointments

Services Provided: The Center offers psychological testing, psychotherapy for individuals, groups and families, supportive counseling, medication management and other medical services. The Center has a telephone hotline. Advocacy services are offered for individual clients, families of the mentally ill, and the mentally ill as a group.

Lakeview Residence

Box 1267
Virginia, MN 55792
218/741-9985

Eligibility: Chronic Mentally ill

Funded by: SSI, MSA, GA, etc.

Intake Procedure: Social Service approval, pre-placement visit

License: Board and lodging

Beds: 37

Services Provided: Lakeview Residence offers medication management, room, board and laundry services for its residents. The use of community recreational resources is encouraged. On-site crisis intervention services is provided by the staff. Individual advocacy services are available to the residents.

Lange Board and Room
Clear Lake, MN 55319
612/662-2836

Beds: 27

Population: Primarily elderly

Services Provided: Room, board and laundry services for extended periods of time. It also has an activities room.

Lee Boarding Home
2623 West 4th Street
Duluth, MN 55806
218/722-9887

License: Board and Lodging

Beds: 12

Services Provided: The Home offers medication management and teaches independent living skills. The Home provides room, board and laundry services for extended periods of time.

Lifeline, N.E. Adult Day Care Project, Inc.
901 North 9th Street
Virginia, MN 55792
218/741-4714

Eligibility: At least 18 years old, be physically, emotionally and/or socially disabled, stable.

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: \$16.86/day

Funded by: St. Louis County Social Service Department, United Way, CETA, contributions

Services Provided: Lifeline offers supportive counseling, medication management and other medical services. Independent living skills and socialization, interpersonal skills are taught. A recreation/socialization program is offered to the clients. Nutrition services, rehabilitative programming and educational services are available through Lifeline. Transportation arrangements to the Center can be made.

Listening Ear Crisis Center (Douglas County Hospital)

111 - 17th Avenue East

Alexandria, MN 56308

612/763-6638

Hours: 24 hours

Fees: None

Funded by: United Way, Community Health Service

Services Provided: The Listening Ear Crisis Center provides a 24-hour crisis hotline. Information and referral services are offered over the phone and Douglas County Hospital serves as a crisis intervention center with a 72-hour hold service.

Lutheran Deaconess Family Health Program

1305 East 4th Street

Minneapolis, MN 55404

612/721-2933

Eligibility: Resident of Hennepin County

Hours: 8:30 a.m.- 5:00 p.m. Mon.- Fri.

Fees: Community outreach component--free, Psychiatric Counseling--sliding fee scale

Funded by: Third party reimbursements, County Contract

Intake Procedure: Call for an appointment

Services Provided: The Family Health Program offers psychological testing, and individual and family psychotherapy. The community outreach component provides supportive counseling and acts as a referral network. The component provides advocacy services and often makes home visits to their clients. The Family Health Program serves as a crisis intervention center and also provides on-site crisis intervention services. The Program is geared towards minority groups (primarily American Indian) and low income families.

Luther Youngdahl Human Relations Center
215 South Oak Street
Owatonna, MN 55060
507/451-2630

Eligibility: Must be able to benefit from outpatient treatment

Hours: 8:00 a.m.- 6:00 p.m. Mon. (with limited staff 7:00 p.m.- 9:00 p.m. Mon.) 8:00 a.m.- 5:00 p.m. Tues.- Fri.

Fees: \$30/hour except \$60/hour for psychiatrist. Sliding fee scale

Funded by: Third party payment, MA, private fees, Waseca, Dodge and Steele Counties.

Intake Procedure: Client; call for appointment. Agency; written referral and phone call preferred.

Services Provided: The Center provides psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. The Center teaches socialization/interpersonal skills and holds assertiveness training classes when staff is available. The Center offers on-site crisis intervention services from 8:00 a.m.- 5:00 p.m.

Madison Avenue Psychiatric Clinic
1051 Madison Avenue
Mankato, MN 56001
507/387-3195

Hours: 8:30 a.m.- 5:30 p.m. Some evenings

Fees: Set fees for services provided

Funded by: Third party, private

Intake Procedure: By appointment

Services Provided: The Clinic offers psychological testing, psychotherapy for individuals, groups and families, supportive counseling, medication management and other medical services. The Clinic offers some vocational testing, and teaches socialization/interpersonal skills.

Mankato Rehabilitation Center, Inc.
Box 338, 15 Mop Drive
Mankato, MN 56001
507/345-4507

Eligibility: Handicapped persons in need of services and able to benefit from them

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: Evaluation \$225/first week, \$150/ensuing weeks, Work adjustment \$110/week

Funded by: DPW, CSSA, United Ways, DVR

Intake Procedure: Call intake worker

Services Provided: The Center offers vocational testing, sheltered work, supportive competitive employment, job training, job placement, career/employment counseling and volunteer employment. Independent living skills and socialization/interpersonal skills are taught at the Center. The use of community recreational resources is encouraged and specialized recreation/socialization program is offered.

Mental Health Advocate's Coalition of Minnesota
265 Fort Road (West 7th Street)
St. Paul, MN 55102
612/222-2741

Hours: 9:00 a.m. - 5:00 p.m. Mon. - Fri.

Fees: Memberships \$3, \$10, \$25, \$50

Funded by: Memberships, donations, grants, contracts

Services Provided: This organization primarily provides advocacy services for mental health consumers (patients, ex-patients, and families of the mentally ill). The Coalition seeks to upgrade mental health services and to protect the mentally ill in their right to treatment. Active local chapters include Hennepin County (612/338-0771), Duluth (218/724-4675), and Red Wing (612/388-9389).

Mental Health Association of Minnesota
6715 Minnetonka Boulevard
Room 209-210
Minneapolis, MN 55426

The Mental Health Association serves as a public spokesman on behalf of the mentally ill. The Association's purpose is to develop a coordinated citizens voluntary advocacy and education movement to work toward improved care and treatment of the mentally ill and handicapped; for improved methods and services in research, prevention, detection, diagnosis and treatment of mental illness and handicaps, and for the promotion of mental health.

Other chapters in the state can be contacted through the following addresses:

Anoka County
Louise Britts
1125 - 128th Ave. N.E.
Blaine, MN 55434

Brown County
Karen Thorndson
Route #2
Hanska, MN 56041

Carver County
Donna Rock
833 E. Second St.
Waconia, MN 55387

Dakota County
Leo Amundson
1470 Highview
Eagan, MN 55121

Douglas County
Warren Peterson
Route 6, Box 367
Alexandria, MN 56308

Faribault County
Shirley Maher
125 E. First St.
Blue Earth, MN 56013

Hennepin County
Jean Lowe
6301 Lockmoor Drive
Minneapolis, MN 55435

Itasca County
Vondelle Davis
7607 Sunnybeach Road
Grand Rapids, MN 55744

Kandiyohi County
Lois Ellinger
315 West 12th Street
Willmar, MN 55201

Koochiching County
Renee Fredericks
Route 9, Box 524
International Falls, MN 56649

Mower County
Dale Madison
Brownsdale, MN 55918

Olmsted County
Jim Walker
Box 118
Oronoco, MN 55960

Otter Tail County
Jim Langlie
Fergus Falls Public
Schools -Administrative Offices
600 Friberg Avenue
Fergus Falls, MN 56537

Pine County
Madora Peterson
Ankov, MN 55704

Ramsey County
Dick Nelson
1414 - McAffie St.
St. Paul, MN 55106

Renville County
Mrs. Dorothy Nicolai
Hector, MN 55342

Nobles County
Judy Durband
1200 Sherwood
Worthington, MN 56187

St. Louis County
Carol Caliquiri
3624 W. Fouth Ave.
Hibbing, MN 55745

Swift County
Rev. David Johnson
409 - 13th St. North
Benson, MN 56215

Washington County
Jean Campion, Acting President
15101 Riverside Avenue North
Marine-on-the-St. Croix, MN 55047

Merritt House
Box 470

Biwabik, MN 55708
218/865-6743

Eligibility: Mentally ill

Fees: \$21/day

Funded by: SSI, MSA, GA

Intake Procedure: Pre-placement, County Social Service approval

License: Board and lodging

Beds: 23

Services Provided: Merritt House provides volunteer employment. Room and board is provided for the residents. Job seeking skills, pre-vocational skills, socialization/recreational skills and independent living skills are all taught at Merritt House. The use of community recreational resources and community support systems is encouraged.

Midway Terrace
119 East 1st Street
Fosston, MN 56542
218/435-6562

Fees: \$375/month

License: Board and lodging

Beds: 6

Services Provided: The Home encourages the use of community recreational resources. Room, board and laundry services are provided for any needed period of time at the Home.

Miketin's Board and Lodging
102 West Gary Street
Duluth, MN 55808
218/626-1459

Eligibility: Senior Citizens and Mentally Ill

Fees: \$450/month

Funded by: Private funds, SS, SSI, MSA, St. Louis County Social Services

License: Board and Lodging

Beds: 40

Services Provided: Miketin's Board and Lodging offers medication management services. Independent living skills, and socialization/interpersonal skills are taught and the use of community recreational resources is encouraged. Room, board and laundry services are provided by the Home.

Miller Dwan Mental Health Unit
502 East 2nd Street
Duluth, MN
218/727-8762

Fees: Set fees

Funded by: Private, third party

Intake Procedure: Phone call referrals

Services Provided: The Miller Dwan Mental Health Unit offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. While the unit offers short-term inpatient services, the unit primarily has outpatient services, such as assertiveness training and other therapy services. The unit has a crisis intervention center. A support group for families of the mentally ill is offered at the hospital.

Minneapolis Clinic of Psychiatry and Neurology
4225 Golden Valley Road
Minneapolis, MN 55422
612/588-0661

Hours: 8:00 a.m.- 5:30 p.m. Mon.- Fri.

Fees: \$40-\$80 per hour

Funded by: Third party, private

Intake Procedure: Flexible—people with urgent problems seen within 24 hours

Services Provided: The Clinic offers psychological testing, psychotherapy for individuals, groups and families, supportive counseling, and medication management. The Clinic provides vocational testing and career/employment counseling. The Clinic offers short-term (up to 90 days) inpatient hospitalization. The Clinic is in the process of starting a telephone hotline for crisis situations.

Minneapolis Community Group, Lutheran Social Service
2414 Park Avenue South
Minneapolis, MN 55404
612/871-0221

Eligibility: Clients with poor socialization skills

Hours: 6:30 p.m.- 8:30 p.m. Thurs. (and other special event times)

Fees: None

Funded by: Lutheran Social Service

Intake Procedure: Interview with group facilitator or visit to group by potential member.

Services Provided: The group offers individual psychotherapy consultation through a psychiatrist and supportive counseling. The group is encouraged to use the drop-in center and community recreational resources. This is a specialized recreation/socialization group which schedules from time to time, three to seven day camping trips.

Minnesota Diversified Industries
666 Pelham Boulevard
St. Paul, MN 55114
612/646-2711

Eligibility: 16 years old or older, diagnosed disability which presents a vocational handicap, self care in areas of personal hygiene, need or desire to benefit from vocational services, ability to utilize personal or public transportation.

Hours: 7:30 a.m.- 3:30 p.m. Mon.- Fri.

Fees: All fees for services are billed to sponsoring or referring agencies

Funded by: DVR and County Welfare

Services Provided: MDI offers sheltered work, job training and job placement for health related services, and career/employment counseling. MDI offers a specialized recreation/socialization program.

Minnesota Psychosynthesis Center
5116 Aldrich Avenue South
Minneapolis, MN 55419
612/870-7667

Hours: 9:00 a.m.- 6:00 p.m. Mon.- Fri.

Fees: \$48 per hour

Funded by: Third party, private

Intake Procedure: Contact for initial interview

Services Provided: The Center offers psychotherapy services for individuals, groups and families. Medication management is also offered.

Minnesota Security Hospital
2000 South Minnesota Avenue
St. Peter, MN 56082
507/931-3000

Eligibility: Committed males

Hours: 24

Fees: \$70/diem

Funded by: State of Minnesota

Intake Procedure: Commitment to hospital by state courts or transfer from other state institutions if committed.

Services Provided: The Minnesota Security Hospital offers psychological testing, limited individual and group psychotherapy, supportive counseling, medication management, and other medical services. The hospital offers several vocational services including vocational testing, sheltered work, supportive competitive employment, job placement, and limited career/employment counseling services. Independent living skills, and socialization/interpersonal skills are taught. The use of community recreational resources is encouraged and a recreation/socialization program is offered. This is strictly an inpatient facility, offering room, board, and laundry services to its residents. On-site crisis intervention services are provided for the residents and a "safe house" unit is available for crisis situations. Advocacy services are available for individual clients. A sex offender treatment program is offered.

Moose Lake State Hospital
1000 Lakeshore Drive
Moose Lake, MN 55767
218/485-4411

Eligibility: Resident of Northeastern Minnesota

Hours: 24

Funded by: State of Minnesota

Services Provided: Moose Lake State Hospital offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. The hospital has several vocational services, including vocational testing, supportive competitive employment, competitive employment, job training and placement, and career/employment counseling. Independent living skills and socialization/interpersonal skills are taught. The use of community recreational resources is encouraged and a recreation/socialization program is offered. The hospital is an inpatient facility providing room, board and laundry services for its residents. On-site crisis intervention services are available and advocacy services for individual clients. A mutual support group for the mentally ill is sponsored by the hospital.

Mora Medical Center
224 Southwest 7th Street
Mora, MN 55051
612/679-1313

Hours: 9:00 a.m.- 5:00 p.m. Mon.- Fri.

Fees: \$30 per hour

Funded by: Third party, private

Intake Procedure: by appointment

Services Provided: The Center offers psychological testing, psychotherapy for individuals and families, medication management, and other medical services. The Center has a telephone hotline and offers on-site crisis intervention. Advocacy services are available for individual clients.

Morrison County Social Services--Rule 14 Project

Court House Annex
Little Falls, MN 56345
612/632-2941

Eligibility: Resident of Morrison County

Hours: 8:00 a.m.- 4:30 p.m. Monday through Friday

Fees: None

Funded by: State, Federal, County

Intake Procedure: Information and referral; Crisis Intervention

Services Provided: The Morrison County Rule 14 Project offers training in socialization/interpersonal skills and independent living skills for mentally ill adults on a weekly basis. The program provides mental health educational services in the community. Case management, follow-up, and crisis services are also offered to the mentally ill. The program plans to serve a coordinating function with other mental health agencies in the community on behalf of the chronically mentally ill.

Naeve Hospital, Crisis Intervention

404 Fountain Street
Albert Lea, MN 56007
507/373-2384

Eligibility: Anyone needing crisis intervention services

Hours: 24 hours

Fees: Hospital rates

Services Provided: The Hospital offers supportive counseling, medication management and other medical services in on-site crisis intervention.

Neighborhood Involvement Program, Counseling Center

2617 Hennepin Avenue
Minneapolis, MN 55408
612/374-3125

Hours: 6:00 p.m.- 9:00 p.m. Mon., Tues., 9:00 a.m.- 5:00 p.m. Wed., 1:00 p.m.- 9:00 p.m. Thurs.

Fees: \$3 donation

Funded by: Grants, private

Intake Procedure: Counselor assigned to client and does intake interview

Services Provided: The program provides psychological testing, individual, group and family psychotherapy, and supportive counseling. The program also offers vocational testing. On-site crisis intervention is another service provided. The program sponsors a mutual support men's group.

Nighttime Emergency Outreach Network (N.E.O.N.)
612/339-7033, Crisis Line
612/339-0895, N.E.O.N. Line (8:00 p.m.- 8:00 a.m.)
Service Area: Twin Cities and suburbs

Fees: None

Funded by: Hennepin County

Services Provided: N.E.O.N. provides crisis intervention services through phone and outreach teams. Their phone is manned 24 hours a day and the outreach teams provide on-site crisis intervention teams. The outreach teams are comprised of one man and one woman.

Northern Pines Mental Health Center, Inc.

808 SE 3rd Street

Little Falls, MN 56345

612/632-6647

Eligibility: Resident of Morrison, Todd, Wadena, Crow Wing or Cass Counties

Hours: 8:15 a.m.- 5:15 p.m. Mon.- Fri.

Fees: Sliding fee scale

Funded by: Third party, private, state and county funds

Intake Procedure: Call for appointment

Services Provided: The Center offers psychological testing, psychotherapy for individuals and families, supportive counseling and medication management.

Northland Mental Health Center

215 SE 2nd Avenue

Grand Rapids, MN 55744

218/326-1274

Eligibility: Resident of Aitkin, Itasca, and Koochiching Counties

Hours: 8:00 a.m.- 5:00 p.m. Mon., Tues., Wed., Fri.; 8:00 a.m.- 9:00 p.m. Thurs.

Fees: Sliding fee schedule

Funded by: State, local, federal, foundation fees

Intake Procedure: Call for appointment for preliminary screening interview; walk-ins are accepted by on-call staff.

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. The Center teaches independent living skills, and socialization/interpersonal skills through its Day Treatment Program. The Center accepts short-term (up to 90 days) inpatients. The Center has a telephone hotline and has on-site crisis intervention. Advocacy services are offered for the mentally ill as a group and for families of the mentally ill.

North Memorial Medical Center, Mental Health Program

3220 Lowry Avenue

Robbinsdale, MN

Inpatient - 612/588-0616, Outpatient - 612/588-9059

Eligibility: Anyone seeking services

Hours: Inpatient--24 hours; Outpatient--Mon.- Fri.

Fees: Vary with services

Funded by: Private and third party payment

Intake Procedure: By appointment

Services Provided: The Program offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. The Program teaches independent living skills and interpersonal skills. They offer hospitalization for a period of up to nine months. The Program has a telephone hotline, a crisis intervention center and offers on-site crisis intervention. The outpatient program offers several support groups for the mentally ill and their families, depending on the needs of the outpatient population.

Northside Home
326 N.W. 7th Street
Faribault, MN 55021
507/334-3315

Eligibility: Male, ambulatory

Fees: \$350/month

Intake Procedure: Short history, visit to facility

License: Board and lodging

Beds: 14

Services Provided: Supportive counseling and medication management services are offered at the Home. Room, board and laundry services are provided by the Home. The Home encourages the use of community recreational resources.

Northwestern Apartments (Living/Training Program)

100 Gretchen Lane
Crookston, MN 56716
218/281-5256

Eligibility: Must be mentally ill and eligible for low income housing according to HUD, eligible for Medical Assistance

Hours: Counseling staff 8:00 a.m.- 8:00 p.m.; Staff available for emergencies 24 hours.

Fees: Rent is based on income; supportive services are paid by Title XIX.

Funded by: DPW, HUD

Intake Procedure: Application for admission should be sent to Program Director.

Bedrooms: 16, (8 apartments)

Services Provided: The Northwestern Apartments staff offers supportive counseling, medication management services, and career/employment services. Independent living skills are taught by the staff and the use of community recreation resources is encouraged. On-site crisis intervention services are provided. Individual advocacy services are offered by the staff.

Northwestern Community Support Services

Box 603
College Avenue
Crookston, MN

Eligibility: Primary diagnosis of Mental Illness, at least 17 years of age, residing in Polk, Mahnomon, or Norman Counties.

Hours: Typically 8:00 a.m.- 5:00 p.m. Mon.- Fri, but schedule is flexible.

Fees: None, except when client is assured of third party reimbursement.

Funded by: State, Polk and Mahnomon Counties

Intake Procedure: Call or write for screening interview.

Services Provided: Northwestern Community Support Services offers supportive counseling and case management services to clients in the community. The service teaches independent living skills and socialization/interpersonal skills in the clients' homes. The existing local sheltered workshop has developed a specialized program for the mentally ill in conjunction with Northwestern Community Support Services, and other vocational services are provided through other agencies. If it is not possible for the service to be provided on the site, transportation for the client may be provided.

Northwestern Hospital, Day Night Psychiatric Unit
Thief River Falls, MN 56701
218/681-4240

Eligibility: No restrictions

Hours: 24 hours (after 5:00 p.m. and weekends, call 681-4240) ext. 240, 202

Fees: Set fee for services provided

Funded by: Private, third party reimbursements

Intake Procedure: Schedule screening/intake interview

Services Provided: The Day Night Psychiatric Unit offers psychological testing, psychotherapy on individual, group and family bases, supportive counseling, medication management, and medical psychological services. The Unit teaches independent living skills and interpersonal skills as well as providing volunteer employment and job placement services. The Unit also has a drop-in center. Residents are encouraged to use community recreational resources and participate in specialized recreation and socialization programs. The Unit provides room, board and laundry care for residents. Care for inpatients is expected to be no more than nine months. The Unit has a telephone hotline and offers on-site crisis intervention. The Unit provides a temporary placement service, too. They offer advocacy services on an individual basis for clients and for families of the mentally ill. The unit has pain management groups and architectural psychology consultation.

Northwestern Mental Health Center
College Avenue
Crookston, MN 56716
218/281-3940

Hours: 24 hours

Fees: Based upon ability to pay. No one is denied service

Funded by: Grants, block grant, third party income, county funds.

Intake Procedure: Walk-in or request appointment

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, medical management, and other medical services. The Center teaches independent living skills and socialization/interpersonal skills. There is a drop-in center and use of community recreation resources is encouraged. Several specialized socialization programs are offered at the Center. There is a telephone hotline, crisis intervention center, on-site crisis intervention, and temporary placement for crisis situations. Advocacy services are offered to individual clients, families of the mentally ill and the mentally ill as a group.

Nouis Uptown Home
300 Fourth Street S.E.
Little Falls, MN 56345
612/632-8823

Fees: \$225/month

Funded by: Morrison County Social Services, SSI

Beds: 20

Services Provided: The Home offers medication management and other medical services. The Home provides room, board and laundry services for extended periods of time. The Home encourages development of independent living skills based on individuals' capacities.

Oak Hill

343 East Pearl Street

Owatonna, MN 55060

507/451-4564

Fees: \$14.50/day, \$429/month

Funded by: Private, VA, Welfare, Social Security

License: Board and care

Beds: 28

Services Provided: Oak Hill offers medication management services and supportive counseling from the staff. Oak Hill encourages the use of community vocational and recreational resources, as well as having a recreational program. Room, board and laundry services are provided.

Occupational Rehabilitation Center

1053 East Mark Street

Winona, MN

507/452-1852

Eligibility: All vocational handicaps

Hours: 7:30 a.m.- 4:30 p.m. Mon.- Fri.

Fees: Paid by State DVR, Winona County

Funded by: MDVR, Winona County

Intake Procedure: Accept written referrals, screening interview

Services Provided: The Center offers supportive counseling, vocational testing, sheltered work, supportive competitive employment, competitive employment, job training, job placement, career/employment counseling, and volunteer employment services. Independent living skills and socialization/interpersonal skills are taught at the Center.

Olmsted Circle Center

419 S.W. First Avenue

Rochester, MN 55901

Eligibility: Chronic Mentally Ill adults

Hours: 2:00 p.m.- 10:00 p.m. Tues.- Sun.

Intake Procedure: Drop-In

Services Provided: The Olmsted Circle Center is a drop-in center which has a structured recreation/socialization program for the mentally ill. The Center also offers unstructured activities. THOMAS HOUSE, Inc. operates the Center.

Opportunity Training Center

318 - 14th Avenue North
St. Cloud, MN 56301

Eligibility: Individuals experiencing difficulty either getting or holding competitive employment because of a handicap. Must be of working age.

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: Vocational Evaluation \$130/week; Work Adjustment Training \$90/week

Funded by: State, federal

Intake Procedure: Contact intake counselor

Services Provided: The Center offers vocational testing, sheltered work, supportive competitive employment, competitive employment, job training, job placement, career/employment counseling and volunteer employment. Independent living skills and socialization/interpersonal skills are taught at the Center. The use of community recreational resources is encouraged.

"Our House" Drop-In and Socialization Program

Range Mental Health Center

624 South 13th Street

Virginia, MN 55792

218/749-2881

Eligibility: Chronically mentally ill adults between ages 18-55.

Hours: 10:00 a.m.- 8:00 p.m. Mon., Tues., Thurs.; 1:00 p.m.- 5:00 p.m.

Wed. and Fri.

Fees: None

Funded by: Rule 14

Intake Procedure: Interview by Drop-In Coordinator following referral by agency or self.

Services Provided: The program offers supportive counseling, career/employment counseling and volunteer employment. Independent living skills and socialization/interpersonal skills are taught. The Mental Health Center hosts a drop-in center and a specialized recreation/socialization group meets each Tues. and Thurs. evenings. A hotline and on-site crisis intervention services are available through the Center for crisis situations.

Palmi Boarding Home

4831 London Road

Duluth, MN 55804

218/525-2784

Eligibility: At least 21 years of age

Fees: Set yearly by St. Louis County Department of Public Welfare

Funded by: Private, St. Louis County DPW

Intake Procedure: Contact through St. Louis County Social Services

License: Board and lodging

Beds: 22

Services Provided: The Home offers medication management services. It teaches some independent living skills and socialization/interpersonal skills. The Home encourages the use of community recreational resources. Room, board and laundry services are provided.

Parkside Homes, Inc.

Box 358
Soudan, MN 55782
218/753-5876

Fees: \$438/month, welfare assistance; \$560/month, private pay

Funded by: Social Security, SSI, MSA, County, private

Intake Procedure: Physical exam or arrangements to have one within three days from date of admission: social, medical and psychological diagnosis, treatments and history.

License: Board and lodging

Beds: 60

Services Provided: Parkside Home offers supportive counseling, medication management and other medical services. A work incentive program is offered within the Home which teaches independent living skills. The use of community recreational resources within Virginia is encouraged and transportation is provided. Room, board and laundry services are provided through the Homes.

Petra Howard House

700 East 8th Street
St. Paul, MN 55106
612/771-5575 Voice
612/5576 Translator (TTY)

Eligibility: At least 18 years old, primary diagnosis of mental illness and hearing impairment.

Fees: Program costs \$19.52/day; Maintenance costs \$16.36/day

Funded by: SSI/MSA, maintenance fees, Minnesota residents eligible \$8.21/day to Title XX, \$11.31/day to Rule 434.

Intake Procedure: Tour of facility, two interviews, documents including history and psychological evaluation.

Services Provided: Petra Howard House offers individual and group psychotherapy, supportive counseling, medication management, career/employment counseling and volunteer employment services. The House teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and a specialized recreation/socialization program. Room, board and laundry services are provided to the residents. On-site crisis intervention services are provided. Advocacy services are provided to individual clients, families of the mentally ill and the mentally ill as a group. Aftercare meeting for former residents now living in the community meet regularly.

Pilot City Mental Health Center

1349 Penn Avenue North
Minneapolis, MN 55411
612/348-4622

Eligibility: Resident of Hennepin County

Hours: 8:00 a.m.- 5:00 p.m. Mon., Tues., Thurs., Fri.; 8:00 a.m.- 7:30 p.m. Wed. and as arranged

Fees: None at present

Funded by: Hennepin County

Intake Procedure: Call or write

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. Advocacy services for individual clients are also available.

Plymouth Drop-In Center
1900 Nicollet Avenue
Minneapolis, MN 55403
612/871-7400

Hours: 1:00 p.m.- 3:00 p.m. Mon., Thurs.

Fees: None (except for field trips)

Funded by: Plymouth Congregational Church

Intake Procedure: Anyone is welcome. Walk-in.

Services Provided: The Center is primarily a drop-in center offering a socialization/recreation program which occasionally has field trips.

Ramsey County Day Treatment Center
St. John's School
951 East 5th Street
St. Paul, MN 55106
612/776-5276

Eligibility: Ramsey County Resident

Hours: 9:00 a.m.- 2:30 p.m. Mon., Tues., Thurs., Fri.

Fees: Sliding fee scale--\$30/day for full fee

Funded by: Ramsey County

Intake Procedure: Call for intake interview. Appointment at potential client's residence

Services Provided: The Center offers psychotherapy services on an individual client basis. The Center teaches independent living skills and focuses on improving socialization/interpersonal skills. The Center encourages the use of community recreational resources and has a specialized recreation/socialization program. On-site crisis intervention is provided through the Center. Advocacy services are offered to individual clients.

Ramsey County Mental Health Center
529 Jackson Street
3rd Floor
St. Paul, MN 55101
612/298-4737

Eligibility: Ramsey County resident

Hours: 8:00 a.m.- 4:30 p.m.

Fees: Insurance or sliding fee scale

Funded by: Local, state

Intake Procedure: Call for an appointment

Services Provided: The Ramsey County Mental Health Center offers psychological testing, individual, group and family psychotherapy and medication management services. The Center teaches independent living skills and socialization/interpersonal skills. A specialized recreation/socialization program is offered through the center. The Center offers on-site crisis intervention services.

Range Mental Health Center
624 - 13th Street South
Virginia, MN 55792
218/749-2881

Eligibility: Resident of St. Louis County catchment area.

Hours: Mon., Tues., Wed., Thurs., 8:00 a.m.- 9:00 p.m.; Fri. 8:00 a.m.-
5:00 p.m., 24-hour Crisis Emergency Services

Fees: Sliding fee scale

Funded by: Multiple Sources

Intake Procedure: Walk-in, call, referral, etc.

Services Provided: The Range Mental Health Center offers psychological testing, individual, group and family psychotherapy, supportive counseling and medication management services for outpatient treatment. Independent living skills and socialization/interpersonal skills are taught at the Center. A drop-in center is available through the Center and the use of community recreational resources is encouraged. A specialized recreation/socialization program is offered. A telephone hotline, a crisis intervention center and on-site crisis intervention services are available through the center for crisis situations. Advocacy services for individuals, families of the mentally ill and the mentally ill as a group are provided at the Center. Several self-help and mutual support groups are sponsored through the Center. Specialized programs offered through the Center include the Supervised Apartment Program, Day Treatment Program, and "Our House" Drop-In and Socialization Program.

R.E.A.C.H. (Reassurance to Each)
through the Mental Health Association of Minnesota
6715 Minnetonka Boulevard
Room 209-210
Minneapolis, MN 55426
612/925-5806

Reach is a mutual help support program for families of the mentally ill. Local groups operate independent of the M.H.A. Groups are currently functioning in:

Anoka
Epiphany Catholic Church
11001 Hanson Boulevard
Coon Rapids, MN
Doug Freeman, Facilitator
925-9806

Hibbing
First Lutheran Church
2201 East Third Street
Hibbing, MN
Peggy Kemp, Facilitator
218/263-8191

Minneapolis
Mt. Olivet Lutheran
5025 Knox Avenue So.
Minneapolis, MN
Barb Edin, Facilitator
612/920-7897

North Minneapolis
NE Neighborhood House
1929 Second St. NE
Minneapolis, MN
Julie Dahl, Facilitator
612/781-6011

St. Paul
Ramsey Medical
640 Jackson
St. Paul, MN
Ginny Schuster, Facilitator
612/221-2786

Red Wing
Christ Episcopal Church
Betty Cook, Facilitator
612/388-3206

Richfield Richfield Community Center 7000 Nicollet Avenue Richfield, MN Arlayne Nelson, Facilitator 835-5858	Rochester Religious Activity Center 1220 East Center Rochester, MN Dan Darnek, Facilitator 507/285-7164	Virginia St. Paul Episcopal Church 231 South Third Street Virginia, MN Erville Hayes, Facilitator 218/741-9516
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Washington Contact Mental Health Association 612/925-5806	Worthington St. Matthew Lutheran 1505 Dover Worthington, MN Jean Hoffman, Facilitator 507/372-2157
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Recovery, Inc.
2201 Gene Avenue
Albert Lea, MN 56007
507/373-6933
Hours: 7:30 p.m.- 9:30 p.m. Thurs.
Fees: Optional annual membership
Funded by: Donations, membership fees
Services Provided: Recovery, Inc. is primarily a self-help therapy group for the mentally ill interested in an after care support group.

Red Castle Board and Lodging
405 North Armstrong
Litchfield, MN 55355
612/693-6381
Fees: \$360/month
Funded by: Private
License: Board and lodging
Beds: 20
Services Provided: This facility offers supportive counseling, and medication management. It teaches independent living skills and holds aftercare meetings twice a month. The facility encourages the use of community recreational resources. Room, board and laundry services are provided.

Revere Home
202 South Main Street
Revere, MN
507/752-7182
Intake Procedure: Complete evaluation made by Western Human Development Center before being admitted.
License: Board and care
Beds: 22
Services Provided: The Home offers supportive counseling, medication management and other medical services. The Home teaches socialization/interpersonal skills and encourages the use of community recreational resources. Room, board and laundry services are provided through the Home.

Rice Memorial Hospital, Mental Health Unit

402 West 3rd Street
Willmar, MN 56201
612/235-4543, ext. 371

Hours: 24 hours

Fees: Hospital fees

Funded by: Private

Intake Procedure: Interview with member of medical staff

Services Provided: The Rice Memorial Mental Health Unit provides psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. The Unit teaches independent living skills and interpersonal skills. Socialization and recreation are a part of their daily program. The Unit provides room, board, and laundry for inpatients for a period of up to 90 days. The Unit offers individual advocacy for clients and advocacy for families of the mentally ill.

Rise, Incorporated

8406 Sunset Road, NE
Spring Lake Park, MN
612/786-8334

Eligibility: Diagnosed disability, vocational handicap, third party sponsorship (DVR, SSB, etc.)

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: Variable with program (none to individual)

Funded by: DVR, grants, United Way, contributions

Intake Procedure: Call or write for application

Services Provided: Rise offers supportive counseling, vocational testing, sheltered work, supportive competitive employment, competitive employment, job training, job placement, career/employment counseling, volunteer employment and work activity services. Rise is planning to begin some new specialized services for the mentally ill.

Riverview Homes, Inc.

Star Route
Brookston, MN 55711
218/453-4033

Eligibility: Primary diagnosis of Mental Illness--need for treatment.

Ages: 20-50.

Fees: \$24.30/day or \$739/month for Social Service rates, \$775/month for private

Funded by: Third party reimbursements, SSI, private

Intake Procedure: Self, family or agency referral through phone or writing.

Require health, psychological and social information before placement.

License: Board and lodging

Beds: 30

Services Provided: Riverview Home provides individual and group therapy, and supportive counseling. The therapy groups work on issues like remotivation, values clarification, alternatives and attitudes assessment. Independent living skills and socialization/interpersonal skills are taught. A specialized socialization/recreation program is offered at the Homes. Room, board and laundry are provided for the residents. On-site crisis intervention services are offered at the Homes.

Rochester CVRP
2120 East Center Street
Rochester, MN 55901
507/285-7302

Eligibility: Existence of an emotional disability which results in vocational limitations

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: None

Funded by: State/federal

Intake Procedure: Phone or write for appointment

Services Provided: Rochester CVRP provides psychological and vocational testing, supportive counseling, sheltered work, supportive competitive employment, competitive employment, job training and placement, career/employment counseling and volunteer employment. Advocacy services for individuals and the mentally ill as a group are available.

Rochester State Hospital
2110 East Center Street
Rochester, MN 55901
507/285-7002

Primary Service Region: Southeastern Minnesota

Hours: 24

Fees: \$62.50/diem

Funded by: State of Minnesota

Intake Procedure: Voluntary admission, legal commitment by a county court; transfer, or guardian of individual or for one who has legal authority over and individual may request admission for that individual.

Services Provided: Rochester State Hospital offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. Vocational services are offered through the Rochester Cooperative Vocational Rehabilitation Program (CVRP) and the Ability Building Center. Independent living skills and socialization/interpersonal skills are taught at the hospital. The hospital has a drop-in center and a recreation/socialization program. Room, board and laundry services are provided for the residents of the hospital. The hospital also offers a Day Treatment Program for clients who live within a 20 mile radius of the hospital. The program operates from 8:00 a.m.- 4:30 p.m. Mon.- Fri. Advocacy services for all clients are available.

Rural MN Concentrated Employment Program, Inc. (RMCEP)
819 Lincoln Avenue, P.O. Box 1108
Detroit Lakes, MN 56501
218/847-9205

Eligibility: CETA regulations must apply. Generally applicants must be economically disadvantages, and unemployed or under-employed.

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.

Fees: None

Funded by: Department of Labor

Intake Procedure: Interviewer and applicant fill out two-page application. Applications are screened by selection team prior to enrollment.

Services Provided: RMCEP offers supportive counseling, vocational testing, supportive competitive employment, competitive employment, job training and placement, work experience, and career/employment counseling and planning services. RMCEP teaches socialization/interpersonal skills and offers

support service costs (i.e., money for temporary housing, food, etc., as part of an employment plan). There are 19 training centers and offices across the state.

St. Ansgar Hospital, Mental Health Unit

715 North 11th Street

Moorhead, MN 56560

218/299-2200

Hours: 24 hours

Fees: Based on services while hospitalized

Funded by: Private

Intake Procedure: Physician's order

Services Provided: The Unit offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. The Unit teaches independent living skills and interpersonal/socialization skills through Assertiveness training, group therapy, occupational therapy and self-improvement groups. The Unit encourages the use of community recreational resources and has a specialized recreation/socialization program. The Unit also has a family information group for the families of the mentally ill. The Unit offers room, board and laundry for inpatients for a period of up to 90 days. The Unit has a telephone hotline and provides on-site crisis intervention.

St. Cloud Hospital Mental Health Unit

1406 6th Avenue North

St. Cloud, MN 56301

612/251-2700, ext. 235

Hours: 24 hours

Fees: Therapies included in room rate; tests, medical fees extra.

Funded by: Private—insurance, self-pay, etc.

Intake Procedure: Must be admitted by physician having privileges in hospital.

Services Provided: The Unit offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. The Unit also provides vocational testing. The Unit teaches independent living skills and socialization/interpersonal skills. The Unit encourages the use of community recreational resources and has a specialized recreation/socialization program. The Unit has on-site crisis intervention. The Unit offers room, board and laundry services for inpatients for a period of up to 90 days.

St. Francis Halfway House

202 South Third Street

Box 75

Atwater, MN 56209

612/974-8850

Eligibility: At least 18 years old, priority given to 8 county catchment area of West Central Community Services Center

Fees: \$32.75/day

Funded by: Frequently clients are eligible for Title XX funds through county welfare offices and/or GA eligibility.

Intake Procedure: Referral to the Director

License: Rule 36

Beds: 14

Services Provided: St. Francis Halfway House offers supportive counseling, medication management, career/employment counseling and volunteer employment services. Because St. Francis Halfway House is operated by West Central Community Services Center, many therapeutic services are obtained through the Center. Independent living skills and socialization/interpersonal skills are taught at the House. The use of community recreational resources is encouraged. Room, board and laundry services are provided. The House provides on-site crisis intervention services and "safe house" for crisis situations. Advocacy services for individuals, families, and the mentally ill as a group are available. Supportive therapy groups are conducted at the House for residents and families of the residents.

St. Francis Hospital, Crisis Intervention
325 West 5th Avenue
Shakopee, MN 55379
612/445-2322

Services Provided: St. Francis offers on-site crisis intervention 24 hours a day.

St. Joseph's Hospital, Psychiatric Unit
69 West Exchange Street
St. Paul, MN 55102
612/291-3052

Hours: 24 hours

Fees: Hospital fees

Funded by: Private insurance, Medicare, Medical Assistance, private pay.

Intake Procedure: Admitted under staff physician.

Services Provided: The Unit provides psychological testing, individual and group psychotherapy, supportive counseling, and medication management. The Unit teaches independent living skills and socialization/interpersonal skills. The Unit encourages the use of community recreational resources and has a specialized recreation/socialization program. The Unit has on-site crisis intervention. The Unit offers room, board and laundry services for inpatients for a period of up to 90 days. The Unit also offers a day treatment program.

St. Louis County Social Service Department, Behavioral Disabilities Units	
26 South 12th Avenue East	421 South 1st Street
Duluth, MN 55802	Virginia, MN 55792
218/727-8231	218/749-7100

Hours: 8:00 a.m. - 4:30 p.m. Mon.- Fri., on call availability through Information and Referral during after office hours.

Fees: None, only for Title XX services

Funded by: St. Louis County Social Service Department

Intake Procedure: Direct contact and/or telephone referral (self-referral or others).

Services Provided: The departments offer psychological testing, therapy for individuals and families (by trained social workers), and supportive counseling services. Homemakers and social workers teach independent living skills when necessary. A telephone/hotline and on-site crisis intervention services are available for crisis situations. Advocacy services for clients and families of the mentally ill are offered through the departments. Various support groups are sponsored by the departments on a time-limited basis.

St. Luke's Home
222 - 9th Avenue West
Alexandria, MN 56308
612/763-3912

Fees: \$345/monthly

Intake Procedure: One information form about people to call in emergency situations, i.e., next of kin.

License: Board and lodging

Beds: 26

Services Provided: The Home provides room, board and laundry services.

St. Luke's Hospital, Mental Health Unit
915 East 1st Street
Duluth, MN 55805
218/727-6636

Hours: 24 hours

Fees: Dependent upon services given.

Funded by: Private, Medical Assistance

Intake Procedure: Contact primary physician or through Emergency Room in crisis cases.

Services Provided: The Unit provides psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. The Unit teaches independent living skills and socialization/interpersonal skills. The Unit encourages the use of community recreational resources and has a specialized recreation/socialization program. The Unit provides on-site crisis intervention through the Emergency Room. The Unit also has Patient and Family Education groups for support. The Unit offers room, board and laundry services for inpatients for a period of up to 90 days. The Unit provides group therapy for outpatients. A day treatment program is also offered.

St. Mary's Hospital, Mental Health Unit
2414 South 7th Street
Minneapolis, MN 55454
612/338-2229

Eligibility: Individual 18 years if age or older.

Hours: Inpatient--24 hours; Outpatient Day Program--8:30 a.m.- 3:30 p.m. Mon.- Fri.

Fees: Hospital fees

Intake Procedure: Admitted by member of St. Mary's Hospital Medical Staff.

Services Provided: The Unit provides psychological testing, psychotherapy on individual, group and family bases, supportive counseling, medication management and other medical services. The Unit teaches independent living skills and socialization/interpersonal skills through communication groups and occupational therapy. The Unit also encourages the use of community recreational resources and has a specialized recreational exercise and group relaxation program. Advocacy services for individuals and for families of the mentally ill are available through the Unit. The Unit also has a Couples group. The Unit offers room, board and laundry services for a period of no more than 90 days for inpatients.

St. Otto's Day Care Program

920 SE 4th Street

Little Falls, MN

612/632-9281

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri. (flexible)

Fees: \$15/day

Funded by: Private pay, Medicaid, insurance

Intake Procedure: Interview with Day Care Coordinator

Services Provided: While the Program does not have any specialized services for the mentally ill, it does offer supportive counseling, medication management and other medical services. The Program teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and a recreation/socialization program is offered. A personal effectiveness group for program participants is also offered.

St. Paul Ramsey Medical Center

640 Jackson Street

St. Paul, MN 55101

612/221-3760

Hours: Inpatient—24 hours, Day Treatment 9:00 a.m.- Noon, Mon.- Wed.

Outpatient 9:00 a.m.- 2:00 p.m. Mon., Tues., Fri.; 9:00 a.m.- Noon, Wed., Thurs.

Funded by: Third party reimbursement

Intake Procedure: By appointment for one-to-one intake

Services Provided: The psychiatric division offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. The division teaches socialization/interpersonal skills and encourages the use of community recreational resources. The day treatment program has an occupational therapy and activities program. Room, board and laundry services are provided for inpatients for a period of no more than 90 days. The Emergency Room provides crisis intervention services.

St. Paul Rehabilitation Center

319 Eagle Street

St. Paul, MN 55102

612/227-8471

Eligibility: Documented disability

Hours: Vary between programs—Most are 8:00 a.m.- 3:00 p.m. Mon.- Fri.

Fees: Four week vocational evaluation \$750, Work adjustment/skill training \$100/week.

Funded by: DVR, Ramsey County Welfare Department

Intake Procedure: Referral through DVR or other source, by calling or sending information to counseling supervisor or intake supervisor.

Services Provided: The Center offers psychological and vocational testing, supportive counseling, sheltered work, job training and placement, career/employment counseling, and volunteer employment services. A Self-Defeating Behavior Workshop is offered through the Center.

St. Peter State Hospital
100 Freeman Drive
St. Peter, MN 56082
507/931-3000

Eligibility: Criteria from the Minnesota Hospitalization and Commitment Act.

Hours: 24

Fees: \$62.50/diem, sliding fee scale

Funded by: Third party reimbursements, private, State of Minnesota

Intake Procedure: Informal admission

Services Provided: St. Peter State Hospital offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. The hospital has many vocational services, including vocational testing, sheltered work, supportive competitive employment, competitive employment, job training and placement, and career/employment counseling services. Independent living skills and socialization/interpersonal skills are taught. The use of community recreational resources is encouraged and a recreation/socialization program is offered. The hospital is an inpatient facility, providing its clients with room, board and laundry services. On-site crisis intervention services are available. Advocacy services for individual clients are offered.

Schizophrenia Association of Minnesota

69th France Avenue South

Suite #215

Minneapolis, MN 55435

612/922-6916

Hours: 9:00 a.m.- 1:00 p.m. Mon.- Fri.

Fees: \$10, annual membership

Funded by: Voluntary donations, memberships and memorials.

Services Provided: The Association offers supportive counseling, part-time volunteer employment, and a 24-hour phone referral line specifically for schizophrenics. Weekly meetings are sponsored through the Association for information and support. The Association has a small library and provides some educational services. Limited mental health advocacy services are available through the Association.

Service Industries, Inc.

1317 East Bridge Street

Redwood Falls, MN 56283

507/637-3591

Eligibility: At least 16 years old, diagnosed vocational handicap, stable medical condition, capable of caring for personal needs, not dangerous to self or others, have potential to benefit from services.

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: Work Adjustment Training \$80/week

Funded by: DVR, counties, United Way, private contributions.

Intake Procedure: Accepted for services by DVR, referred to Service Industries.

Services Provided: Service Industries offers sheltered work, job training, job placement and career/employment counseling.

Shady Lawn Boarding Home

762 Union Avenue
Hancock, MN 56244
612/392-5212

Fees: \$300/month

Funded by: Government Agencies, private

Intake Procedures: Social Welfare Referrals

License: Board and lodging

Beds: 21

Services Provided: The Home offers medication management and other medical services. The Home teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged and a recreation/socialization program is available to the residents. The Home provides room, board and laundry services.

Sioux Trails Mental Health Center

1507 South State Street
New Ulm, MN 56073
507/354-3181

Eligibility: Resident of Brown, Nicollet or Sibley Counties.

Hours: 8:00 a.m.- 6:00 p.m. Mon.- Fri.

Fees: Sliding fee scale

Funded by: Public funds, fees

Intake Procedure: Call for appointment

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy. The Center also offers supportive counseling and teaches socialization/interpersonal skills.

Sharing Life in the Community, Inc. (S.L.I.C.)

P.O. Box 267

161 North Concord Street

South St. Paul, MN 55075

612/455-2207

Eligibility: At least 18 years old; resident of Ramsey, Dakota or Washington Counties; chronic mentally ill; no primary diagnosis of chemical dependency, mental retardation, organic brain syndrome or personality disorder; adequately stabilized.

Hours: Office open 7:30 a.m.- 11:15 p.m.; Telephone on call 24 hours.

Fees: None

Funded by: State of Minnesota

Intake Procedure: Contact Treatment Director through phone or letter.

Services Provided: S.L.I.C. offers individual and group therapy, supportive counseling, medication management, and other medical services. S.L.I.C. also offers career/employment counseling. Independent living skills and socialization/interpersonal skills are an essential component of the services offered. All services are delivered in the client's home or community. S.L.I.C. encourages the use of community recreational resources. There is a telephone hotline and on-site crisis intervention services for crisis situations. Advocacy services for individuals, clients and for families of the mentally ill are available through S.L.I.C.

South Hennepin Family and Children's Service

9301 Bryant Avenue South

Minneapolis, MN 55420

612/884-7353

Eligibility: Resident of Hennepin County

Hours: 8:30 a.m.- 6:00 p.m. Mon.- Fri.

Fees: Sliding fee scale

Funded by: Fees, United Way of Minneapolis, Hennepin County

Intake Procedure: Telephone to agency intake

Services Provided: The Service offers psychological testing, individual, group and family psychotherapy, and supportive counseling. The Service offers career/employment counseling, as well as financial counseling. They teach socialization/interpersonal skills and have a family life education program. Advocacy services for individual clients, families of the mentally ill, and the mentally ill as a group are also available.

Southwestern Mental Health Center, Inc.

306 West McKenzie, Box D

Luverne, MN 56156

507/283-2396

Eligibility: Residents of Cottonwood, Jackson, Nobles, Pipestone, Rock Counties.

Hours: 8:00 a.m.- 5:00 p.m.

Fees: Sliding fee scale

Funded by: Counties

Intake Procedure: Intake Interview

Services Provided: The Center offers psychological testing, psychotherapy for individuals, groups and families, supportive counseling, and medication management services. The Center sponsors an after care group for persons discharged from inpatient psychiatric programs. The Center operates the Five County Day Treatment Program.

Specialized Transitional Employment Project (STEP ONE)
702 Wesley Temple Building
123 East Grant Street
Minneapolis, MN 55403
612/871-6992

Eligibility: Hennepin County resident, no open case with DVR, has a chronic mental health problem (several hospitalization or long-term psychiatric therapy), not mentally retarded (severely), unemployed or vocationally handicapped, ready to work on vocational issues, of adult age.

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: None

Funded by: Rehabilitation Services Administration

Intake Procedure: Call to arrange appointment, prefer referral from social worker or mental health agency

Services Provided: STEP ONE offers psychological testing, supportive counseling, sheltered work, job training and placement, career/employment counseling, and volunteer employment. Independent living skills and socialization/interpersonal skills are taught. STEP ONE encourages the use of community recreational resources, and offers three recreational groups, divided by client functioning levels. Each group provides rewards for expected performance in vocational areas as specified by the program. There is a Work Support Group and a Work Evaluation Group.

S.T.A.R. Day Care Program—Main Office
225 North 1st Avenue West
Duluth, MN 55806
218/727-0116

Eligibility: Chronic Mentally Ill

Primary Service Area: Lake, Carlton and St. Louis Counties

Hours: 9:00 a.m.- 3:00 p.m. On Mondays, the program is in Village Hall, Brookston and in Cloquet at 214 - 7th Street. On Tuesdays, the program meets in Two Harbors at 625 - 2nd Avenue and in Duluth at the above address. On Thursdays, the program is in Duluth.

Fees: None

Funded by: State of Minnesota—Rule 14

Intake Procedure: Referral from an agency (county or private), screening interview.

Services Provided: The S.T.A.R. Day Care Program is set up to reintegrate the mentally ill into the community and acts as a connecting agent to other community groups. The day care program focuses upon developing independent living skills and socialization/interpersonal skills. The Duluth office also offers drop-in hours: 4:00 p.m.- 7:00 p.m. Mon. and Thurs. and Sat. from 1:00 p.m. to 3:00 p.m.

Supervised Apartment Program (APT), Range Mental Health Center
624 South 13th Street
Virginia, MN 55792
218/749-2881

Eligibility: Chronically mentally ill adults between the ages of 18-55

Hours: 8:00 a.m.- 8:00 p.m. Mon., Tues., Thurs.; 8:00 a.m.- 5:00 p.m. Wed., Fri.

Fees: None

Funded by: Rule 14

Intake Procedure: Interview with Supervisor. Referrals accepted by all Community Support Program workers.

Services Provided: APT offers supportive counseling, career/employment, counseling, and assistance in finding apartments for their clients. Independent living skills and socialization/interpersonal skills are taught through APT in order to support the client in an independent living situation. The use of community recreational resources is encouraged and a specialized recreation/socialization program is offered. A telephone hotline and on-site crisis intervention services are offered through the center.

Tasks Unlimited, Inc.
Suite 159
111 East Franklin Avenue
Minneapolis, MN 55404
612/871-3320

Eligibility: Chronic mentally ill, properly screened and trained.

Fees: Room, board, utilities, plus sliding fee scale client fee.

Funded by: DPW, DVR, Hennepin County Purchase of Service and Client fees.

Intake Procedure: Referral from Anoka State Hospital, referral to Program Director, Intake Screening Session.

Services Provided: Tasks Unlimited, Inc. operates five Fairweather lodges which service approximately 50 people. The lodges offer supportive counseling, medication management, sheltered work, supportive competitive employment, job training and job placement services. Independent living skills and socialization/interpersonal skills are taught in the lodges. The use of community recreational resources is encouraged and specialized recreation/socialization programs are offered. Room and board is provided at each lodge. Tasks Unlimited, Inc. has a telephone hotline and provides on-site crisis intervention services. Advocacy services for residents and the mentally ill as a group are available. Support groups are conducted in the lodges and plans for implementing family support groups are underway.

THOMAS House, Inc.
101 East Center Street
Rochester, MN 55901
507/281-1476

Eligibility: Chronic mentally ill adults, Minnesota residence.

Fees: \$11.55/day (maintenance)

Funded by: DPW, County GA, private

Intake Procedure: Referral through Olmsted County Social Service

License: Board and lodging

Beds: 16

Services Provided: THOMAS House offers individual and group therapy, supportive counseling, medication management, supportive competitive employment, career/employment counseling, and volunteer employment. Independent living skills and socialization/interpersonal skills are taught. The use of community recreational resources is encouraged and a specialized recreation/socialization program is offered. THOMAS House, Inc. also operates a drop-in center called Circle Center in Rochester. Room, board and laundry services are provided for residents of THOMAS House. On-site crisis intervention services are available to former participants of THOMAS House. Advocacy services for individual clients and the mentally ill as a group are available.

United Hospitals, Inc.—St. Luke's Division
333 North Smith Avenue
St. Paul, MN
612/298-8888

Eligibility: At least 12 years old

Fees: Fees per service

Funded by: Third party payers, Medicaid, Medicare

Intake Procedure: Admission scheduled through admitting department.

Services Provided: The St. Luke's Division offers psychological testing, individual, group and family therapy, supportive counseling, medication management and other medical services. Independent living skills and socialization/interpersonal skills are taught in group therapy sessions to clients who have finished inpatient treatment. The use of community recreational resources is encouraged and a specialized recreation program is offered. The hospital primarily serves those requiring inpatient care for periods of time up to nine months and has an extensive aftercare therapy program for those clients who have completed their inpatient treatment.

University of Minnesota, Adult Psychiatry Services
420 Delaware Street Southeast
Box 93

Minneapolis, MN 55405

612/373-8732—Outpatient Clinic

612/373-8360—Inpatient Services

Hours: 24-hour Inpatient; 8:00 a.m.—6:00 p.m. Mon., Tues., Fri.; 8:00 a.m.—9:00 p.m. Wed., Thurs.

Fees: Third party—no one refused service

Funded by: University of Minnesota Hospitals and Clinics

Intake Procedure: Call 612/373-8668 for Intake Evaluation

Services Provided: The U of M Adult Psychiatry Services offer psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. Independent living skills and socialization/interpersonal skills are taught. There is an inpatient psychiatric ward which provides room, board, and laundry services for its patients.

Upper Mississippi Mental Health Center
Box 646

Bemidji, MN 56601

218/751-3280

Hours: 8:00 a.m.—5:00 p.m. Mon.—Fri.; 24-hour Crisis Service

Fees: Sliding fee schedule

Funded by: State, County, fees

Intake Procedure: All patients seen by intake worker, screened, and assigned to staff or referred.

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management, and other medical services. The Center teaches independent living skills and interpersonal/socialization skills. A 24-hour telephone hotline service is available for crisis situations.

Veteran's Administration Hospital, Psychiatry Service
54th Street and 48th Avenue 2.
Minneapolis, MN 55417
612/725-6767

Eligibility: Veterans

Hours: 8:00 a.m.- 4:30 p.m. outpatient, 24 hours inpatient

Funded by: Federal Government

Services Provided: The VA Hospital offers psychological testing, individual, group and family psychotherapy, and medication management services. The Day Treatment Center offers vocational testing, sheltered work, job placement, career/employment training and volunteer employment. Independent living skills and socialization/interpersonal skills are taught. The hospital has a drop-in center and a specialized recreation/socialization program. The inpatient psychiatric unit provides room, board and laundry services for residents whose stay averages around 20 days.

Veteran's Administration Medical Center
St. Cloud, MN 56301
612/252-1670

Eligibility: Veteran of one of the armed services

Hours: 24

Funded by: Federal Government

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. Vocational services include vocational testing, sheltered work, supportive competitive employment, competitive employment, job training and placement, career/employment counseling and volunteer employment. The Center has an independent living skills program which, beyond teaching independent living skills, utilizes educational and recreational resources. The Center has a day treatment center which is based on work, recreation and education, with the focus on use of community resources. The Center has an inpatient ward which provides room, board and laundry services for its residents.

Voluntary Action Center (Transitional Volunteer Program)

404 South 8th Street
Minneapolis, MN 55404
612/340-7532

Endicott Building—Suite 623
141 East 4th Street
St. Paul, MN 55101
612/222-0561

Eligibility: Chronic Mentally Ill

Hours: 8:15 a.m.- 4:30 p.m. Mon.- Fri.

Fees: None

Funded by: McKnight Foundation

Intake Procedure: Complete a "Request for Volunteer Assignment"; attend an orientation and interview.

Services Provided: The Center provides chronic mentally ill persons with volunteer work. Monthly support groups and follow-up are provided. This program focuses on getting the chronic mentally ill back into the community.

Walk-In Counseling Center

2421 Chicago Avenue South

Minneapolis, MN 55404

612/870-0565 or 612/870-0566

Hours: By phone appointment 9:00 a.m.- 5:00 p.m. Mon.- Fri.; Walk-in hours 1:00 p.m.- 3:00 p.m. Mon., Wed.; 7:00 p.m.- 9:00 p.m. Mon., Tues., Wed., Thurs.

Funded by: Hennepin County, donations, foundation gifts

Intake Procedure: Walk-In

Services Provided: The Center offers some psychological testing. Individual and family psychotherapy is available at the Center. The Center has a telephone hotline and on-site crisis intervention services for crisis situations. The Center offers advocacy services to individuals who have complaints about therapists and support services to families of the mentally ill.

Waseca Area Memorial Hospital Crisis Intervention

100 - 5th Avenue Northwest

Waseca, MN 56093

507/835-3155

Hours: 24 hours

Fees: Emergency room daily scale

Funded by: Private pay, third party, medical assistance, etc.

Services Provided: The hospital offers on-site crisis intervention through its Emergency Room and provides supportive counseling, medication management and other medical services. The hospital sponsors several self-help classes such as "Make Today Count" and "I Can COPE".

Washington County Crisis/Short Treatment Home

939 West Anderson Street

Stillwater, MN 55082

612/439-6901

Hours: 24, referrals 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: None

Funded by: Minnesota DPW

Intake Procedure: Washington County Social Services client referral.

Services Provided: The Home offers supportive counseling and room, board and laundry services for short periods of time (up to 90 days). The Adult Foster Home which serves as a crisis or "safe" home is coordinated with the case management services of the Washington County Social Services as part of the Individual Planned Program for each mentally ill person. It serves as a family and social environment for the client. Services such as the Washington County Day Treatment Program are to supplement the counseling and direct services provided by the Washington County Human Services Center. The Home is now providing only crisis intervention services, but will be in full operation by the end of 1980.

Washington County Day Treatment Program

7066 Stillwater Boulevard North

Oakdale, MN 55119

612/777-5222

Eligibility: Should be resident of Washington County, 18-65 years of age, should be able to reach center on own transportation and motivated.

Hours: Program hours 9:00 a.m.- 3:30 p.m. Mon.- Thurs.

9:00 a.m.- Noon Fri.

Fees: Sliding fee scale

Funded by: Washington County

Intake Procedure: Come in for interview

Services Provided: The Day Treatment Program provides psychological testing, group psychotherapy, limited individual psychotherapy, supportive counseling, and medication management services. The Program includes the development of independent living skills as a part of the treatment plan and focuses upon the development of socialization/interpersonal skills. The Day Treatment Program has a specialized recreation/socialization program. Washington County Human Services Agency offers a telephone hotline for crisis situations.

Washington County Human Services, Inc.

7066 Stillwater Boulevard North

Oakdale, MN 55119

612/777-5222

Eligibility: Resident of Washington County

Hours: Mon.- Thurs. 8:30 a.m.- 9:00 p.m.; Fri. 8:30 a.m.- 5:00 p.m.;

Sat. 8:00 a.m.- 1:00 p.m.

Fees: Sliding fee scale

Funded by: Washington County

Intake Procedure: Telephone or walk-in intake.

Services Provided: Washington County Human Services offers psychological counseling, individual, group and family psychotherapy, supportive counseling, and medication management. The Human Services Center provides vocational testing, career/employment counseling and volunteer employment. A drop-in center is available there on Wednesday evenings for those interested in an aftercare group. Independent living skills and socialization/interpersonal skills are taught. The Human Services Center has some recreational facilities and some specialized recreation/socialization programs for the mentally ill. A telephone hotline, a crisis intervention center and on-site crisis intervention services are available through the Center. Washington County Human Services, Inc. operates the Washington County Day Treatment Program.

Wellspring Therapeutic Communities, Inc.

245 Clifton Avenue

Minneapolis, MN 55403

612/870-3787

Eligibility: Chronic Mentally ill (two hospitalizations or residential placement within last year), not currently drug abusive or violent to self, others.

Funded by: Hennepin County, Minnesota DFW

Beds: 25

Services Provided: Wellspring offers individual, group and family psychotherapy, supportive counseling, sheltered work and supportive competitive employment. Independent living skills are taught and the use of community recreational resources is encouraged. Room, board and laundry services are provided. Advocacy services for individuals and families of the mentally ill. Peer support groups are conducted for residents and former residents who have completed the program. A bi-monthly support group is conducted for parents of residents and former residents.

West Central Community Services Center, Inc.
1125 SE 6th Street
P.O. Box 787
Willmar, MN 56201
612/235-4613

Eligibility: Priority to residents of Big Stone, Chippewa, Kandiyohi, Lac Qui Parle, McLeod, Meeker, Renville and Swift Counties.

Hours: Inpatient: 24 hours; Crisis Intervention: 24 hours; Outpatient and Day Treatment: 8:00 a.m.- 5:00 p.m. Mon.- Fri.; 5:00 p.m.- 10:00 p.m. Tues.

Fees: \$40/hour--Psychologist or Psychiatrist; \$26.50/hour--Other Clinical Staff. Fee reduction based on ability to pay.

Funded by: Counties of service area, fees and special grants.

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. Several vocational services are offered at the Center including vocational testing, career/employment counseling and volunteer employment by a vocational rehabilitation counselor. Specialized programs include: Day Treatment and Crisis Intervention at the Mental Health Unit at Hutchinson Community Hospital. A residential program for chronically mentally ill is offered through the Center at the St. Francis Halfway House. The Center has a telephone hotline, a crisis intervention center, on-site crisis intervention services and temporary placement services for crisis situations. The Center provides advocacy services for individuals, families of the mentally ill and the mentally ill as a group.

West Central Industries, Inc.
711 Willmar Avenue East
Willmar, MN 56201
612/235-5310

Eligibility: At least 16 years old, have diagnosed physical or mental handicap to employment, have a stable medical situation, capable of caring for physical needs, not hazardous to self or others, have vocational potential.

Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.

Fees: \$125/week Vocational Evaluation; \$75/week Work Adjustment - State DVR per diem rates for sheltered employment

Funded by: DVR, Services for the Blind, VA funding, Insurance payments

Intake Procedure: Referral by above funding sources, screening by committee.

Services Provided: West Central Industries offers vocational testing, sheltered work, supportive competitive employment, competitive employment, job training and placement and career/employment counseling. WCI teaches socialization/interpersonal skills.

West Hennepin Community Mental Health Center
14500 Minnetonka Boulevard
Minnetonka, MN 55343
612/935-8411

Eligibility: Resident of Hennepin County

Hours: 8:00 a.m.- 6:00 p.m. Mon.- Fri. or by appointment

Fees: Sliding scale

Funded by: Hennepin County, insurance and private fees.

Intake Procedure: Arrange an intake interview by phone

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling and medication management. The Center teaches socialization/interpersonal skills through its Aftercare Program. It offers a specialized recreation/socialization program two hours a week. The Center has a telephone hotline service, a crisis intervention center and on-site crisis intervention services during office hours. The Center offers a Volunteer One-to-One Program in which trained volunteers make weekly home visits to chronically mentally ill persons.

Western Human Development Center, Inc.
1106 East College Drive
Marshall, MN 56258
507/532-3236

Eligibility: Resident of Lincoln, Lyon, Murray, Redwood or Yellow Medicine Counties.

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.; 7:00 p.m.- 10:00 p.m. Mon.

Fees: Sliding fee scale

Funded by: Third party payments and CSSA funds.

Intake Procedure: Call for appointment

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling and medication management services. The Center provides career/employment counseling, too. Socialization/interpersonal skills are taught at the Center. The Center has a telephone hotline and on-site crisis intervention services for crisis situations.

Whistling Pines, Inc.
Route 1, Box 3
Saginaw, MN 55779
218/729-7752

Fees: \$501/month

Intake Procedure: Call or write

License: Board and lodging

Beds: 25

Services Provided: Whistling Pines offers supportive counseling, medication management, and other medical services. The facility teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged.

Willmar State Hospital

Box 1128

Willmar, MN 56201

612/235-3322

Eligibility: Resident of 20 Southwestern Counties of Minnesota

Hours: 24

Fees: \$62.50/diem

Funded by: State of Minnesota

Services Provided: Willmar State Hospital offers psychological testing, individual and group psychotherapy, supportive counseling, medication management, and other medical services. Supportive competitive employment is offered within the hospital setting. Independent living skills and socialization/interpersonal skills are taught. The use of community recreational resources is encouraged and a recreation/socialization program is offered. The hospital is an inpatient facility, providing room, board and laundry services for its clients. On-site crisis intervention services are available. Advocacy services for individuals and for families of the mentally ill are available through the hospital. The hospital sponsors a Community Outreach Program for the chronically mentally ill residents.

Y.E.S.

Telephone: 612/339-7033, Crisis Line

Hours: 24

Fees: None

Funded by: Hennepin County, contributions.

Services Provided: Y.E.S. offers supportive counseling, and advocacy services for individuals and families of the mentally ill through their crisis phone line. Y.E.S. also has crisis intervention teams available from 8:00 p.m.- 8:00 a.m. Referral information is available through the hotline service.

Zumbro Valley Mental Health Center

2100 East Center Street

Rochester, MN 55901

507/288-1873

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.

Fees: Sliding scale

Funded by: Goodhue, Fillmore, Olmsted Counties, Fees, Third party payments.

Intake Procedure: Call for an appointment.

Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling and medication management services. The Center also offers vocational evaluation services. The Center has a telephone hotline and on-site crisis intervention services for crisis situations. Advocacy services for the mentally ill as a group are implemented through the Center.

LISTING OF SPECIFIC SERVICES BY CATEGORY

Community Mental Health Centers

Blue Earth County Human Services, Mankato
Carver County Mental Health Program, Waconia
Central Minnesota Mental Health Center, St. Cloud
Central Minnesota Mental Health Center, Elk River
Dakota County Mental Health Center, Inc., South St. Paul
Five County Human Development Program, Inc., Braham
Freeborn-Mower Mental Health Center, Austin
Hiawatha Valley Mental Health Center, Winona
Human Development Center, Duluth
Lakeland Mental Health Center, Inc., Fergus Falls
Luther Youngdahl Human Relations Center, Owatonna
Northern Pines Mental Health Center, Inc., Little Falls
Northland Mental Health Center, Grand Rapids
Northwestern Mental Health Center, Crookston
Range Mental Health Center, Virginia
Scott County Human Services, Shakopee
Sioux Trails Mental Health Center, New Ulm
Southwestern Mental Health Center, Inc., Luverne
Upper Mississippi Mental Health Center, Bemidji
Washington County Human Services Center, Oakdale
West Central Community Services Center, Inc., Marshall
Zumbro Valley Mental Health Center, Rochester

Hennepin County Community Services

Approved for Reimbursement: Chrysalis--Center for Women, Inc.
Community University Health Care Center
Gay Community Services
Hennepin County Mental Health Center
Lutheran Deaconess Family Health Program
Pilot City Mental Health Center
South Hennepin Family and Children's Service
West Hennepin Community Mental Health Center

Ramsey County Community Human Services

Approved for Reimbursement: Hamm Psychiatric Clinic
St. Paul Ramsey Medical Center Outpatient
Mental Health Clinic
Ramsey County Mental Health Center

Day Treatment Programs

Abbott/Northwestern Mental Health Clinic, Minneapolis
Blue Earth County Human Services, Mankato
Carver County Day Care Center, Chaska
The Center for Behavior Therapy, Inc., Minneapolis
Central Mesabi Medical Center, Hibbing
Central Minnesota Mental Health Center, St. Cloud
Creative Living Program, Multi-Resource Centers, Inc., Minneapolis
Da-Trac, West St. Paul
Day Treatment Program, Range Mental Health Center, Virginia
Family Life Center Foundation, Anoka
Five County Day Treatment, Worthington Regional Hospital, Worthington
Freeborn-Mower Mental Health Center, Austin
Hennepin County Day Treatment, Minneapolis
Hutchinson Community Hospital, Hutchinson
Independence Station, Duluth
Northland Mental Health Center, Grand Rapids
Ramsey County Day Treatment, St. Paul
Rochester State Hospital, Rochester
St. Joseph's Hospital, St. Paul
St. Mary's Hospital, Minneapolis
St. Paul Ramsey Medical Center, St. Paul
VA Medical Center, Minneapolis
VA Medical Center, St. Cloud
Washington County Day Treatment, Oakdale

RESIDENTIAL SERVICES SPECIFICALLY FOR THE MENTALLY ILL

Andrew Care Home
Apartment Living Program
Arrowhead House
Brieland House
Guild Hall
Hewitt House
Hoikka House, Inc.
Hope Transition Center, Inc.
Lakeview Residence
Merritt House
Northwestern Apartments
Petra Howard House
Riverview Homes, Inc.
St. Francis Halfway House
Tasks Unlimited, Inc.
Thomas House, Inc.
Wellspring Therapeutic Communities, Inc.

For a complete listing of Board and Care and Board and Lodging facilities in Hennepin County, contact:

Hennepin County Community Services Department
Mental Health Division
527 Park Avenue
Minneapolis, MN 55415
612/348-8010

or

Adult Placement:

Jean Brooks
Nadine Jacobsen
612/348-6397

For a listing of residential facilities in Ramsey County, contact:

Dwayne Glasenapp
Program Specialist
Mental Illness Services
Ramsey County Community Human Services
160 East Kellogg Boulevard
St. Paul, MN 55101
612/293-4016

RESIDENTIAL SERVICES NOT SPECIFICALLY FOR THE MENTALLY ILL

Brattens Board and Lodging, Hancock
Carlson Home, Winona
Central Manor Board and Lodging, St. Paul
Crestview Home, Thief River Falls
Heritage Boarding Home, Inc., Middle River
Horizon Home, Inc., Mankato
Lange Board and Room, Clear Lake
Lee Boarding Home, Duluth
Midway Terrace, Fosston
Miketins Board and Lodging Home, Duluth
Northside Home, Faribault
Nousis Uptown Home, Little Falls
Oak Hill Board and Care, Owatonna
Palmi Boarding Home, Duluth
Parkside Homes, Inc., Soudan
Red Castle Board and Lodging, Litchfield
Revere Home, Revere
St. Luke's Home, Alexandria
Shady Lawn Boarding Home, Hancock
Whistling Pines, Inc., Saginaw

Socialization/Recreation and Drop-In Centers

Apollo Drop-In Center, St. Paul
Carver County Care Center, Chaska
(Adult Day Care)
Circle F Unit, Minneapolis
Lifeline, NE: Adult Day Care Project, Virginia
Minneapolis Community Group, Minneapolis
Olmsted Circle Center, Rochester
"Our House" Drop-In and Socialization Program, Virginia
Plymouth Drop-In Center, Minneapolis
St. Otto's Day Care Program, Little Falls
S.T.A.R. Day Care Center, Duluth

Vocational Rehabilitation/Employment Services

Ability Building Center, Inc.
Rochester, MN

The Achievement Center (T.A.C.)
Worthington, MN

Functional Industries, Inc.
Buffalo, MN

CDWC Industries, Inc.
Grand Rapids, MN

Cedar Valley Rehabilitation Workshop, Inc.
Austin, MN
Owatonna, MN
Albert Lea, MN

Cooperative Work Transition Project
St. Paul, MN

Goodwill Industries Vocational Enterprises, Inc.
Duluth, MN

Goodwill Industries, Inc.
St. Paul, MN

Hennepin County Work Activity Program
Minneapolis, MN

Interstate Rehabilitation Center
Red Wing, MN

Jewish Vocational Workshop
Minneapolis, MN

Job Readiness/Rehabilitation Readiness
Minneapolis, MN

Mankato Rehabilitation Center, Inc.
Mankato, MN

Minnesota Diversified Industries
St. Paul, MN

Occupational Rehabilitation Center
Winona, MN

Opportunity Training Center
St. Cloud, MN

Vocational Rehabilitation Centers, cont'd.

Rise, Incorporated
Spring Lake Park, MN

Rochester CVRP
Rochester, MN

Rural MN Concentrated Employment Program, Inc.
(RMCEP)
Detroit Lakes, MN

St. Paul Rehabilitation Center
St. Paul, MN

Service Industries, Inc.
Redwood Falls, MN

Specialized Transitional Employment Project (STEP ONE)
Minneapolis, MN

Transitional Volunteer Program Voluntary Action Center
Minneapolis and St. Paul, MN

West Central Industries, Inc.
Willmar, MN

Mental Health Advocacy

Mental Health Advocates' Coalition of Minnesota

Mental Health Association of Minnesota

Schizophrenia Association of Minnesota

Mutual Support/Self-Help Groups

Emotions Anonymous International

Recovery, Inc.

R.E.A.C.H., Mental Health Association

Independent Living Programs*

Apartment 3, Bemidji

Apartment Living Program, Minneapolis (residential facility)

Goodhue County Support Program for Chronic Mentally Ill, Red Wing

Independent Living Program, Minneapolis

Morrison County Social Services-Rule 14 Project, Little Falls

Northwestern Apartments, Crookston (residential facility)

Sharing Life in the Community (S.L.I.C.), South St. Paul

S.T.A.R. Day Care Program, Lake, Carlton, and St. Louis Counties

Supervised Apartment Program, Virginia

* Many residential facilities and day treatment programs offer independent living skills training as a part of their structured activities. These programs specifically emphasize independent living skills.

LISTING OF DIRECTORY ENTRIES BY COUNTY

Aitkin County

Aitkin County Social Services, Aitkin
Brainerd State Hospital, Brainerd
Northland Mental Health Center, Grand Rapids

Anoka County

Anoka County Community Health and Service Department, Anoka
Anoka State Hospital, Anoka
Family Life Center Foundation, Anoka

Becker County

Becker County Family Services, Detroit Lakes
Fergus Falls State Hospital, Fergus Falls
Lakeland Mental Health Center, Inc., Fergus Falls
Rural Minnesota CEP, Inc., Detroit Lakes

Beltrami County

Apartment 3, Beltrami County Social Services, Bemidji
Beltrami County Social Services, Bemidji
Brainerd State Hospital, Brainerd
Upper Mississippi Mental Health Center, Bemidji

Benton County

Benton Social Services Agency, Foley
Brainerd State Hospital, Brainerd
Central Minnesota Mental Health Center, St. Cloud

Big Stone County

Big Stone County Family Services Center, Ortonville
West Central Community Services Center, Inc., Willmar
Willmar State Hospital, Willmar

Blue Earth County

Blue Earth County Human Services, Mankato
Horizon Home, Inc., Mankato
Madison Avenue Psychiatric Clinic, Mankato
Mankato Rehabilitation Center, Inc., Mankato
St. Peter State Hospital, St. Peter

Brown County

Brown County Family Service Center, New Ulm
Brown-Nicollet Human Service Board, St. Peter
St. Peter State Hospital, St. Peter
Sioux Trails Mental Health Center, New Ulm

Carlton County

Carlton County Human Services Center, Cloquet
Moose Lake State Hospital Mental Illness Services, Moose Lake

Carver County

Carver County Care Center, Chaska
Carver County Community Health Services, Waconia
Carver County Community Social Services, Chaska
St. Peter State Hospital, St. Peter

Cass County

Brainerd State Hospital, Brainerd
Cass County Department of Social Services, Walker
Northern Pines Mental Health Center, Inc., Little Falls

Chippewa County

Chippewa County Family Service, Montevideo
West Central Community Services Center, Inc., Willmar
Willmar State Hospital, Willmar

Chisago County

Chisago County Welfare and Family Services, Center City
Five County Human Development Program, Inc., Braham
Moose Lake Hospital, Moose Lake

Clay County

Clay County Social Service Center, Moorhead
Fergus Falls State Hospital, Fergus Falls
Lakeland Mental Health Center, Inc., Fergus Falls
St. Ansgar Hospital, Moorhead

Clearwater County

Brainerd State Hospital, Brainerd
Clearwater County Social Services, Bagley

Cook County

Cook County Health and Social Services, Grand Marais
Moose Lake Hospital, Moose Lake

Cottonwood County

Cottonwood County Family Service Agency, Windom
Southwestern Mental Health Center, Inc., Luverne
Willmar State Hospital, Willmar

Crow Wing County

Brainerd State Hospital (Psychiatric Program), Brainerd
Crow Wing County Social Services, Brainerd
Northern Pines Mental Health Center, Inc., Little Falls

Dakota County

Dakota County Crisis Intervention Program, South St. Paul
Dakota County Human Services, Hastings
Dakota County Mental Health Center, Inc., South St. Paul
Da-Trac, West St. Paul
Sharing Life in the Community, Inc., South St. Paul
Rochester State Hospital, Rochester

Dodge County

Dodge County Social Services, Mantorville
Luther Youngdahl Human Relations Center, Owatonna
Rochester State Hospital, Rochester

Douglas County

Douglas County Social Welfare Center, Alexandria
Fergus Falls State Hospital, Fergus Falls
Lakeland Mental Health Center, Inc., Fergus Falls
Listening Ear Crisis Center, Alexandria
St. Luke's Home, Alexandria

Faribault County

Faribault-Martin-Watowan Human Services Board, Fairmont
St. Peter State Hospital, St. Peter

Fillmore County

Fillmore County Department of Social Services, Preston
Fillmore County Public Health Nursing Service, Preston
Rochester State Hospital, Rochester
Zumbro Valley Mental Health Center, Rochester

Freeborn County

Cedar Valley Rehabilitation Workshop, Albert Lea
Freeborn County Public Health Nursing Service, Albert Lea
Freeborn County Social Services Department, Albert Lea

Freeborn-Mower Mental Health Center, Austin
Naevé Hospital, Albert Lea
Recovery, Inc., Albert Lea
Rochester State Hospital, Rochester

Goodhue County

Goodhue County Social Service Center, Red Wing
Goodhue County Support Program for Chronic Mentally Ill
(through Zumbro Valley Mental Health Center), Red Wing
Interstate Rehabilitation Center, Red Wing
Zumbro Valley Mental Health Center, Rochester

Grant County

Fergus Falls State Hospital, Fergus Falls
Grant County Social Services, Elbow Lake
Lakeland Mental Health Center, Inc., Fergus Falls

Hennepin County

Abbott/Northwestern Mental Health Center, Minneapolis
Andrew Care Home, Minneapolis
Anoka State Hospital, Anoka
Apartment Living Program, Minneapolis
The Center for Behavior Therapy, Inc., Minneapolis
Chrysalis--Center for Women, Minneapolis
Circle F Unit, Minneapolis
Community-University Health Care Center, Minneapolis
The Creative Living Center, Minneapolis
Fairview Hospital (MHU), Minneapolis
Fairview-Southdale Hospital (MHU), Minneapolis
Gay Community Services, Inc., Minneapolis
Golden Valley Health Center, Golden Valley
Hennepin County Day Treatment, Minneapolis
Hennepin County Medical Center (Crisis Intervention), Minneapolis
Hennepin County Mental Health Center, Minneapolis
Hennepin County Mental Health Division, Minneapolis
The House, Robbinsdale
The Independent Living Program, Minneapolis
Jewish Vocational Workshop, Minneapolis
Job Readiness/Rehabilitation Readiness, Minneapolis
Lutheran Deaconess Family Health Program, Minneapolis
Minneapolis Clinic of Psychiatry and Neurology, Minneapolis
Minneapolis Community Group, Minneapolis
Minnesota Psychosynthesis Center, Minneapolis
Neighborhood Involvement Program, Counseling Center, Minneapolis
Nighttime Emergency Outreach Network (N.E.O.N.), Minneapolis
North Memorial Medical Center (MHU), Robbinsdale
Pilot City Mental Health Center, Minneapolis
Plymouth Drop-In Center, Minneapolis
Rise, Inc., Spring Lake Park
St. Mary's Hospital, Minneapolis

Schizophrenia Association of Minnesota, Minneapolis
South Hennepin Family and Children's Service, Minneapolis
Specialized Transitional Employment Project (STEP ONE), Minneapolis
Suburban Public Health Nursing Service, St. Louis Park
Tasks Unlimited, Inc., Minneapolis
University Hospitals (Adult Psychiatry), Minneapolis
University of Minnesota (Psychiatric Unit), Minneapolis
Veteran's Administration Hospital, Minneapolis
Voluntary Action Center (Transitional Volunteer Program), Minneapolis
Walk-In Counseling Center, Minneapolis
Wellspring Therapeutic Communities, Inc., Minneapolis
West Hennepin Community Mental Health Center, Minnetonka
West Hennepin Human Services Planning Board, St. Louis Park
Y.E.S., Minneapolis

Houston County

Houston County Social Services, Caledonia
Rochester State Hospital, Rochester

Hubbard County

Brainerd State Hospital, Brainerd
Hubbard County Nursing Service, Park Rapids
Hubbard County Social Service Center, Park Rapids

Isanti County

Cambridge Clinic, Cambridge
Five County Human Development Program, Inc., Brahan
Isanti County Family Services, Cambridge
Isanti County Public Health Nursing Service, Cambridge
Moose Lake State Hospital, Moose Lake

Itasca County

DWDC Industries, Inc., Grand Rapids
Itasca County Social Service, Grand Rapids
Moose Lake State Hospital, Moose Lake
Northland Mental Health Center, Grand Rapids

Jackson County

Jackson County Welfare Department, Jackson
Southwestern Mental Health Center, Inc., Luverne
Willmar State Hospital, Willmar

Kanabec County

Five County Human Development Program, Inc., Brahan
Kanabec County Family and Social Services, Mora
Moose Lake State Hospital, Moose Lake
Mora Medical Center, Mora

Kandiyohi County

Kandiyohi County Community Nursing Service, Willmar
Kandiyohi County Family Service Department, Willmar
Rice Memorial Hospital (Mental Health Unit), Willmar
St. Francis Halfway House, Willmar
West Central Community Services Center, Inc., Willmar
West Central Industries, Inc., Willmar
Willmar State Hospital, Willmar (Community Outreach Program)

Kittson County

Fergus Falls State Hospital, Fergus Falls
Kittson County Welfare Department, Hallock
Marshall-Kittson County Nursing Service, Warren

Koochiching County

Koochiching Family Services, International Falls
Moose Lake State Hospital, Moose Lake
Northland Mental Health Center, Grand Rapids

Lac Qui Parle County

Countryside Public Health Service, Madison
Lac Qui Parle County Family Service Center, Madison
West Central Community Services Center, Inc., Willmar
Willmar State Hospital, Willmar

Lake County

Lake County Social Service, Two Harbors
Moose Lake State Hospital, Moose Lake

Lake of the Woods County

Brainerd State Hospital, Brainerd
Lake of the Woods Social Service Department, Baudette

LeSueur County

LeSueur County Public Health Nursing Service, LeCenter
LeSueur County Welfare Social Service and Mental Health, LeCenter
St. Peter State Hospital, St. Peter

Lincoln County

Region VIII North Welfare Department, Marshall
Western Human Development Center, Inc., Marshall
Willmar State Hospital, Willmar

Lyon County

Region VIII North Welfare Department, Marshall
Western Human Development Center, Inc., Marshall
Willmar State Hospital, Willmar

McLeod County

Hutchinson Community Hospital (Mental Health Unit), Hutchinson
McLeod County Social Service Center, Glencoe
West Central Community Services Center, Inc., Willmar
Willmar State Hospital, Willmar

Mahnomen County

Fergus Falls State Hospital, Fergus Falls
Mahnomen County Welfare Department, Mahnomen
Northwest Community Support Services, Crookston

Marshall County

Fergus Falls State Hospital, Fergus Falls
Heritage Boarding Home, Inc., Middle River
Marshall County Welfare Department, Warren
Marshall-Kittson County Nursing Service, Warren

Martin County

Faribault-Martin-Watonwan Human Services Board, Fairmont
St. Peter State Hospital, St. Peter

Meeker County

Meeker County Social Service Department, Litchfield
Red Castle Board and Lodging, Litchfield
West Central Community Services Center, Inc., Willmar
Willmar State Hospital, Willmar

Mille Lacs County

Five County Human Development Program, Inc., Braham
Mille Lacs County Community Health Agency, Milaca
Mille Lacs County Family Services, Milaca
Moose Lake State Hospital, Moose Lake

Morrison County

Brainerd State Hospital, Brainerd
Morrison County Public Health, Little Falls
Morrison County Social Services, Little Falls
Northern Pines Mental Health Center, Inc., Little Falls

Nouis Uptown Home, Little Falls
St. Otto's Day Care Program, Little Falls

Mower County

Careers Training Center (Cedar Valley Rehab. Workshop), Inc., Austin
Freeborn-Mower Mental Health Center, Austin
Mower County Social Services, Austin
Rochester State Hospital, Rochester

Murray County

Region VIII North Welfare Department, Marshall
Western Human Development Center, Inc., Marshall
Willmar State Hospital, Willmar

Nicollet County

Brown-Nicollet Human Service Board, St. Peter
Minnesota Security Hospital, St. Peter
Nicollet County Public Health Nursing Service, St. Peter
St. Peter State Hospital, St. Peter
Sioux Trails Mental Health Center, New Ulm

Nobles County

The Achievement Center (T.A.C.), Worthington
Five County Day Treatment Program (Worthington Regional Hospital), Worthington
Nobles County Family Service Agency, Worthington
Southwestern Mental Health Center, Inc., Luverne
Willmar State Hospital, Willmar

Norman County

Fergus Falls State Hospital, Fergus Falls
Norman County Social Services, Ada
Northwestern Community Support Services, Crookston

Olmsted County

Ability Building Center, Inc., Rochester
Olmsted Circle Center, Rochester
Olmsted County Department of Social Services, Rochester
Olmsted County Health Department, Rochester
Rochester CVRP, Rochester
Rochester State Hospital, Rochester
Thomas House, Inc., Rochester
Zumbro Valley Mental Health Center, Rochester

Otter Tail County

Fergus Falls State Hospital (Psychiatric Division), Fergus Falls
Lakeland Mental Health Center, Inc., Fergus Falls
Otter Tail County Department of Social Services, Fergus Falls

Pennington County

Crestview Home, Thief River Falls
Fergus Falls State Hospital, Fergus Falls
Northwestern Hospital (Day Night Psychiatric Unit), Thief River Falls
Pennington County Welfare, Thief River Falls

Pine County

Five County Human Development Program, Inc., Braham
Moose Lake State Hospital, Moose Lake
Pine County Department of Human Services, Sandstone
Pine County Nursing Service, Pine City

Pipestone County

pipestone County Family Services, Pipestone
Southwestern Mental Health Center, Inc., Luverne
Willmar State Hospital, Willmar

Polk County

Fergus Falls State Hospital, Fergus Falls
Institute for Effective Living, Crookston
Midway Terrace, Fosston
Northwestern Apartments, Crookston
Northwestern Mental Health Center, Crookston
Polk County Nursing Service, Crookston
Polk County Social Service Center, Crookston

Pope County

Fergus Falls State Hospital, Fergus Falls
Lakeland Mental Health Center, Inc., Fergus Falls
Pope County Family Service Department, Glenwood

Ramsey County

Anoka State Hospital, Anoka
Apollo Drop-In Center, St. Paul
Central Manor Board and Lodging, St. Paul
Cooperative Work Transition Project, St. Paul
Emotions Anonymous International, St. Paul
Goodwill Industries, Inc., St. Paul
Guild Hall, St. Paul
Hamm Clinic, St. Paul
Hewitt House, St. Paul
Hoikka House, St. Paul
Hope Transition Center, Inc. St. Paul
Mental Health Advocates' Coalition, St. Paul
Minnesota Diversified Industries, St. Paul
Petra Howard House, St. Paul

Ramsey County Community Human Services, St. Paul
Ramsey County Mental Health Center, St. Paul
Ramsey County Public Health Nursing Service, St. Paul
St. Joseph's Hospital (Psychiatric Unit), St. Paul
St. Paul Ramsey Medical Center, St. Paul
St. Paul Rehabilitation Center, St. Paul
Sharing Life in the Community, South St. Paul
United Hospitals, Inc. (St. Luke's Division), St. Paul

Red Lake County

Fergus Falls State Hospital, Fergus Falls
Red Lake County Social Service Center, Red Lake Falls

Redwood County

Redwood County Public Health Nursing Service, Redwood Falls
Redwood County Welfare Department, Redwood Falls
Revere Homes, Revere
Service Industries, Inc. (sheltered workshop), Redwood Falls
Western Human Development Center, Inc., Marshall
Willmar State Hospital, Willmar

Renville County

Renville County Family Service, Olivia
West Central Community Services Center, Inc., Willmar
Willmar State Hospital, Willmar

Rice County

Northside Home, Faribault
Rice County Social Services, Faribault
Rochester State Hospital, Rochester

Rock County

Rock County Family Service, Luverne
Southwestern Mental Health Center, Inc., Luverne
Willmar State Hospital, Willmar

Roseau County

Fergus Falls State Hospital, Fergus Falls
Roseau County Nursing Service, Roseau
Roseau County Social Service, Roseau

St. Louis County

Arrowhead House, Duluth
Brieland House, Duluth
Day Treatment Program (APT), Range Mental Health Center, Virginia

Goodwill Industries Vocational Enterprises, Inc., Duluth
Human Development Center, Duluth
Independence Station, Duluth
Lakeview Residence, Virginia
Lee Boarding Home, Duluth
Lifeline, NE Adult Day Care Project, Inc., Virginia
Merritt House, Biwabik
Miketin's Boarding and Lodging, Duluth
Miller Dwan Hospital (MHU), Duluth
Moose Lake State Hospital, Moose Lake
"Our House" Drop-In and Socialization Program, Range Mental
Health Center, Virginia
Palmi Boarding Home, Duluth
Parkside Homes, Inc., Soudan
Range Mental Health Center, Virginia
Riverview Homes, Inc., Brookston
St. Louis County Social Service Department, Ely, Duluth, Hibbing, Virginia
St. Luke's Hospital (MHU), Duluth
S.T.A.R. Day Care Program, Duluth
Supervised Apartment Program, Range Mental Health Center, Virginia
Whistling Pines, Inc., Saginaw

Scott County

St. Francis Hospital, Shakopee
St. Peter State Hospital, St. Peter
Scott County Human Services, Shakopee

Sherburne County

Anoka State Hospital, Anoka
Central Minnesota Mental Health Center, Elk River and St. Cloud
Lange Board and Room, Clear Lake
Sherburne County Health Service, Elk River
Sherburne County Social Services, Elk River

Sibley County

St. Peter State Hospital, St. Peter
Sibley County Social Services, Gaylord
Sioux Trails Mental Health Center, New Ulm

Stearns County

Brainerd State Hospital, Brainerd
Central Minnesota Mental Health Center, St. Cloud
Opportunity Training Center, St. Cloud
St. Cloud Hospital (Mental Health Unit), St. Cloud
Stearns County Social Service Center, St. Cloud
Veteran's Administration Medical Center, St. Cloud
Willmar State Hospital, Willmar

Steele County

Cedar Valley Rehabilitation Workshop, Owatonna
Luther Youngdahl Human Relations Center, Owatonna
Oak Hill Board and Care, Owatonna
Rochester State Hospital, Rochester
Steele County Public Health Nursing Home, Owatonna
Steele County Social Service Center, Owatonna

Stevens County

Braaten's Board and Lodging, Hancock
Fergus Falls State Hospital, Fergus Falls
Lakeland Mental Health Center, Inc., Fergus Falls
Shady Lawn Boarding Home, Hancock
Stevens County Family Service and Welfare Department, Morris
Stevens-Traverse Public Health Nursing Service, Morris

Swift County

Countryside Public Health Service, Benson
Swift County Welfare and Family Service Agency, Benson
West Central Community Services Center, Inc., Willmar
Willmar State Hospital, Willmar

Todd County

Brainerd State Hospital, Brainerd
Northern Pines Mental Health Center, Inc., Little Falls
Todd County Social Services, Lone Prairie

Traverse County

Fergus Falls State Hospital, Fergus Falls
Lakeland Mental Health Center, Inc., Fergus Falls
Traverse County Social Service Department, Wheaton

Wabasha County

Rochester State Hospital, Rochester
Wabasha County Department of Social Services, Wabasha

Wadena County

Brainerd State Hospital, Brainerd
Northern Pines Mental Health Center, Inc., Little Falls
Wadena County Social Service, Wadena

Waseca County

Luther Youngdahl Human Relations Center, Owatonna
St. Peter State Hospital, St. Peter

Waseca Area Memorial Hospital, Waseca
Waseca County Welfare and Social Service Department, Waseca

Washington County

Sharing Life in the Community, Inc., South St. Paul
Washington County Crisis/Short Treatment Home, Stillwater
Washington County Day Treatment Program, Oakdale
Washington County Human Services, Inc., Oakdale
Washington County Social Services, Stillwater

Watowan County

Faribault-Martin-Watowan Human Services Board, Fairmont
St. Peter State Hospital, St. Peter

Wilkin County

Fergus Falls State Hospital, Fergus Falls
Lakeland Mental Health Center, Inc., Fergus Falls
Wilkin County Family Service Agency, Breckenridge
Wilkin County Public Health Nursing Service, Breckenridge

Winona County

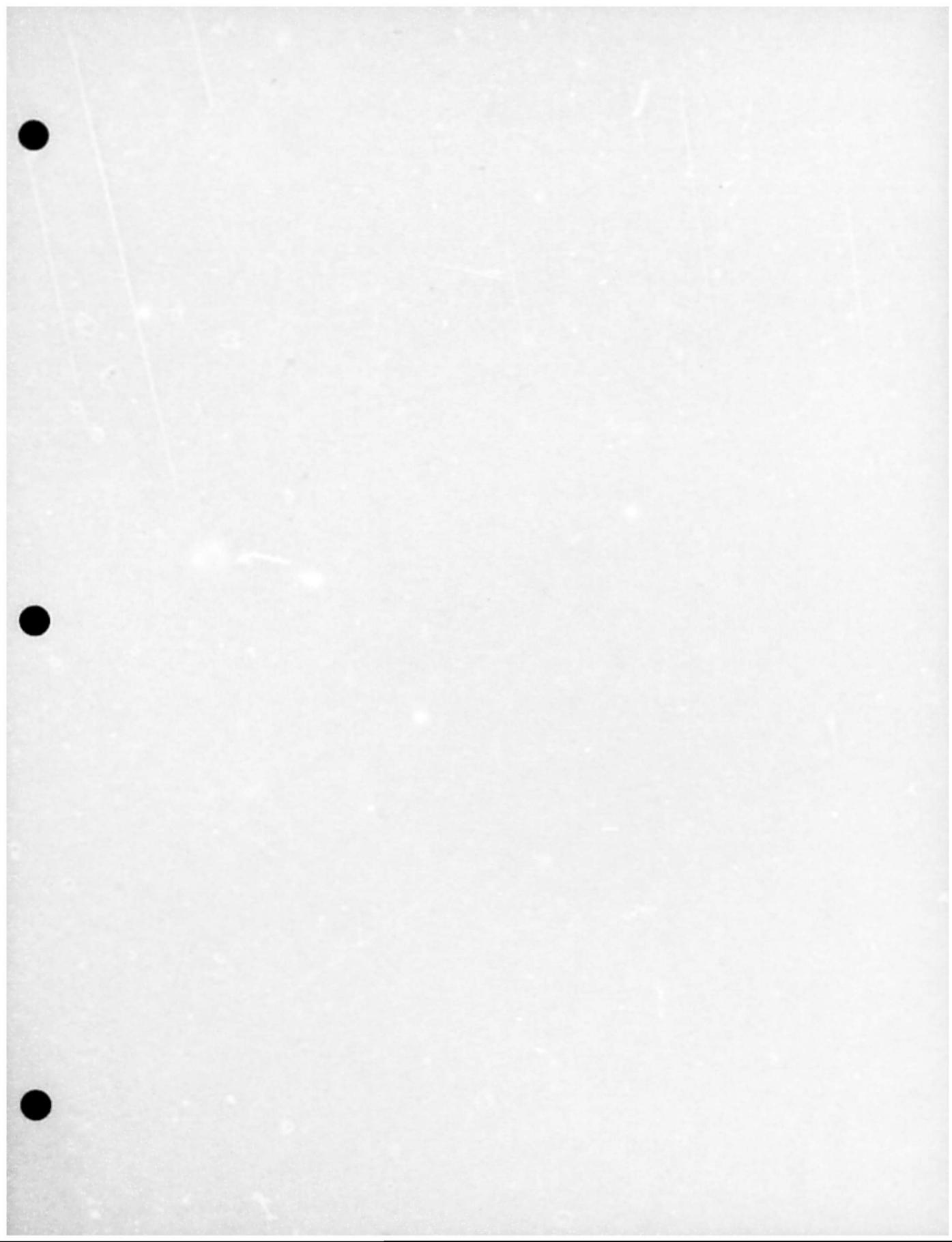
Carlson Home, Winona
Hiawatha Valley Mental Health Center, Winona
Occupational Rehabilitation Center, Winona
Winona County Department of Social Services, Winona

Wright County

Central Minnesota Mental Health Center, Elk River and St. Cloud
Functional Industries, Inc., Buffalo
Willmar State Hospital, Willmar
Wright County Human Services, Buffalo

Yellow Medicine County

Countryside Public Health Service, Montevideo and Granite Falls
Western Human Development Center, Inc., Marshall
Willmar State Hospital, Willmar
Yellow Medicine County Family Service Center, Granite Falls



... a telephone hotline for crisis situations.

, Inc.

gton County
9:00 p.m.; Fri. 8:30 a.m.- 5:00 p.m.;

walk-in intake.
County Human Services offers psychological
and family psychotherapy, supportive coun-
seling. The Human Services Center provides
supportive counseling and volunteer employ-
ment on Wednesday evenings for those inter-
dependent living skills and socialization/
The Human Services Center has some recrea-
tional recreation/socialization programs
a hotline, a crisis intervention center and
services are available through the Center.
, Inc. operates the Washington County Day

es, Inc.

...ll (two hospitalizations or residential
... currently drug abusive or violent to

mesota DFW

... Staff: \$40/hour—Psychologist or Psychiatrist; \$26.50/hour—Other Clinical

Staff: \$40/hour—Psychologist or Psychiatrist; \$26.50/hour—Other Clinical Staff. Fee reduction based on ability to pay.
Funded by: Counties of service area, fees and special grants.
Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling, medication management and other medical services. Several vocational services are offered at the Center including vocational testing, career/employment counseling and volunteer employment by a vocational rehabilitation counselor. Specialized programs include: Day Treatment and Crisis Intervention at the Mental Health Unit at Hutchinson Community Hospital. A residential program for chronically mentally ill is offered through the Center at the St. Francis Halfway House. The Center has a telephone hotline, a crisis intervention center, on-site crisis intervention services and temporary placement services for crisis situations. The Center provides advocacy services for individuals, families of the mentally ill and the mentally ill as a group.

West Central Industries, Inc.
711 Willmar Avenue East
Willmar, MN 56201
612/235-5310

Eligibility: At least 16 years old, have diagnosed physical or mental handicap, to employment, have a stable medical situation, capable of caring for physical needs, not hazardous to self or others, have vocational potential.
Hours: 8:00 a.m.- 4:30 p.m. Mon.- Fri.
Fees: \$125/week Vocational Evaluation; \$75/week Work Adjustment - State DVR per diem rates for sheltered employment
Funded by: DVR, Services for the Blind, VA funding, Insurance payments
Intake Procedure: Referral by above funding sources, screening by committee.
Services Provided: West Central Industries offers vocational testing, sheltered work, supportive competitive employment, competitive employment, job training and placement and career/employment counseling. WCI teaches socialization/interpersonal skills.

Western Human Development Center, Inc.

1106 East College Drive
Marshall, MN 56258
507/532-3236
Eligibility: Resident of Lincoln, Lyon, Murray, Redwood or Yellow Medicine Counties.

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.; 7:00 p.m.- 10:00 p.m. Mon.
Fees: Sliding fee scale
Funded by: Third party payments and CSSA funds.
Intake Procedure: Call for appointment
Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling and medication management services. The Center provides career/employment counseling, too. Socialization/interpersonal skills are taught at the Center. The Center has a telephone hotline and on-site crisis intervention services for crisis situations.

Whistling Pines, Inc.
Route 1, Box 3
Saginaw, MN 55779
218/729-7752

Fees: \$501/month
Intake Procedure: Call or write
License: Board and lodging
Beds: 25
Services Provided: Whistling Pines offers supportive counseling, medication management, and other medical services. The facility teaches independent living skills and socialization/interpersonal skills. The use of community recreational resources is encouraged.

0 p.m. Mon.- Fri.; 5:00 p.m.- 10:00 p.m. Tues.
Psychiatrist; \$26.50/hour—Other Clinical
ility to pay.
rea, fees and special grants.
fers psychological testing, individual,
upportive counseling, medication manage-
Several vocational services are offered
l testing, career/employment counseling
ational rehabilitation counselor. Spec-
matment and Crisis Intervention at the
Community Hospital. A residential program
ffered through the Center at the St. Francis
telephone hotline, a crisis intervention
on services and temporary placement ser-
Center provides advocacy services for
ally ill and the mentally ill as a group.

ld, have diagnosed physical or mental
able medical situation, capable of caring
to self or others, have vocational

- Fri.
ation; \$75/week Work Adjustment - State
employment
Blind, VA funding, Insurance payments
ove funding sources, screening by committee.
Industries offers vocational testing,
itive employment, competitive employment,
reer/employment counseling. WCI teaches
s.

persons.

Western Human Development Center, Inc.
1106 East College Drive
Marshall, MN 56258
507/532-3236

Eligibility: Resident of Lincoln, Lyon, Murray, Redwood or Yellow Medi-
cine Counties.

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.; 7:00 p.m.- 10:00 p.m. Mon.

Fees: Sliding fee scale

Funded by: Third party payments and CSSA funds.

Intake Procedure: Call for appointment

Services Provided: The Center offers psychological testing, individual,
group and family psychotherapy, supportive counseling and medication man-
agement services. The Center provides career/employment counseling, too.
Socialization/interpersonal skills are taught at the Center. The Center
has a telephone hotline and on-site crisis intervention services for
crisis situations.

Whistling Pines, Inc.
Route 1, Box 3
Saginaw, MN 55779
218/729-7752

Fees: \$501/month

Intake Procedure: Call or write

License: Board and lodging

Beds: 25

Services Provided: Whistling Pines offers supportive counseling, medi-
cation management, and other medical services. The facility teaches
independent living skills and socialization/interpersonal skills. The
use of community recreational resources is encouraged.

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sponsors a Community Outreach Program for the chronically mentally ill
residents.

Y.E.S.

Telephone: 612/339-7033, Crisis Line

Hours: 24

Fees: None

Funded by: Hennepin County, contributions.

Services Provided: Y.E.S. offers supportive counseling, and advocacy
services for individuals and families of the mentally ill through their
crisis phone line. Y.E.S. also has crisis intervention teams available
from 8:00 p.m.- 8:00 a.m. Referral information is available through the
hotline service.

Zumbro Valley Mental Health Center

2100 East Center Street

Rochester, MN 55901

507/288-1873

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.

Fees: Sliding scale

Funded by: Goodhue, Fillmore, Olmsted Counties, Fees, Third party payments.

Intake Procedure: Call for an appointment.

Services Provided: The Center offers psychological testing, individual,
group and family psychotherapy, supportive counseling and medication man-
agement services. The Center also offers vocational evaluation services.
The Center has a telephone hotline and on-site crisis intervention ser-
vices for crisis situations. Advocacy services for the mentally ill as a
group are implemented through the Center.

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Inc.

, Lyon, Murray, Redwood or Yellow Medi-
- Fri.; 7:00 p.m.- 10:00 p.m. Mon.

and CSSA funds.
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fers psychological testing, individual,
upportive counseling and medication man-
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cal services. The facility teaches
ialization/interpersonal skills. The
sources is encouraged.

sponsors a Community Outreach Program for the chronically mentally ill residents.

Y.E.S.
Telephone: 612/339-7033, Crisis Line
Hours: 24
Fees: None

Funded by: Hammebin County, contributions.
Services Provided: Y.E.S. offers supportive counseling, and advocacy services for individuals and families of the mentally ill through their crisis phone line. Y.E.S. also has crisis intervention teams available from 8:00 p.m.- 8:00 a.m. Referral information is available through the hotline service.

Zumbro Valley Mental Health Center
2100 East Center Street
Rochester, MN 55901
507/288-1873

Hours: 8:00 a.m.- 5:00 p.m. Mon.- Fri.
Fees: Sliding scale
Funded by: Goodhue, Fillmore, Olmsted Counties, Fees, Third party payments.
Intake Procedure: Call for an appointment.
Services Provided: The Center offers psychological testing, individual, group and family psychotherapy, supportive counseling and medication management services. The Center also offers vocational evaluation services. The Center has a telephone hotline and on-site crisis intervention services for crisis situations. Advocacy services for the mentally ill as a group are implemented through the Center.