

CHRONIC ALCOHOLISM PROJECT
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Prepared
for
Elliot Park Neighborhood Inc.
AFSCME Council 6
Alliance for the Street

by

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through
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Communitiversity

CURA RESOURCE COLLECTION

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TABLE OF CONTENTS

I. Purpose of Study.....Page 1

II. Executive Summary.....Page 3

III. Interview Findings.....Page 8

IV. Data on RTCs.....Page 26

 A. D.A.A.N.E.S. Information

 B. Facilities Information

V. Hennepin County Referrals 1986-1990.....Page 34

VI. Options for Future Study.....Page 38

APPENDICES.....Page 40

 A. Adult Clients Admitted Brief Report(s), State Hospital Wide Totals for 1985-1988, Drug and Alcohol Abuse Normative Evaluation System. Minnesota Department of Human Services, Chemical Dependency Program Division.

 B. Adult Clients Discharged Brief Report(s), State Hospital Wide Totals for 1985-1988, Drug and Alcohol Abuse Normative Evaluation System. Minnesota Department of Human Services, Chemical Dependency Program Division.

 C. The Consolidated Chemical Dependency Treatment Fund. John Gostovich, M.S., C.C.D.C., Associate Director for Funding (1990). Chemical Dependency Program Division, Minnesota Department of Human Services.

 D. Minnesota Regional Treatment Center Summaries of Chemical Dependency Units/Alcohol and Drug Units [Selected pages from 1985, 1987/88, and 1988/90 Department of Human Services directories]. Obtained from Minnesota Department of Human Services, Chemical Dependency Program Division.

 E. Disposition by Year for Clients with 15 or More Admissions. [Computer program - run date: 6/05/90]. James C. Kincannon, Ph.D., Senior Clinical Psychologist, Division of Chemical Health, Hennepin County Department of Community Services.

- F. Disposition by Year for Clients with 15 or Fewer Admissions. [Computer program - run date: 6/14/90]. James C. Kincannon, Ph.D., Senior Clinical Psychologist, Division of Chemical Health, Hennepin County Department of Community Services.
- G. The Dynamics of a Chronic Alcoholic Population: A Study of Admissions to Hennepin County Alcohol Receiving Center. (April 11, 1990). James C. Kincannon, Ph.D., Senior Clinical Psychologist, Division of Chemical Health, Hennepin County Department of Community Services.

Chronic Alcoholic Project

CHRONIC ALCOHOLISM RESEARCH PROJECT

Sponsored by
AFSCME Council 6, Elliot Park Neighborhood Inc., and
Alliance of The Streets Project

Research Assistance and Project Funding through
the Center for Urban and Regional Affairs
University of Minnesota

GOAL: To examine data, including professional opinions, regarding the 1985 change in Minnesota's chemical dependency funding system, and its effect on treatment outcomes for chronic alcoholics.

PURPOSE: To help identify data sources, questions, and possible research designs for a study of the current chemical dependency funding system and its impact on chronic alcoholic clients and the communities in which they live.

The CURA researcher will identify the most useful state-wide, county, and city data sources, formulate survey questions and perhaps the hypotheses for the study. Community specific investigation for model development will initially focus on Minneapolis and Hennipin County. One or two other counties/communities may be identified for later in-depth study. The product of the project will be a research design sponsoring groups can take to funding sources and then implement. The following questions are being considered.

1. Compared to pre-consolidation (1985) are chronic street alcoholics being treated, or treated differently in terms of type, locale, length, and frequency of treatment? What has happened to the individuals previously served by the long term residential and regional treatment center programs?
2. What is the average length of treatment pre and post consolidation? Are there more or less treatment programs available?
3. Who are the providers now being utilized as compared to pre-consolidation? Are present providers set up to treat chronic alcoholics and the public pay client?
4. How many long term treatment beds and programs are now utilized compared to pre-consolidation?
5. Is the present system providing adequate services for multiple problem clients; that is, clients with multiple problems such as criminal histories, disabilities, low income, or homelessness? Or

Chronic Alcoholic Project

has as the focus and available dollars primarily shifted to serving short-term C.D. clients that are most amenable to treatment.

6. Are there treatment programs to outreach to chronic alcoholics prior to Detox (i.e. prevention programs)?

7. What have been the consequences of Rule 25 on treatment for chronic alcoholics? How are chronics identified and what happens to them after they are identified?

8. Have commitment levels (voluntary and involuntary) changed since 1985? What are the average length of commitments pre and post consolidation?

9. What have been the pre and post yearly admissions levels to detox since consolidation? How many referrals and to what providers have they been made from detox? Any cost savings as a result?

10. What are the police costs incurred as a result of removing chronic street alcoholics (Mpls.)?

11. What are the expenses related to treating chronics at detox and the Henn. Co. Medical Center vs. \$ spent on long term treatment.

12. Since consolidated funding has been implemented has the total costs and/or the population characteristics of those being treated changed?

EXECUTIVE SUMMARY

Background:

In 1987 the Department of Human Services began implementing Rules 24 and 25. By January, 1988 these chemical dependency assessment and consolidated fund regulations went into full effect. The Consolidated Fund is put together from the money from a variety of state, federal and county sources. By using a standard set of assessment criteria (Rule 25), counties and Indian Reservations place eligible clients with licensed treatment providers chosen by the county or Reservation. The idea was to do away with incentives to place clients in whatever program the state or federal funding source would cover, rather than in the program that was truly most appropriate to the level of service the client was likely to benefit from the most. It was hoped the funding would follow the client, rather than the other way around. It was also hoped that the Fund would create incentives for counties to contract with providers with lower treatment costs and would encourage innovation in how services were provided.

Elliot Park Neighborhood Inc., AFSCME Council 6. and the Alliance of the Streets were interested in investigating what effect these new assessment and funding policies were having on the chronic or "street alcoholic." Was the neighborhood impression that the numbers of street alcoholics in the area has been increasing linked to how the Consolidated Fund incentives were affecting referral decisions? Were chronic individuals being denied placement in primary and extended care residential treatment in favor of treating less difficult clients? Was the diminished referral of chronic alcoholics to Regional Treatment Centers a chief factor in the recent closure of RTC CD beds?

Scope of Study:

In accordance with the goal of the study, data sources, including professional opinions were sought regarding how the transition to consolidated funding was effecting the services provided to chronic alcoholics. The focus of research was on Hennepin County's chronic alcoholic population. It was estimated by several of those interviewed that approximately one-half of the state's chronic alcoholic population reside in the City of Minneapolis. General statewide information and data regarding Regional Treatment Center admissions was also examined. The working definition of chronic alcoholic chosen by the sponsoring groups was the same definition currently used by Hennepin County, that is, individuals with 15 or greater lifetime admissions to Detox.

The researcher conducted formal interviews, either in-person or via telephone, with five staff of the Hennepin County Chemical Health Division, three staff from the Minnesota Department of

Chronic Alcoholic Project

Human Services, Chemical Dependency Program Division, and a representative of the Minneapolis Police Department. Informal conversations with several other state and county employees, service providers, and representatives of the study's sponsoring organizations helped to give direction to the information gathering process and to confirm and inform the information collected.

Principle data sources and references used in analyzing the key issues are included in the appendices of this report. The references used were mainly existing summary reports available from Department of Human Services and Hennepin County chemical dependency departments. Unfortunately, the short time frame in which the study was completed did not allow for the further computer generation and analysis of data base information that was more specific to some of the issues being studied.

Findings Regarding Hennepin County:

1. The Hennepin County Receiving Center admitted 904 chronic individuals in 1989. The number of chronic alcoholics does not appear to be increasing appreciably. The number of chronic individuals admitted increased an average of only 25 per year between 1986-1989.
2. The rate of Hennepin County Detox admissions for chronic alcoholics did increase notably, particularly from 1988-1989. In 1988 7142 admissions of chronics occurred. In 1989 there were 9062 admissions. The increased rate of admissions did not occur evenly across all those classified as chronics. From 1986 through 1989 the most common admission rate remained at 1, and in each of these years 50% of the chronic clients had 4 or fewer admissions. However, those who were most frequently admitted saw a large increase in admissions, driving the already skewed average number of admissions from 8.1 in 1988 to 10.0 in 1989.
3. The reason(s) for the increasing admission rate among some chronic alcoholics is not totally clear. However, while the average rate of admissions increased by .4 admissions from 1986 through 1988, which would coincide with the implementation of Rules 24 and 25, the larger increase of 1.9 in the average rate of admissions in 1989 seems to coincide more closely with the expansion of detox beds and the implementation of a policy to shorten typical detox lengths of stay from 72 hours to 12 hours.

Chronic Alcoholic Project

4. The proportion of Hennepin chronic admissions referred to treatment programs was low prior to the implementation of Rules 24 and 25. For instance, in 1986 80% of chronic admissions were either given no discharge referral or simply referred to family members or to a self-help organization (A.A.). About 11% of the cases were referred to private extended care settings. Less than 3% were referred to hospitals. Less than 2% were referred to Regional Treatment Centers. (It should be noted that the referral given may not be the referral of first choice by the assessment staff, but may be the only referral the client would accept. Also making a referral does not guarantee that the client followed through.)
5. Since Rules 24 and 25 have been implemented, referrals to treatment programs have further declined. In 1989 less than 4% of chronic admissions were referred to private extended care settings. And less than 0.5% were referred to hospitals and Regional Treatment Centers combined.
6. However, in 1988 and 1989 many chronic admits were referred to the recently expanded case management services operating out of the 1800 Chicago Avenue Center. In 1988 close to 9% were referred for case management follow-up. By 1989 43% received this type of referral. Therefore, since the implementation of Rules 24 and 25, more chronic admissions are receiving some sort of service referral, namely to case management. Only 48% were either given no discharge referral or referred to family members or A.A.
7. No one interviewed either in the DHS Chemical Dependency Program Division or the Hennepin County Chemical Health Division, felt that their was any compelling evidence that treatment programs were an effective intervention for most chronic clients. Positive outcomes in terms of sobriety have not been demonstrated. While they generally agreed that Rules 24 and 25 may have decreased the referral of chronics to treatment somewhat, they did not see this a particular loss, since they described most of these individuals as not being able benefit from forced treatment.
8. Generally, positive or hopeful attitudes were expressed by most of those interviewed regarding the case management programs expanding in Hennepin County. Two of these programs are receiving outside funding via grants. As a part of the grant design these programs are currently involved in formal outcome studies. Joe Whelan, Director of the Case Management Units estimated that 350 individuals are currently receiving active case management.

Chronic Alcoholic Project

9. However, many of those interviewed did not feel that case management alone was sufficient to deal with the problems of many chronic alcoholics. Affordable and appropriate housing was mentioned often as the most pressing problem for this population in Minneapolis. In addition to the need for more affordable individual rental units, additional group housing was seen as needed. While some favored the development of small group homes, others saw a larger group facility(s) as more appropriate and politically more feasible to site in a large urban area. Most thought that at least some of this specialized housing should be developed as "wet houses" where clients are not automatically evicted for not maintaining sobriety.
10. The issue of whether the chronic alcoholics were becoming more concentrated in certain inner city neighborhoods, particularly the Elliot Park and Phillips areas was a more controversial and sensitive issue. This researcher was unable to uncover any objective data within the time span of this study to reach a conclusion on this question. However, some of those interviewed expressed the belief that as urban redevelopment in downtown areas (e.g. Block "E.", Timberwolf Stadium area, Convention Center area) occurred, there has been increased pressure on police to pick-up street drunks in these areas. Chronic alcoholics may have relocated to other areas of town that have lower income housing available, an existing active street life, and liquor stores that cater to this market segment. However, Hennepin County staff generally disputed the notion that the presence of their Alcohol Receiving Center at 1800 Chicago was contributing to any felt concentration real or imagined of alcoholics in the surrounding area.

Additional Findings:

11. The implementation of Rules 24 and 25 has been followed by a large reduction in Regional Treatment Center Chemical Treatment Program beds and staff. Between 1987 and 1989 total beds in the RTC CD program system were reduced from 772 to 491. Declines in staffing were apparently even steeper.

12. However, there is no clear evidence from the data available at the time of this study that a disproportionate share of this reduction is due to decreasing number of chronic alcoholics being referred by the counties across the state. In general, the reduction in referrals seems largely due to the many counties who are now referring more of both their chronic and their non-chronic populations elsewhere. While the total RTC admissions of Hennepin County residents has remained fairly constant in the past several years (832 in 1985 and 802 in 1988), other counties have significantly reduced admissions to RTCs. Most notably, while Ramsey County resident admissions to RTC CD programs in 1985 was 653, in 1988 only 238 Ramsey County residents were admitted.
13. Those interviewed did not feel that the implementation of Rules 24 and 25 has had a negative impact on the chronic alcoholic population statewide. While somewhat less of the chronic alcoholics may be being referred for treatment, it was not felt that either primary or extended care treatment programs had proven to be an appropriate or effective intervention for this population. Affordable single housing, managed group housing, vocational assistance, and case management services were often mentioned as the type of services most lacking for chronic alcoholics.

Chronic Alcoholic Project

Summary of Interview

Interview with: Wayne Raske, Legislative Liaison and Coordinator/Planner for Detox and Chronic Alcoholics, Chemical Dependency Division, Minnesota Department of Human Services

Date/Time: Tuesday, May 1, 1990; 9:30 a.m.

Background on Relevant Policies and Rules:

- o Pre-Consolidated state funding for CD came through a variety of sources including MA, GA, GAMC, CSSA grants, and the RTC budget. Each of these funds could only be used for certain types of treatment, service or residential placements. The counties controlled the use of their CSSA funds and to some degree the use of GA funds. However, the county had little direct control over the treatment type or provider choice made by the client or their advisor. Clients were free to choose the inpatient and outpatient services they wished with GAMC and MA covering better than 90% of the charges. Counties frequently referred to the RTCs. Treatment programs were somewhat longer than those offered by acute care hospitals (1-3 months) and the state paid 90% of the cost.
- o Rule 25 - Rule 25 (Assessment and Placement Criteria) went into effect one year prior to the implementation of Rule 24 (Consolidated Funding). Rule 25 established criteria that counties are to use in determining the appropriate level of CD services. This rule may have actually have had more effect on altering county behavior than consolidated funding itself. In order for services to be paid for, the referral had to come through the county. Clients receiving state payment for services no longer had free choice of provider, and counties had to follow the newly established rationale for the placement decisions it made.
- o Rule 25 has an exception for chronic alcoholics. If a person has already been through extended treatment during the past year, the county does not need to refer them again for extended care services. They have the option of referring the person to an outpatient program or to live in a "domiciliary facility". Counties invoke this exception for individuals who do not seem able/ready to benefit from treatment. These facilities can vary widely from the large institutional shelters most typical of the metropolitan areas to much smaller, more home-like facilities being established in many smaller and rural communities.

Chronic Alcoholic Project

- o DHS is encouraging the siting of small homes for six-eight residents by providing counties with grant money to get programs started. So far, Minneapolis and St. Paul have not been able to successfully site this type of residential service. Wayne attributes this to the political problems and neighborhood resistance inherent in siting group homes.
- o Rule 24 - Rule 24 (Consolidated Funding) went into full effect starting in January, 1988. The enabling legislation was passed during 1986 legislative session; and several demonstration projects were attempted prior to the 1988 state-wide implementation. Under consolidated funding all of the separate state funds used to pay for chemical dependency services (except detox) were rolled into one finite amount of money available to each county, for each year. The state pays 85% of the price for treatment and service providers that are referred by the county using the criteria established in Rule 25. Inpatient, outpatient, half-way house, and extended care are covered services.
- o If and when the county exhausts its yearly state consolidated fund, the county pays 100% for CD treatment and services. Hennepin County has exhausted their funds each year. A certain amount of additional county expenditure based on the county's previous years expenditures, eventually triggers the release of state CD reserve funds to the county. Eligibility requirements are stricter in accessing these state funds.
- o Detox - Detox is classified as an Emergency Service and is licensed under Rule 35. Consolidated funds do not pay for this service. The counties do receive CSSA block grant funds under which Detox is a mandated service. However, these monies do not begin to cover the costs of these services. The balance of funding must come out of the county's general revenues.

Effects of Consolidated Funding on CD Services:

- o Generally, DHS believes that the money spent is being more carefully targeted to the needs of the client. It is thought that more clients are being served, but that the services offered are overall more effective and efficient.
- o Variation does exist between counties interpretation and implementation of the assessment and placement criteria. However, these variations in philosophy already existed before the new policies. For instance Hennepin County was more and still is more pro-treatment than other counties.

Chronic Alcoholic Project

- o Although Minneapolis is home to 23% of the states total population, Wayne Raske estimates that approximately 40% of the state's most debilitated, chronic alcoholics live in Minneapolis.
- o He attributes the gradually increasing density of this population in the metropolitan area to several factors. The temporary and transient employment opportunities that used to be available in farming communities have largely evaporated with the onset of high-tech farming methods. The anonymity afforded by city life and day-labor opportunities attract this population to the Twin Cities. They tend to cluster in the neighborhoods with the most inexpensive housing.
- o Wayne Raske did not see the consolidated fund as having a significant effect on the amount or type of services received by chronic alcoholics. The Rule 25 assessment criteria was resulting in less automatic recycling of chronic alcoholics through extended care programs.
- o He thought that the most significant factor in the inner-city neighborhood's perception of more alcoholics on the streets was the further concentration of this population into particular areas and the lack of appropriate housing and supportive living environments.

Expenditures Post-consolidated Fund:

- o Federal Spending - Although the federal dollars available for chemical dependency treatment have been declining over the past decade, recently some new money has been made available, mostly via grants, under the auspices of the "War on Drugs".
- o State Expenditures - Total state expenditures and per capita expenditures on chemical dependency have actually increased since the implementation of the consolidated fund. Demand for treatment has been on the rise. There has been a 14% increase in the number of clients served.
- o State Expenditures by County - The range of state dollars spent on chemical dependency services per capita across counties has narrowed since the implementation of Rule 25 and consolidated funding. Previously the range was from \$0.43 - \$13.50 per county. Now it is from \$3.00 - \$9.00.

Chronic Alcoholic Project

Hennepin County Pre-paid Plans for CD:

- o Although he was unaware of the details of the recently negotiated contract with Hennepin County, a pre-paid plan arrangement is being implemented for MA, beginning this summer. He does not believe that services to the chronic alcoholic clients covered under GA and GAMC will be affected by this change.

Other Human and Data Resources:

Diane Mueller, Referral Monitoring Agent for Social Security Recipients; CD Division, DHS: She monitors/tracks chemically dependent clients who are eligible for and receiving social security due to their addiction.

John Gostovich, Director of Funding, CD Division, DHS

Chronic Alcoholic Project

Summary of Interview

Interview with: Urban Laundermann, Systems Analyst, Department of Human Services, Chemical Dependency Program Division

Date/Time: Tuesday, May 1, 1990; 12:00 noon

Chemical Dependency Fund Data Base:

- o Since January 1988, all consolidated fund expenditures for each county and for each service provider are kept track of via the information that the Department of Human Services collects on two forms.
- o The "Client Placement Authorization-CD Fund" form is generated by the county and includes the Rule 25 assessment and the county authorized provider, type, and amount of treatment. It also includes financial information to establish client eligibility for state funds.
- o The "Invoice-Chemical Dependency Fund" form is initiated by the state upon receipt of the Client Placement Authorization. After completion by the provider it is cycled back through the county before the state finally pays the provider. Through this form, information is collected regarding the actual type, units, and price of treatment provided and paid for in each case.
- o The Chemical Dependency Program Division can assist with providing data summaries of consolidated funding according to specification. Data can be accessed by provider, referring county, and client.

MMIS Data (Minnesota Management Information System):

- o Prior to the consolidated fund, GA, GAMC, and MA expenditures for chemical dependency were kept track of on this centralized state information system. Data can be accessed by provider, county treatment was received in, and by client.
- o Expenditures on clients that came via direct state appropriations to programs or through block grants were not kept track of on MMIS. Post-consolidated fund, no chemical dependency treatment and services expenditures were included in MMIS. Instead fund use is kept track of via the Client Placement Authorization and Invoice -CD Fund forms.
- o While it is possible to get data runs of MMIS CD data prior to the consolidated fund, pre and post consolidated fund financial data is not easily comparable. It may be possible to compare expenditures and length of stay on treatment services that were fully reimbursable by MA and GAMC pre-consolidation and fully funded by the CD fund post-consolidation. It would be more difficult to compare services that were not funded or only partially funded by MA, GAMC, or GA pre-consolidation and are now funded via the consolidated fund. For instance, expenditures on programs that were funded via county block grants or by direct state appropriation prior to consolidation are not captured in the MMIS data.

DAANES (Drug and Alcohol Abuse Normative Evaluation System):

- o Currents license requirements (Rules 35 and 43) state that chemical dependency treatment providers must collect program evaluation data. In order to qualify as state reimbursed vendor (Rule 24) and receive state reimbursement from the CD fund, the provider is required to participate in the state's DAANES system. The vendor may use their own data collection system, if the data supplied the state is generally equivalent to the DAANES system.
- o Prior to Rules 24 and 25 (pre-1987), many fewer providers participated in the DAANES system. Although data exists both pre and post consolidated funding for the RTCs and the majority of halfway houses, a limited number of other treatment and service providers participated in the DAANES system.
- o Hennepin County uses a data collection system set up for their internal computer system, and supplies the Chemical Dependency Program Division with the data tapes. Therefore, unique runs regarding Hennepin County data is more difficult for the state to provide. He suggests we try to access this data directly through the county.

Chronic Alcoholic Project

- o Data is to be collected upon intake and discharge, and the provider is required to attempt to collect follow-up data either six months or twelve months after discharge.
- o If all forms are completed, over 100 pieces of information are collected regarding each client. The data is largely based on client self-reporting. The data includes demographics, chemical use, treatment, housing, and legal histories, out-come data, and some payment information.
- o Detox programs are only asked to fill out one combined intake/discharge form.
- o All data can be identified according to the participating provider's DAANES facility code. In order to protect client confidentiality, only the client initials, the last four digits of their social security number, and date of birth are collected.
- o The DAANES system is not really designed to track individual clients. Although the CD Program Division has been able to partially match Consolidated Fund and DAANES data, a total match by client is not possible.

Other Human and Data Resources:

Lee Gartner, Coordinator of Rule 25, DHS, Chemical Dependency Program Division (She may have more summary information about referral trends according to Rule 25 criteria.)

Mike McMahon, Director of Research and Evaluation, DHS, Chemical Dependency Program Division (He has worked along with Pete Marwick on preparing reports qualifying Minnesota for the federal MA waiver necessary to the consolidated funding system)

John Gostovich, Director of Funding, DHS, Chemical Dependency Program Division (Responsible for securing the MA waiver. Also familiar with overall funding issues and data.)

Carl Harley, Coordinates DAANES data, DHS, Chemical Dependency Program Division (Can assist with locating and interpreting data in the DAANES summary reports and files)

Chronic Alcoholic Project

Summary of Interview

Interview with: Peg Murphy, Assistant Director, Hennepin County
Chemical Health Programs
Geri Currier, Director, Assessment Unit, Hennepin
County Chemical Health Programs

Date/Time: Friday, May 4, 1990; 11:00 a.m.

Overall Effects of Rule 24 and 25 on Hn... Co. Chemical Health Programs:

- o Rule 25 (Assessment and Placement Criteria) described as very important in altering the county system. Rule 24 (Consolidated Fund) was described as not having as significant of an impact on the assessment and care of clients.
- o Pre-Rule 25, the county did not really have a formal system of placement criteria. Hennepin County was generally pro-treatment, but did not have a uniform method of tying assessment to referral decisions.
- o Pre-Rule 25, the county used a much more limited set of providers. Since Rule 25 and 24 have been implemented, the county expanded its number of provider contracts from about 27 to over 60. Many more clients come through the county system, since county assessment is a pre-requisite for state funding. So, instead of only using a few providers for each level of service, the county has both a volume and a fiscal incentive to shop for specific programs that it sees as both treatment and cost effective. More specialized programs are used and the county feels it is able to provide a better programmatic fit for each client. Contracts, including price, are renegotiated on an annual basis.
- o Although Anoka Regional Treatment Center is no longer the only county placement for inpatient treatment services, many more clients are now referred through the county system and Hennepin County still refers a sizable proportion of these clients to Anoka. Anoka RTC is probably seeing the same number of county referrals as before these Rules went into effect. Other RTCs, like Moose Lake and Fergus Falls may be "losing out" as nearby counties have expanded their referral contracts.
- o Rules 25 and 24 were described as a generally positive and effective state requirements that pushed the counties to develop a rational placement policy that was based on client need and readiness for specific services. Now all publicly funded clients are screened by the county's Assessment Unit and referred to what are viewed as more appropriate placements.

Chronic Alcoholic Project

Placement of Chronic Alcoholics Pre Rules 24 and 25:

- o The working definition of "chronic alcoholic" had been someone who was chemically dependent and had been through Detox 15 or more times in a lifetime.
- o Prior to the recent changes in assessment and placement decisions, chronic alcoholics were typically sent to either Bell Hill in Wadena (approx. 80 beds) or Mission Lodge in Plymouth (approx. 60 beds). These are institutional facilities that offered some program - principally twelve step lectures, - but many of the clients sent there had been there many times before and were not responding to this approach. They would often leave as soon as they could find transportation back to Minneapolis ("It was not unusual for them to beat our van back to town.") The next time they turned up at Detox, they were sent back.

Current Placement of Chronic Alcoholics:

- o The working definition of chronic alcoholic is changing. The assessment unit and Detox staff are trying to identify these chronic abuse patterns earlier on in the process of their disease and not wait until their fifteenth visit.
- o The Case Management Unit is brought in to do a special assessment and an Intensive Case Manager is assigned to each chronic alcoholic. They work one to one with the client to help with issues such as housing, nutrition, clothing, job seeking and income issues, as well as recovery. While some of these individuals are still placed at Bell Hill, this type of placement is far less automatic. Instead, the focus is on working with these individuals within their communities.
- o The Case Management Unit has recently expanded its services because it is the recipient of two major grants. It is hoped that this will allow many more chronic alcoholics to be served on an intensive one to one basis.
- o One of the biggest problems faced in working with these individuals is locating supportive, affordable housing. Temporary shelters and large institutional settings like St. Anthony's in St. Paul must be used because smaller, affordable, home-like settings are not available. It is difficult to site such housing in the metropolitan area.

Trends Affecting CD Services and the Surrounding Neighborhoods:

- o The total number of people assessed through the county has increased significantly in recent years (approx. 80%). The Assessment Unit has seen increases in the number of clients with multiple problems, both diagnostic and social. They particularly pointed out the increase in single mothers with multiple issues.
- o However, although the above trends have meant an increase in the numbers of people being seen at the 1800 Chicago Avenue Center, the great majority of these clients are from outside the immediate neighborhoods and return to their communities of origin. They are doubtful that they are having a significant or negative impact on the area.
- o They did not believe that the number of chronic alcoholic individuals being assessed by the county had increased in recent years. If anything, they thought the number of new intakes may be declining because of the implementation of more intensive case management services. However, it may be true that this population is becoming more concentrated in certain areas as worsening poverty and the shortage of low income housing limits their living choices.
- o Both of these women have worked at 1800 Chicago for many years. They believe that in recent years there has been an influx of drug dealers and "crack houses" into the area. Many of these individuals are not residents of the area but focus their drug related behavior here. This has led to a more violent, out of control atmosphere.

Materials Received and Requested:

- o Lists of providers used by county pre-consolidated fund and currently
- o Peg Murphy will try to pull together and mail me a summary of Hennepin Co. CD expenditures for pre and post consolidated fund years.

Other Human and Data Resources:

Jim Kincannon, LCP; Hn... Co. Chemical Health Programs;
879-3615 (He can help with accessing county chemical health data off the computer files)

Joe Whelan, Director of Case Management Unit, Hn. Co. Chemical Health Programs (He is familiar with the new case management services that are available to the chronic alcoholic population)

Chronic Alcoholic Project

Summary of Interview

Interview with: Paul Norman, Program Director, Detox and Assessment Units, Hennepin County Chemical Health Programs

Date/Time: Friday, May 4, 1990; 12:30 p.m.

Impact of Consolidated Fund on Detox Services:

- o Detox is not paid for through consolidated fund dollars. Therefore, it has not directly impacted this service.
- o Indirectly, Rule 24 and 25 have affected discharge from detox because they concern assessment and placement. For instance, Rule 25 is designed to prevent the continual placement of somebody in the same treatment program four or five times in a row to no effect. However, Mr. Norman did not see these Rules as having been the primary motivators for change in either Detox Unit policies or discharge placement decisions regarding Detox clients.

Other Factors Affecting Detox Policy:

- o As various areas of the downtown areas have been rehabilitated or have had major development projects. (. "Block ___", Convention Center, Timberwolves Stadium, etc.), there has been increasing business pressure on the police and politicians to get and keep transients and poor alcoholics off the streets in these areas.
- o Increased pressure was placed on the county not to ever "close" Detox - that is refuse admissions because of being at capacity. Bed capacity was increased by eight. In addition length of stay in Detox was reduced. As a result of these changes Detox rarely closes anymore.
- o There also was concern expressed by the County Commissioners that Detox was unnecessarily costing the County too much because of the high complement of professional health care staff. The Detox unit was re-configured into a "Medical Detox" side for clients requiring medical/nursing care, and a "Social Detox" side for clients who did not need such high intensity supervision.
- o Statistics regarding Detox admissions: The number of all first admissions has not increased, on average, in recent years. The number of total admissions increased from approximately 15,500 to 17,000 from 1988 to 1989. 85% of all first admissions don't return. 7% come back to Detox 2 - 5 times, but eventually follow through with treatment. The

Chronic Alcoholic Project

remaining, approximately 8%, of admissions are readmitted six or more times. This chronic population accounts for the highest proportion of increasing admissions.

- o The county wanted to find new ways of dealing with this population, other than continuing to use placements like Bell Hill and other board and lodging facilities that seemed largely ineffective in preventing this pattern of recycling through Detox. Additional intensive case management services are in the process of being implemented to serve those clients who are frequently readmitted. Recently, two federal grants have been received by the Case Management Unit that are to be used to develop and enhance services to individuals with multiple problems of alcoholism, homelessness, joblessness, etc. Hennepin County is one of nine sites nationwide to receive the NIAAA grant.
- o One of the roles of case management is to help these clients with locating supportive and permanent affordable housing. This is a difficult task as all poor, transient, and displaced persons are being further squeezed out of various downtown areas and neighborhoods. Mr. Norman does not think that many of those identified as "chronic" really have a worse problem with alcohol than many of the others admitted to Detox. The difference is that they do not have the financial or social resources to either continue their habit without winding up back in Detox or to successfully sustain rehabilitation. Many continue to "self-medicate" with alcohol because they do not have any hope of gaining permanent housing, employment, etc.

Materials Requested:

- o Detox Philosophy, Mission and Goals Statement that summarizes current practice. This is being revised to reflect the changes made in the past couple of years. I should be able to call and pick up a copy within a few weeks.

Other Human and Data Resources:

Sandy Miron, Clinical Data Supervisor, Hennepin County Chemical Health Programs

Joe Whelan, Director of Case Management Unit, Hennepin County Chemical Health Programs

Summary of Interview

Interview with: Jim Kincanon, Senior Clinical Psychologist, Chemical Health Division, Hennepin County. In addition, to providing therapy, Mr. Kincanon is involved in data analysis for the Chemical Health Division

Date/Time: Telephone interview - Wednesday, May 16, 1990, 1:00 p.m.

Effects of Rules 24 and 25 on the Chronic Alcoholic Population:

- o He does not attribute all of the changes in services to this population over the last several years to the consolidated fund.
- o The change in referral patterns can also be attributed to a general change in services philosophy. Treatment was largely not effective with this population, so other approaches, such as case management are being tried.

Characteristics of the Chronic Population:

- o The total number of chronics is not estimated to have changed much in recent years. It is estimated at about 800-900 individuals.
- o 70% of these individuals are a carry overs from previous years. 20% leave the population each year. 10% are new to the population. 10% are back after an over 1 year absence.
- o 50% of the chronic population have less than 5 admissions to detox per year.
- o 30% of the chronics have 8 or more admissions to detox per year. This group of about 300 constitutes that most active chronic alcoholic sub-set. These are the individuals being served through the Case Management Center.

Material Received or Requested:

- o He recently compiled a summary report regarding this population. He will send this to me in the mail.
- o He will request a computer printout of county referrals made for the chronic population (over 15 lifetime admissions to detox) and the total population for years 1986-1989. He will mail this when it arrives.

Chronic Alcoholic Project

Summary of Interview

Interview with: Diane Mueller, SSI Coordinator, Chemical Dependency Division, Minnesota Department of Human Services

Date/Time: Telephone interview - Wednesday, May 16, 2:00 p.m.

Characteristics of Population She Serves:

- o Chronic alcoholics can become eligible for SSI funds either through the SSI Disability Fund that they have paid into through payroll taxes or through a General Fund available even for those with inadequate employment history.
- o In order to receive SSI funds as a chemically dependent person the federal government requires that a representative payee be named and that the individual must submit to treatment, if it is deemed appropriate.
- o She began coordinating services for the CD SSI recipients in Mid-1987. She started with a case load of about 50 clients. Only about 19% had a social worker. Services provided were poorly coordinated and generally ineffective with this population.
- o She currently coordinates/follows services for about 500 CD SSI recipients. Approximately 50% of them (about 250) reside in Hennepin County. Comparatively, she thinks only about 50 reside in St. Paul. The remaining 200 live throughout the state.
- o About 50% of the population has a concurrent mental illness. About 30% have served prison terms.
- o Although she used to be a strong believer in treatment for all those with a chemical abuse problem, after working with the chronic population for over 12 years she has concluded that many of them really benefit more from social work services and housing and vocational assistance, rather than treatment. CD treatment does not seem effective for many persons with this population.

Experience with Hennepin County Services:

- o Hennepin County has never denied treatment services to a client that she saw as potentially benefiting from them.
- o In addition, she is particularly positive about the expansion in recent months of the Case Management Center. About one-half of her Hennepin County clients are currently receiving these services which she has seen as very beneficial to this population.
- o A contract has recently been entered into between DHS and the county to provide Case Management services for all of the Hennepin County SSI recipients by the end of the year.

Chronic Alcoholic Project

Summary of Interview

Interviews with: Joe Whelan, Program Manager of Case Management
Program Center, Chemical Health Division,
Hennepin County

Dates/Time: Phone Interview - Wednesday, May 16, 3:00 p.m.
In-person Interview - Monday, May 21, 1:00 p.m.

Effect of Rules 24 and 25 on "Chronic Alcoholic" Population:

- o Yes - less of this population is being sent to primary treatment and extended care services. The Rules have given the county economic and procedural incentives not to refer to services that have continued to be ineffective for certain individuals. Prior to Rules 24 and 25, an inexpensive and less problematic way for the county to deal with this population was to send them to the RTCs for as many months as possible. The county only paid ten cents on the dollar for an RTC placement and did not have to provide services and housing for this difficult population within the community.
- o However, there is no evidence that the referrals for primary and extended treatment for this repeating population had been efficacious in the first place. Additional treatment seldom resulted in ending the chemical abuse.
- o Specifically, Hn. Co. has reduced referrals of chronic alcoholics to extended care programs at Bell Hill and the RTCs. These reductions have probably contributed to the closure of the "Live" program at Fergus Falls RTC.
- o It could be argued that while a chronic alcoholic was in the program there was the benefit of having them housed and provided with good medical/health care.
- o Rule 24 and 25 did result in what could be seen as a "mini-de-institutionalization" of the chronic alcoholic population. Being in the RTCs may not have been what was needed for this population; but the question remains whether adequate services, particularly housing has been provided in place of the longer-term treatment setting.
- o Specifically, Hn. Co. has reduced referrals of chronic alcoholics to extended care programs at Bell Hill and the RTCs. These reductions have probably contributed to the closure of the "Live" program at Fergus Falls RTC.

Commitments:

- o Although commitment to treatment may be frequently done by the courts for DWI offenders. The "street alcoholic" is almost only committed if initiated through the Chemical Health Services. This is seldom done, because they do not believe that this type of forced treatment works.

Chronic Alcoholic Project

Case Management Services for "Chronic Alcoholics":

- o The county has had social work services available to adult clients including the chemically dependent for many years. The county eventually reorganized its "adult services" by target population. The Case Management Center for the chemically dependent has evolved out of those services.
- o Now the Case Management Center is designed to primarily serve the chronic population. Each person defined as "chronic" is assigned a case manager who works with them on a one to one basis. This individualized approach allows the tailoring of living, working, and services to best address each person.
- o About 350 clients are served through this program out of the approximately 1000 persons who would fit the definition of chronic in the county.
- o About 15 new people pass the milestone of being assessed as chronic alcoholic each month. Historically, this has been defined as 15 or more lifetime Detox visits.
- o Over the course of a year about 25% of this population falls out of the active chronic group. They disappear from the county's awareness for a year or more - perhaps forever. It is difficult to know what has become of this group.

The Housing Issue:

- o Housing is a major issue for the chronics in Minneapolis. While some alcoholics do live with family, housing is a need that is not met or inadequately met over the long-run for most in this population.
- o The general lack of affordable housing directly impacts this group. Although the case managers are sometimes able to arrange special combined work and lodging situations or locate inexpensive rooming houses.
- o Board and lodging facilities are not funded out of the consolidated fund. The monies to reimburse these houses comes from the county with some block grant assistance from the state.
- o Although there are enough board and lodging facilities for those who remain sober, there is a shortage of safe, secure, affordable managed housing for those who continue to drink. "Wet" board and lodging facilities are where most of the un-met need is.
- o It is difficult to site this type of facility - whether small or large. Communities have a strong level of resistance. Currently the city has a moratorium on granting permits for group homes.
- o Believes a larger facility - on the order of St. Anthony's in St. Paul - would work best in an urban area like Minneapolis. It must be located so that it is accessible to a liquor store or the population will not stay.

Chronic Alcoholic Project

- o In addition to expansion related to the change in state assessment and funding procedures, the case management program attributes expansion to a contract it has to provide services to the SSI recipient population and to two national grants it has received.

Research and Data Concerns:

- o Definition of the "chronic alcoholic" must be clear. It is a much more varied population than most people realize. Many people who have chronic alcohol abuse problems are not heavy utilizers of county CD services. Even of the population that does pass through 1800 Chicago avenues is quite varied - coming from and going to all areas of the county and all -economic groups. Are we interested in this whole population or a sub-set of this group.
- o Cautioned that the data kept on in-takes and referrals by the county is done on an episodic, rather than a longitudinal basis. This makes it difficult to easily draw the effect of services on the individual out of the data.
- o Also each case that passes through the county services has a documented referral. This should not be misinterpreted. This may have not been the first recommended referral given by the staff, but the only one the client would accept. There is also no guarantee that the client followed through on the referral. So for instance, a client refusing any rehabilitation may be referred to A.A., although they are not likely to utilize that referral.
- o For a study of pre and post consolidation, 1986 and 1989 would be good comparison years. 1987 was a year when practices were already changing as counties geared up for the new Rules. 1988 data would contain many cases for whom placement had been made prior to the Rules being fully implemented.

Other Human and Information Resources:

Borrow Me a Quarter - This report based on data collected from April-December 1985, follows a group of 43 randomly chosen chronic alcoholics for 9 months on a daily basis. Authors: Mark Williambring M.D. (psychiatrist with V.A.) and David Schultz. It estimates that the services to this population cost an average of \$28,000 per year. Available through Minnesota Institute of Public Health in Anoka - 427-5310.

Old Men of the Bowery: Strategies of Survival Among the Homeless
Author: Carl I Cohen and Jay Sokolovsky.

Address Unknown: The Homeless in America Author: James D. Wright.

Irving Pilivan from the University of Wisconsin - Madison has published research on poverty and homelessness in select metropolitan areas including Minneapolis.

Summary of Interview

Interview with: Doug Hicks, Minneapolis Police Department

Dates/Time: Phone Interview - Wednesday, May 30, 1 p.m.

Information on Police Pick-up of Street Drunks:

- o The Police Department does not keep a record of pick-ups and transfers to the Hennepin County Alcohol Receiving Center
- o This is because it is not a crime to be drunk.
- o Therefore had no data on the number, most frequent neighborhoods for pick-ups, or costs involved.
- o Recommends seeking that type of information from Detox.

Impressions Regarding Issues of Street Alcoholics:

- o Did not offer much specific information regarding concerns or perspective of the police on these issues. Kept referring me to Detox.
- o However, did not imagine that the change in funding was what influenced changes in number of street alcohol problems in certain neighborhoods.
- o Talked about the raising of "Block E", and the Timberwolf Stadium development. Not only did these areas where street drunkenness was common undergo redevelopment, but a major liquor store in that area of downtown also closed.
- o Thought that since that happened, the Elliot and Phillips Neighborhood areas have been complaining more about increased problems with street drunkenness.

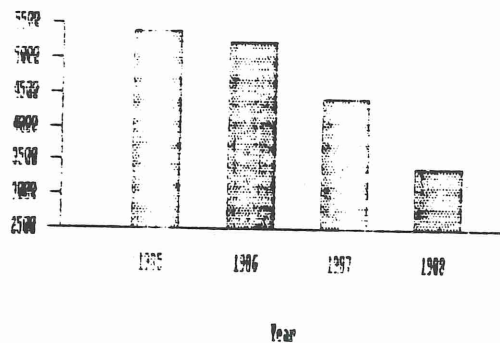
SUMMARY OF DAANES INFORMATION
On RTC Admissions 1985-88

While the absolute number of statewide admissions to Minnesota RTC chemical dependency treatment programs has decreased since the implementation of Rules 24 and 25, there is no evidence that the percentage of patients who have had previous detox admissions or CD treatment has decreased. Therefore, while previously treated patients may be receiving less RTC services, they do not appear to be disproportionately receiving less of this mode of treatment than other chemically dependent persons. This summary is based on information gleaned from the Minnesota Department of Human Services, Drug and Alcohol Abuse Information Evaluation System (DAANES) data base. (See Appendices A. and B.)

Number of Admissions and Length of Stay

Since the implementation of Rules 24 and 25, the total number of admissions to RTCs for chemical dependency has declined significantly. Admissions were 5376 in 1985 and only 3405 in 1988. (See Figure 1). Residential length of stay has declined a little from about 40 days in 1985 to about 38 days in 1988.

RTC CD Admits



County of Residence

Admissions continue to be highest from Hennepin and Ramsey Counties. However, while Hennepin County residents now represent a larger percentage of the total RTC CD admissions, Ramsey's percentage of the total has declined. In general, most counties have reduced the absolute number of their admissions since Rule 24 and 25 went into effect.

Table 1

Admissions to Regional Treatment Center for Chemical Dependency

Source: Department of Human Services, DAANES Data Base.

(Only counties with 2.5% or greater of total admissions in any year are listed)

County of Residence	Number % of Total		Number % of Total		Number % of Total		Number % of Total	
	1985	1985	1986	1986	1987	1987	1988	1988
Hennepin	832	15.50	893	17.10	947	21.5	802	23.6
Ramsey	653	12.1	588	11.2	527	12.0	238	7.0
St.Louis	251	4.7	224	4.3	139	3.2	180	5.3
Clay	230	4.3	202	3.9	183	4.1	269	7.9
Otter Tail	171	3.2	153	2.9	195	4.4	153	4.5
Stearns	141	2.6	204	3.9	125	2.8	53	1.6
Dakota	137	2.5	165	3.2	113	2.6	59	1.7
Olmsted	100	1.9	120	2.3	125	2.8	84	2.5
Anoka	0	0	0	0	0	0	164	4.8
Unknown	692	12.9	704	13.4	475	10.8	7	.2
Other Counties	3006	55.8	2879	54.9	2547	57.3	2214	64.5
Other States	5	0	4	0	19	0	16	0
Total	5376	100.0	5235	100.0	4410	100.00	3405	100.00

Chronic Alcoholic Project

Referral Source

During this period the percentage of self and family referrals has decreased, while the percentage of county social service agencies has gone up significantly. This seems in accordance with the new DHS rules which require all MA and GAMC clients to be referred through a county assesement process. The percentage of refferals from detox centers has also declined somewhat.

Table 2

Source of Referral to RTC CD Programs

Source: DHS, DAANES Data Base

More than one referral source may be listed for each admission

(Only referral source categories accounting for 10% or greater admissions listed below)

	Number % of Total		Number % of Total		Number % of Total		Number % of Total	
	1985	1985	1986	1986	1987	1987	1988	1988
Self/Family	2708	51.40	2699	51.60	1414	33.20	843	24.80
Court/Court Services	2089	38.90	1871	35.80	1391	41.50	991	29.10
County Social Services	1276	23.70	1233	23.60	1616	36.60	1768	52.00
Detox Center	1264	23.50	1219	23.30	933	21.20	368	10.80
Info and Referral Agency	160	3.00	180	3.40	300	6.80	417	12.30

Previous Treatment History

It is difficult to ascertain from the DHS DAANES summary reports available, if the number and/or percentage of chronic alcoholics (15 or more lifetime admissions to Detox) admitted to the RTCs has changed in recent years. However, the data available does indicate that while the absolute numbers of patients with previous treatment either 1 or 2 times, and 3 or greater times has decreased, the percentage of clients with previous treatments has remained similar across treatment types.

Table 3
% of RTC Admits with Previous CD Treatment in Lifetime

	1985	1985	1988	1988
	1 or 2 x's	3 or > x's	1 or 2 x's	3 or > x's
Same RTC	24.40	10.70	22.10	8.80
Detox	28.80	28.20	31.00	27.90
Primary Inpatient	36.60	26.50	37.60	25.00
Primary Outpatient	36.70	.60	22.10	.60
Halfway House	18.20	2.90	18.50	2.40
Extended Care	8.90	2.10	8.70	2.70
Structured Aftercare	8.30	.40	8.80	.70
Other CD	3.60	.40	1.70	.30

RTC CD FACILITIES AND PROGRAMS

The Minnesota Department of Human Services provides chemical dependency treatment services at six of the Regional Treatment Centers. The Department's biennial summaries of those facilities and their staffing and program offerings for 1985, 1987/88, and 1989/90 indicate several relevant program and resource changes occurring over the past several years. (See Appendix D.) Specifically, the implementation of Rules 24 and 25 in 1988 and 1987 was followed by a reduction in the projected beds, length of stays, and staffing levels.

Beds

RTC Beds devoted to chemical dependency programs have declined significantly in recent years. The drop appears to be most dramatic between 1987 and 1989. The closure of CD beds did not occur evenly across the system. It particularly affected the programs which had been the largest CD treatment providers in the RTC system, namely Fergus Falls, Moose Lake, and Willmar.

Table 4

	1985/86	1987/88	1989/90
ANOKA	90	90	90
BRAINERD	55	55	55
FERGUS FALLS	210	210	127
MOOSE LAKE	241	241	120
ST. PETER	58	58	58
WILLMAR	117	118	41
TOTAL	771	772	491

Length of Stay

While the length of stays listed by each program did not show a precipitous drop, it appears that shorter stays were expected. "Open ended" stays were no longer listed. Some extended care and domicillary programs were apparently discontinued.

Table 5

LENGTH OF STAY	1985/86	1987/88	1989/90
ANOKA			
Primary Treatment	30-35 days	30-35 days	24-28 days
Extended Care	2-4 months	2-4 months	2-4 months
BRAINERD			
	30 days	30 days	32 days
FERGUS FALLS			
Primary Treatment	5-7 weeks	28 days	28 days
Extended Care	4 months	2-6 months	2-3 months
Adolescent Care	9-10 weeks	8 weeks	45 days
Domicillary Care	6-12 months	-----	-----
MOOSE LAKE			
Primary Treatment	46 days	46 days	28-35
Extended Care	Open-Ended	Open-Ended	60-90
ST. PETER			
Primary Treatment	30-35 days	30 days	28 days
Extended Care	Up to 1 yr.	Up to 1 yr.	-----
WILLMAR			
	Open-Ended	Open-Ended	30 days

Services Provided

As Rule 24 resulted in further competition between the RTCs and other providers, it appears that the RTCs attempted to expand the range of services they could offer to their clients. While services such as "physical examinations," "psychological testing" and "group therapy" had been listed previously, by 1989/90, there were more specialized offerings listed. These included new types of groups such as "sexuality group," and new programs such as "chronic repeaters program."

Table 6

NUMBER OF SERVICES PROVIDED

	1985/86	1987/88	1989/90
ANOKA	10.0	15.0	21.0
BRAINERD	11.0	11.0	26.0
FERGUS FALLS	14.0	19.0	22.0
MOOSE LAKE	15.0	19.0	19.0
ST. PETER	13.0	18.0	24.0
WILMAR	11.0	14.0	21.0
ALL RTC TOTAL	74.0	96.0	133.0

Staffing

A reduction in staffing seemed to foreshadow the cutting back on beds with some position cuts between 1985 and 1988, followed by deeper cuts between 1988 and 1990. It appears that Human Service Technicians jobs account for the largest loss in absolute numbers.

Table 7

NUMBER OF RTC CD PROGRAM STAFF

	1985/86	1987/88	1989/90
Psychiatrist/Psychol.	17.2	19.0	7.5
Physician	7.0	13.0	6.0
Nurses	77.0	59.0	58.0
Counselors	69.0	59.0	59.0
Voc/Rec/Occ. Therapists	20.0	6.0	2.0
Chaplain	10.0	2.0	9.0
HSTs, Other Dir.Care	118.0	86.0	6.0
Social Worker	16.0	18.0	8.0
Supervisors/Prgm.Dir.	.0	12.0	4.0
ALL RTC TOTAL	334.2	274.0	159.5

(The above table was based on the numbers given in the DHS RTC Directory and this projection may not accurately reflect actual staffing patterns during the entire period. In some cases exact numbers were not given. If the position was just listed as part time I counted it as 0.5. Brainerd did not give the number of nurses in 1989/90 so I used the 1987/88 number of 7.)

Chronic Alcoholic Project

Price

What the RTCs listed as the cost of their programs increased over the three periods. This would seem to be in part a reflection of the change in funding to the RTC programs by the state. With the onset of Rule 24, the RTC CD programs were funded solely through third party or self-payment for treatment and not through block funding to the RTC. Therefore, program price needed to more closely reflect the cost of providing the service.

Table 8

CD PROGRAM COST	1985/86	1987/88	1989/90
ANOKA			
Primary Treatment	\$77.05	\$101.00	\$145.00
Extended Care	\$77.05	\$101.00	\$105.00
BRAINERD			
Primary Treatment	\$77.05	\$101.00	\$115.00
Extended Care	\$77.05	\$101.00	\$49.00
FERGUS FALLS			
Primary Treatment	\$77.05	\$101.00	\$140.00
Extended Care Males	\$77.05	\$101.00	\$100.00
Extended Care Females	\$77.05	\$101.00	\$140.00
Adolescent Care	\$77.05	\$101.00	\$175.00
Domiciliary Care	\$77.05	\$101.00	---
MOOSE LAKE			
Primary Treatment	\$77.05	\$101.00	\$140.00
Extended Care	\$77.05	\$101.00	\$75.00
ST. PETER			
Primary Treatment	\$77.05	\$101.00	\$115.00
Extended Care	\$77.05	\$101.00	\$49.00
WILLMAR			
Primary Treatment	\$77.05	\$101.00	\$115.00
Extended Care	\$77.05	\$101.00	\$49.00
Detox/Methadone	\$77.05	\$101.00	\$225.00

HENNEPIN COUNTY CHEMICAL HEALTH UNIT
REFERRALS OF CHRONIC ADMITS
1986-1990

"Chronic Alcoholics" are defined by the Hennepin County Chemical Dependency Department as those who have had 15 or greater previous lifetime admissions. Tables 9 and 10 depict Hennepin County referral patterns for chronic alcoholics admitted at the Alcohol Receiving Center. They are based on the same data but group the types of referral differently. Both tables show that referral patterns have changed since the implementation of Rules 24 and 25. This data can be compared with Table 11 showing similar referral data for non-chronic admits. (Note that all the tables represent duplicated counts of admissions. Also, some of the changes seen over time may have more to do with record keeping alterations that a clear change in clinical approach, and this data does not tell us whether clients actually followed through with the referral.)

Tables 9 and 10 do show that the number of admissions of chronic clients has increased significantly in the past several years. In 1986 Hennepin County recorded 6072 admissions of chronic alcoholics. In 1989, the county recorded 9062 admits. Since the absolute number of chronic alcoholics is only increasing an average of 25 individuals per year (See Appendix B.) this means that the same individuals are being admitted much more frequently.

The data also indicates that the great majority of chronic population has not been referred, either in the past or currently, to either inpatient or out-patient treatment services. In fact, the referral to inpatient and extended care treatment has declined. However, many more of these clients are being referred to one of the three case management programs operating out of the 1800 Chicago Avenue center.

In conclusion, while this data does suggest that chronic alcoholics are being referred to more rather than to less ongoing follow-up since Rules 24 and 25, this is chiefly the result of an increase in county case management services being offered. Joe Whelan estimates that approximately 350 individuals are currently being followed through the case management programs. Although the County is currently involved in two studies of the case management programs, the outcomes of these services on the use patterns and life-styles of the chronic population is not yet clear. It is also not known, if the increase number of admissions to 1800 Chicago, combined with the increased number of clients whose follow-up care comes through this address are resulting in a greater number of chronic alcoholics living in or frequenting the surrounding commercial and residential areas.

The data used to construct the tables in this section can be found in Appendices F. and G.

Chronic Alcoholic Project

Table 9

Hennepin County Referrals of Chronic Alcoholics
(Chronic Alcoholics are defined as having 15 or greater lifetime admissions)

	1986		1987		1988		1989		Partial Year Data	
	Number	%	Number	%	Number	%	Number	%	1990 Number	1990 %
No Referral	7	.11%	4077	65.13%	2969	41.57%	37	.41%	16	.43%
Relatives	5013	79.93%	889	14.20%	54	.76%	7	.08%	6	.16%
Alcoholics Anonymous	2	.03%	8	.13%	2536	35.51%	4347	47.97%	1828	48.64%
SELF/FAM.SUB-TOTAL	5022	.80	4974	.79	5559	.78	4391	.48	1850	.49
Case Management	0	.00%	1	.02%	126	1.76%	722	7.97%	357	9.50%
Homeless Project	0	.00%	0	.00%	375	5.25%	1674	18.47%	687	18.28%
NIAAA Project	0	.00%	0	.00%	121	1.69%	1471	16.23%	502	13.36%
CASE MGMT.SUB-TOTAL	0	.00%	1	.02%	622	8.71%	3867	42.67%	1546	41.14%
Seniors	84	1.34%	58	.93%	11	.15%	152	1.68%	112	2.98%
Antabuse\Acupuncture	5	.08%	4	.06%	17	.24%	27	.30%	7	.19%
Chem Health Tx	3	.05%	0	.00%	67	.94%	8	.09%	1	.03%
HN.OTHER SUB-TOTAL	92	1.47%	62	.99%	95	1.33%	187	2.06%	120	3.19%
Hn.Co.Med.Ctr.	29	.46%	76	1.21%	130	1.82%	111	1.22%	52	1.38%
Crisis Center	15	.24%	23	.37%	13	.18%	23	.25%	14	.37%
HCMC SUB-TOTAL	44	.70%	99	1.58%	143	2.00%	134	1.48%	66	1.76%
Private Hospital	3	.05%	0	.00%	1	.01%	1	.01%	0	.00%
Psych Hospital	158	2.52%	178	2.84%	88	1.23%	26	.29%	10	.27%
CD Hospital	4	.06%	2	.03%	0	.00%	2	.02%	0	.00%
Other Hospital	0	.00%	0	.00%	0	.00%	0	.00%	1	.03%
INPT.SUB-TOTAL	165	2.63%	180	2.88%	89	1.25%	29	.32%	11	.29%
Pvt.Inpt.(ExtdCare)	685	10.92%	672	10.73%	481	6.73%	321	3.54%	112	2.98%
St. Peter RTC	2	.03%	3	.05%	2	.03%	0	.00%	0	.00%
Wilmar RTC	3	.05%	8	.13%	0	.00%	0	.00%	0	.00%
Brainard RTC	1	.02%	0	.00%	16	.22%	7	.08%	2	.05%
Fergus Falls RTC	81	1.29%	105	1.68%	12	.17%	0	.00%	1	.03%
Anoka RTC	21	.33%	16	.26%	1	.01%	3	.03%	2	.05%
RTC SUB-TOTAL	108	1.72%	132	2.11%	31	.43%	10	.11%	5	.13%
Mpls. V.A.	4	.06%	1	.02%	3	.04%	2	.02%	0	.00%
St.Cloud V.A.	5	.08%	4	.06%	6	.08%	1	.01%	0	.00%
V.A. SUB-TOTAL	9	.14%	5	.08%	9	.13%	3	.03%	0	.00%
Legal(police)	57	.91%	58	.93%	44	.62%	36	.40%	19	.51%
Private Outpatient	8	.13%	3	.05%	12	.17%	17	.19%	6	.16%
Shelter	2	.03%	2	.03%	1	.01%	5	.06%	0	.00%
Facilities/Agencies	76	1.21%	49	.78%	41	.57%	48	.53%	20	.53%
Nursing Home	4	.06%	23	.37%	15	.21%	14	.15%	3	.08%
MISCELLANEOUS	90	1.43%	77	1.23%	69	.97%	84	.93%	29	.77%
TOTAL	6272	100.00%	6260	100.00%	7142	100.00%	9062	100.00%	3758	100.00%

Chronic Alcoholic Project

Table 10

Hennepin County Referrals of Chronic Alcoholics

(Chronic alcoholics are defined as having 15 or greater lifetime admissions)

	1986		1987		1988		1989		Partial Year Data	
	Number	%	Number	%	Number	%	Number	%	Number	%
No Referral	7	.11%	4077	65.13%	2969	41.57%	37	.41%	16	.43%
Relatives	5013	79.93%	889	14.20%	54	.76%	7	.08%	6	.16%
Alcoholics Anonymous	2	.03%	8	.13%	2536	35.51%	4347	47.97%	1828	48.64%
SELF/FAMILY SUB-TOTAL	5022	80.07%	4974	79.46%	5559	77.84%	4391	48.46%	1850	49.23%
Case Management	0	.00%	1	.02%	126	1.76%	722	7.97%	357	9.50%
Homeless Project	0	.00%	0	.00%	375	5.25%	1674	18.47%	687	18.28%
NIAAA Project	0	.00%	0	.00%	121	1.69%	1471	16.23%	502	13.36%
Seniors	84	1.34%	58	.93%	11	.15%	152	1.68%	112	2.98%
Antabuse\Acupuncture	5	.08%	4	.06%	17	.24%	27	.30%	7	.19%
Chem Health Tx	3	.05%	0	.00%	67	.94%	8	.09%	1	.03%
IN HOUSE SUB-TOTAL	92	1.47%	63	1.01%	717	10.04%	4054	44.74%	1666	44.33%
HCMC 1 of 2	27	.43%	75	1.20%	130	1.82%	111	1.22%	52	1.38%
HCMC 2 of 2	2	.03%	1	.02%	0	.00%	0	.00%	0	.00%
Crisis Center	15	.24%	23	.37%	13	.18%	23	.25%	14	.37%
Private Hospital	3	.05%	0	.00%	1	.01%	1	.01%	0	.00%
Psych Hospital	158	2.52%	178	2.84%	88	1.23%	26	.29%	10	.27%
CD Hospital	4	.06%	2	.03%	0	.00%	2	.02%	0	.00%
Other Hospital	0	.00%	0	.00%	0	.00%	0	.00%	1	.03%
Private Inpatient	685	10.92%	672	10.73%	481	6.73%	321	3.54%	112	2.98%
St. Peter RTC	2	.03%	3	.05%	2	.03%	0	.00%	0	.00%
Wilmar RTC	3	.05%	8	.13%	0	.00%	0	.00%	0	.00%
Brainard RTC	1	.02%	0	.00%	16	.22%	7	.08%	2	.05%
Fergus Falls RTC	81	1.29%	105	1.68%	12	.17%	0	.00%	1	.03%
Anoka RTC	21	.33%	16	.26%	1	.01%	3	.03%	2	.05%
Mpls. VA	4	.06%	1	.02%	3	.04%	2	.02%	0	.00%
St. Cloud VA	5	.08%	4	.06%	6	.08%	1	.01%	0	.00%
Legal	57	.91%	58	.93%	44	.62%	36	.40%	19	.51%
Private Outpatient	8	.13%	3	.05%	12	.17%	17	.19%	6	.16%
Shelter	2	.03%	2	.03%	1	.01%	5	.06%	0	.00%
Facilities/Agencies	76	1.21%	49	.78%	41	.57%	48	.53%	20	.53%
Nursing Home	4	.06%	23	.37%	15	.21%	14	.15%	3	.08%
OUTSIDE SUB-TOTAL	1158	18.46%	1223	19.54%	866	12.13%	617	6.81%	242	6.44%
TOTAL	6272	100.00%	6260	100.00%	7142	100.00%	9062	100.00%	3758	100.00%
			% Change	% Change	% Change					
			86-87	87-88	88-89					
			-.19%	14.09%	26.88%					

Chronic Alcoholic Project

Table 11

Hennepin County Referral of Admits with 14 or Fewer Previous Admissions

Partial Year Data

	1986	1986	1987	1987	1988	1988	1989	1989	1990	1990
	Number	%	Number	%	Number	%	Number	%	Number	%
No Referral	1093	9.67%	7436	54.53%	5316	32.29%	2343	13.11%	1279	15.19%
Relatives	5697	50.41%	1190	8.73%	89	.54%	49	.27%	20	.24%
Alcoholics Anonymous	487	4.31%	484	3.55%	3590	21.81%	6613	37.00%	2886	34.28%
SELF/FAMILY SUB-TOTAL	7277	64.39%	9110	66.81%	8995	54.63%	9005	50.38%	4185	49.70%
Case Management	1	.01%	2	.01%	16	.10%	43	.24%	53	.63%
Homeless Project	0	.00%	0	.00%	5	.03%	21	.12%	7	.08%
NIAAA Project	0	.00%	0	.00%	0	.00%	13	.07%	2	.02%
Seniors	147	1.30%	140	1.03%	82	.50%	74	.41%	76	.90%
Antabuse\Acupuncture	137	1.21%	347	2.54%	412	2.50%	439	2.46%	108	1.28%
Chem Health Tx	1281	11.33%	940	6.89%	466	2.83%	336	1.88%	192	2.28%
IN HOUSE SUB-TOTAL	1566	13.86%	1429	10.48%	981	5.96%	926	5.18%	438	5.20%
Henn.Co.Med.Ctr.	112	.99%	214	1.57%	267	1.62%	299	1.67%	221	2.62%
Crisis Center	89	.79%	121	.89%	165	1.00%	149	.83%	37	.44%
Private Hospital	11	.10%	3	.02%	7	.04%	4	.02%	3	.04%
Psych Hospital	382	3.38%	493	3.62%	1024	6.22%	1332	7.45%	545	6.47%
CD Hospital	5	.04%	1	.01%	3	.02%	12	.07%	4	.05%
Other Hospital	4	.04%	52	.38%	133	.81%	12	.07%	3	.04%
Private Inpatient	678	6.00%	791	5.80%	1622	9.85%	2148	12.02%	977	11.60%
St. Peter RTC	1	.01%	10	.07%	5	.03%	1	.01%	0	.00%
Wilmar RTC	32	.28%	87	.64%	65	.39%	84	.47%	44	.52%
Brainard RTC	1	.01%	1	.01%	24	.15%	29	.16%	27	.32%
Fergus Falls RTC	20	.18%	37	.27%	10	.06%	12	.07%	7	.08%
Anoka RTC	116	1.03%	302	2.21%	749	4.55%	694	3.88%	189	2.24%
Mpls. VA	9	.08%	17	.12%	16	.10%	35	.20%	11	.13%
St.Cloud VA	5	.04%	2	.01%	4	.02%	8	.04%	2	.02%
Legal	154	1.36%	117	.86%	107	.65%	88	.49%	46	.55%
Private Outpatient	583	5.16%	742	5.44%	2087	12.68%	2729	15.27%	1529	18.16%
Shelter	9	.08%	8	.06%	6	.04%	6	.03%	3	.04%
Facilities/Agencies	65	.58%	82	.60%	182	1.11%	284	1.59%	143	1.70%
Nursing Home	183	1.62%	17	.12%	12	.07%	16	.09%	6	.07%
OUTSIDE SUB-TOTAL	2459	21.76%	3097	22.71%	6488	39.41%	7942	44.44%	3797	45.10%
TOTAL <15 ADMS.	11302	100.00%	13636	100.00%	16464	100.00%	17873	100.00%	8420	100.00%

% Change	% Change	% Change
86-87	87-88	88-89
20.65%	20.74%	8.56%

FUTURE STUDY OPTIONS

1. More in-depth look at the Hennepin Co. CD case management clients. Exactly how many clients are being served? What is their typical profile in terms of demographics, income source, living situation, etc.? How many of the clients referred to case management actually become active participants in this service.
2. More in-depth look at the CD case management programs at Hennepin County. What are the case loads and daily routines of the case workers? Do the case managers make home visits or do the clients come to see the case worker? What exactly are the grants to these programs for and what information will the research being conducted provide, and when can it be expected? Have these services proven effective in other urban areas. What can the case managers tell us about the unmet needs of the population they currently work with? Do these services appear to be more effective with some populations more than others? In particular, is this a promising approach to use with Native Americans, or other specific sub-sets of the chronic population?
3. A case study via client admission/ referral records of a sample population of chronic alcoholics in Hennepin County prior to consolidated funding, longer detox stays, and case management service implementation and comparing them to a sample population of chronic alcoholics after these programs were adopted.
4. Exploration of housing issues involving the chronic alcoholic population. How much individual and group housing is available for this population in Hennepin County. What steps are being taken to address the housing shortage. What are the key road blocks? Funding? Siting? Regulation? This could include interviews with present providers of group housing and shelter services for this population.
5. Comparison of study findings regarding chronic alcoholics in Hennepin County to one or two other counties. In particular, how is Ramsey County dealing with treatment, services and housing referral and placement?
6. Attempt to uncover the zip code or neighborhood of residence or detox pick-up of chronic alcoholics admitted in 1989 in Hennepin County. Has the concentration of alcoholics in various neighborhoods apparently changed.

Chronic Alcoholic Project

7. Interview past and current non-county providers of treatment, shelter, congregate dining, and residential services for chronic alcoholics. What do they think of county policies regarding this population? What do they think would best help alleviate the problem of concentrations of street drunks in certain urban areas? What is the best way to assist these individuals?
8. Attempt to obtain and analyze the RTC admissions of chronic alcoholics in more depth. Work with DHS in requesting some specific runs of DAANES data that is more specific to those with many lifetime admissions to detox. It may be useful to analyze the changing RTC admission patterns for each RTC facility. Attempt to obtain data through 1989.
9. Broaden the study of consolidated funding effects to include individuals not classified as chronic. Perhaps, the population of all detox admissions should be compared more closely pre and post consolidated fund. Or comparisons of all county assessment referrals could be done. Comparisons could also be made across counties to see how various counties are responding to the new incentives set up in Rules 24 and 25.
10. A closer investigation of Hennepin County detox services. Is there mounting evidence that shorter lengths of stay in detox are resulting in higher recidivism? Is this more or less expensive in a given year.

Chronic Alcoholic Project

Appendix A.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 1

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - BASIC INFORMATION ON CLIENTS ADMITTED

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
SEX:				
MALE	1116	85.1	4576	85.1
FEMALE	195	14.9	800	14.9
T O T A L	1311	100.0	5376	100.0
RACE:				
WHITE	1094	83.5	4504	83.8
BLACK	38	2.9	171	3.2
AMERICAN INDIAN	164	12.5	622	11.6
HISPANIC/SPANISH-SURNAME	12	0.9	56	1.0
ASIAN/PACIFIC ISLANDER	0	0.0	2	0.0
OTHER	2	0.2	18	0.3
MISSING	1		3	
T O T A L	1311	100.0	5376	99.9
AGE:				
01 - 14	0	0.0	0	0.0
15 - 17	10	0.8	49	0.9
18 - 20	144	11.0	637	11.9
21 - 25	314	24.0	1358	25.3
26 - 30	216	16.5	923	17.2

31 - 44	403	30.8	1505	28.0
45 - 59	177	13.5	672	12.5
60 - 64	28	2.1	123	2.3
65 OR OLDER	18	1.4	106	2.0
MISSING	1		3	
T O T A L	1311	100.1	5376	100.1
AVERAGE AGE:	32.6		32.3	
LEGAL STATUS:				
EMERGENCY HOLD ORDER	15	1.1	64	1.2
COURT HOLD ORDER	14	1.1	44	0.8
COURT COMMITMENT-CD	29	2.2	142	2.6
COURT COMMITMENT-MI	1	0.1	3	0.1

COURT COMMITMENT-MR	0	0.0	0	0.0
COURT COMMITMENT-MI&CD	2	0.2	10	0.2
COURT COMMITMENT-MI&D	0	0.0	2	0.0
COURT COMMITMENT-OTHER	1	0.1	2	0.0

INFORMAL	1245	95.0	5084	94.6
OTHER	3	0.2	23	0.4
MISSING	1		2	
T O T A L	1311	100.0	5376	99.9

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 2

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - MONTHLY SUMMARY OF ADMISSIONS

S E X	JANUARY	FEBRUARY	MARCH	APRIL	M A Y	JUNE	JULY
MALE	480	376	412	390	375	345	365
FEMALE	68	68	72	73	51	64	74
T O T A L	548	444	484	463	426	409	439

	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MISSING	T O T A L
MALE	362	355	402	353	361	0	4576
FEMALE	67	68	75	65	55	0	800
T O T A L	429	423	477	418	416	0	5376

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

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REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

SOURCE OF REFERRAL:	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
FAMILY/RELATIVE	102	7.8	355	6.6
FRIEND/NEIGHBOR	28	2.1	152	2.8
SCHOOL	0	0.0	1	0.0
EMPLOYER	1	0.1	17	0.3
LAW ENFORCEMENT	32	2.4	133	2.5

COURT	140	10.7	592	11.0
COURT SERVICES	339	25.9	1497	27.9
CORRECTIONS	26	2.0	120	2.2
COUNTY PRE-PETITION SCREENING UNIT	9	0.7	47	0.9
HEALTH CARE FACILITY	39	3.0	126	2.3

OTHER CD TREATMENT PROGRAM	35	2.7	110	2.0
OTHER RESIDENTIAL FACILITY	1	0.1	16	0.3
INTRAFACILITY TRANSFER	8	0.6	34	0.6
DETOX CENTER	312	23.8	1264	23.5
MENTAL HEALTH CENTER	28	2.1	96	1.8

COUNTY SOCIAL SERVICE AGENCY	311	23.7	1276	23.7
AA, OTHER SUPPORT GROUP	5	0.4	23	0.4
COMMUNITY PROFESSIONAL	13	1.0	60	1.1
INFORMATION AND REFERRAL AGENCY	54	4.1	160	3.0
SELF	581	44.4	2353	43.8

OTHER	9	0.7	54	1.0
MISSING	1		7	

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD		YEAR TO DATE		THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
AITKIN	0	0.0	0	0.0	9	0.7	26	0.5
ANOKA	0	0.0	0	0.0	43	3.3	136	2.5
BECKER	0	0.0	0	0.0	20	1.5	97	1.8
BELTRAMI	0	0.0	0	0.0	30	2.3	140	2.6
BENTON	0	0.0	0	0.0	13	1.0	43	0.8

BIG STONE	0	0.0	0	0.0	2	0.2	3	0.1
BLUE EARTH	0	0.0	0	0.0	26	2.0	98	1.8
BROWN	0	0.0	0	0.0	9	0.7	30	0.6
CARLTON	0	0.0	0	0.0	23	1.8	104	1.9
CARVER	6	0.5	20	0.4	6	0.5	23	0.4

CASS	25	1.9	108	2.0	29	2.2	111	2.1
CHIPPEWA	2	0.2	14	0.3	2	0.2	14	0.3

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
CHISAGO	5	0.4	25	0.5	5	0.4	27	0.5
CLAY	65	5.0	230	4.3	64	4.9	220	4.1
CLEARWATER	9	0.7	24	0.4	8	0.6	22	0.4
COOK	4	0.3	7	0.1	4	0.3	7	0.1
COTTONWOOD	1	0.1	13	0.2	1	0.1	13	0.2
CROW WING	30	2.3	103	1.9	32	2.4	104	1.9
DAKOTA	32	2.4	137	2.5	32	2.4	124	2.3
DODGE	3	0.2	16	0.3	3	0.2	15	0.3
DOUGLAS	17	1.3	72	1.3	16	1.2	65	1.2
FARIBAULT	3	0.2	13	0.2	4	0.3	14	0.3
FILLMORE	2	0.2	16	0.3	3	0.2	12	0.2
FREEBORN	9	0.7	46	0.9	10	0.8	45	0.8
GOODHUE	3	0.2	30	0.6	3	0.2	30	0.6
GRANT	3	0.2	14	0.3	3	0.2	15	0.3
HENNEPIN	193	14.7	832	15.5	178	13.6	797	14.8
HOUSTON	2	0.2	10	0.2	1	0.1	7	0.1
HUBBARD	4	0.3	27	0.5	3	0.2	30	0.6
ISANTI	8	0.6	45	0.8	9	0.7	47	0.9
ITASCA	36	2.7	119	2.2	36	2.7	119	2.2
JACKSON	1	0.1	4	0.1	1	0.1	5	0.1
KANABEC	3	0.2	19	0.4	3	0.2	18	0.3
KANDIYOHI	26	2.0	120	2.2	26	2.0	123	2.3
KITTSOON	1	0.1	10	0.2	1	0.1	10	0.2
KOOCHICHING	5	0.4	30	0.6	5	0.4	29	0.5
LAC QUI PARLE	3	0.2	11	0.2	3	0.2	11	0.2
LAKE	1	0.1	9	0.2	1	0.1	9	0.2
LAKE OF THE WOODS	2	0.2	10	0.2	2	0.2	9	0.2
LE SUEUR	7	0.5	36	0.7	7	0.5	36	0.7
LINCOLN	2	0.2	4	0.1	2	0.2	4	0.1
LYON	5	0.4	27	0.5	5	0.4	26	0.5
MCLEOD	7	0.5	26	0.5	7	0.5	28	0.5
MAHNOMEN	9	0.7	30	0.6	9	0.7	31	0.6
MARSHALL	2	0.2	18	0.3	2	0.2	18	0.3
MARTIN	6	0.5	32	0.6	6	0.5	32	0.6
MEEKER	15	1.1	47	0.9	15	1.1	48	0.9
MILLE LACS	10	0.8	66	1.2	10	0.8	66	1.2
MORRISON	21	1.6	71	1.3	20	1.5	69	1.3
MOWER	4	0.3	27	0.5	3	0.2	25	0.5
MURRAY	0	0.0	7	0.1	0	0.0	7	0.1
NICOLLET	6	0.5	28	0.5	8	0.6	38	0.7
NOBLES	4	0.3	14	0.3	4	0.3	14	0.3
NORMAN	3	0.2	11	0.2	3	0.2	12	0.2
OLMSTED	22	1.7	100	1.9	21	1.6	91	1.7

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

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 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
OTTER TAIL	46	3.5	171	3.2	46	3.5	200	3.7
PENNINGTON	8	0.6	31	0.6	10	0.8	33	0.6
PINE	10	0.8	46	0.9	10	0.8	48	0.9
PIPESTONE	5	0.4	17	0.3	5	0.4	17	0.3
POLK	2	1.6	64	1.2	18	1.4	62	1.2
POPE	2	0.2	19	0.4	2	0.2	17	0.3
RAMSEY	183	14.0	653	12.1	184	14.0	661	12.3
RED LAKE	2	0.2	13	0.2	2	0.2	11	0.2
REDWOOD	4	0.3	26	0.5	4	0.3	25	0.5
RENVILLE	5	0.4	20	0.4	5	0.4	19	0.4
RICE	10	0.8	41	0.8	11	0.8	41	0.8
ROCK	2	0.2	9	0.2	2	0.2	9	0.2
ROSEAU	6	0.5	21	0.4	6	0.5	22	0.4
ST. LOUIS	54	4.1	251	4.7	55	4.2	254	4.7
SCOTT	15	1.1	46	0.9	15	1.1	46	0.9
SHERBURNE	5	0.4	23	0.4	5	0.4	22	0.4
SIBLEY	4	0.3	16	0.3	4	0.3	16	0.3
STEARNS	35	2.7	141	2.6	38	2.9	145	2.7
STEELE	6	0.5	15	0.3	6	0.5	15	0.3
STEVENS	3	0.2	12	0.2	3	0.2	11	0.2
SWIFT	0	0.0	11	0.2	0	0.0	11	0.2
TODD	4	0.3	35	0.7	5	0.4	36	0.7
TRAVERSE	5	0.4	13	0.2	5	0.4	11	0.2
WABASHA	3	0.2	15	0.3	2	0.2	13	0.2
WADENA	7	0.5	32	0.6	5	0.4	28	0.5
WASECA	5	0.4	32	0.6	2	0.2	30	0.6
WASHINGTON	16	1.2	57	1.1	16	1.2	59	1.1
WATONWAN	4	0.3	28	0.5	4	0.3	27	0.5
WILKIN	5	0.4	26	0.5	5	0.4	25	0.5
WINONA	13	1.0	31	0.6	12	0.9	32	0.6
WRIGHT	16	1.2	73	1.4	16	1.2	73	1.4
YELLOW MEDICINE	4	0.3	7	0.1	4	0.3	8	0.1
TRANSIENT	0	0.0	6	0.1	0	0.0	3	0.1
UNKNOWN	174	13.3	692	12.9	0	0.0	0	0.0
IOWA	0	0.0	0	0.0	0	0.0	1	0.0
MONTANA	1	0.1	1	0.0	0	0.0	0	0.0
NORTH DAKOTA	1	0.1	2	0.0	1	0.1	2	0.0
SOUTH DAKOTA	0	0.0	1	0.0	0	0.0	1	0.0
WISCONSIN	0	0.0	1	0.0	1	0.1	2	0.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PREVIOUS PROBLEM INFORMATION ON CLIENTS ADMITTED

PRIMARY DIAGNOSIS:	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
ALCOHOL ABUSE	106	8.3	525	9.9
ALCOHOL DEPENDENCE	688	53.7	2849	53.9
DRUG ABUSE	10	0.8	32	0.6
DRUG DEPENDENCE	55	4.3	180	3.4
COMBINED ALCOHOL & DRUG ABUSE	68	5.3	332	6.3
COMBINED ALCOHOL & DRUG DEPENDENCE	309	24.1	1159	21.9
OTHER	46	3.6	212	4.0
MISSING	29		87	
T O T A L	1311	100.1	5376	100.0

CHEMICAL USE PAST 6 MONTHS:

	THIS PERIOD				YEAR TO DATE			
	DID NOT USE N/PERCENT	LESS THAN WEEKLY N/PERCENT	WEEKLY N/PERCENT	DAILY N/PERCENT	DID NOT USE N/PERCENT	LESS THAN WEEKLY N/PERCENT	WEEKLY N/PERCENT	DAILY N/PERCENT
ALCOHOL	53/ 4.0	187/ 14.3	500/ 38.1	523/ 39.9	201/ 3.7	798/ 14.8	2188/ 40.7	2043/ 38.0
MARIJUANA/HASHISH	680/ 51.9	171/ 13.0	198/ 15.1	221/ 16.9	2796/ 52.0	788/ 14.7	760/ 14.1	895/ 16.6
HEROIN/OPIUM	1201/ 91.6	34/ 2.6	12/ 0.9	21/ 1.6	4991/ 92.8	111/ 2.1	49/ 0.9	87/ 1.6
COCAINE	1055/ 80.5	129/ 9.8	36/ 2.7	48/ 3.7	4390/ 81.7	516/ 9.6	195/ 3.6	135/ 2.5
OTHER SEDATIVES/BARBITUATES	1156/ 88.2	59/ 4.5	24/ 1.8	30/ 2.3	4804/ 89.4	214/ 4.0	103/ 1.9	115/ 2.1
OTHER HALLUCINOGENS	1159/ 88.4	79/ 6.0	25/ 1.9	6/ 0.5	4818/ 89.6	348/ 6.5	59/ 1.1	13/ 0.2
INHALANTS	1255/ 95.7	13/ 1.0	2/ 0.2	0/ 0.0	5168/ 96.1	47/ 0.9	16/ 0.3	9/ 0.2
OTHER STIMULANTS/AMPHETAMINES	1055/ 80.5	135/ 10.3	48/ 3.7	27/ 2.1	4391/ 81.7	516/ 9.6	187/ 3.5	134/ 2.5
OTHER NARCOTICS	1170/ 89.2	38/ 2.9	24/ 1.8	37/ 2.8	4820/ 89.7	155/ 2.9	82/ 1.5	177/ 3.3
OTHER SUBSTANCES	1243/ 94.8	5/ 0.4	7/ 0.5	13/ 1.0	5136/ 95.5	39/ 0.7	15/ 0.3	46/ 0.9

PREVIOUS CD TREATMENT IN LIFETIME:

	THIS PERIOD				YEAR TO DATE			
	NONE N/PERCENT	1 TO 2 N/PERCENT	3 OR MORE N/PERCENT	UNKNOWN N/PERCENT	NONE N/PERCENT	1 TO 2 N/PERCENT	3 OR MORE N/PERCENT	UNKNOWN N/PERCENT
THIS FACILITY	803/ 61.3	357/ 27.2	149/ 11.4	2/ 0.2	3489/ 64.9	1310/ 24.4	574/ 10.7	3/ 0.1
DETOX PROGRAM	481/ 36.7	397/ 30.3	372/ 28.4	61/ 4.7	2101/ 39.1	1550/ 28.8	1515/ 28.2	210/ 3.9
PRIMARY INPATIENT	441/ 33.6	461/ 35.2	366/ 27.9	43/ 3.3	1846/ 34.3	1971/ 36.7	1422/ 26.5	137/ 2.5
PRIMARY OUTPATIENT	987/ 75.3	273/ 20.8	7/ 0.5	44/ 3.4	4229/ 78.7	980/ 18.2	32/ 0.6	135/ 2.5
HALFWAY HOUSE	984/ 75.1	246/ 18.8	38/ 2.9	43/ 3.3	4104/ 76.3	977/ 18.2	157/ 2.9	138/ 2.6
EXTENDED CD RESIDENTIAL PROGRAM	1115/ 85.0	133/ 10.1	18/ 1.4	45/ 3.4	4647/ 86.4	477/ 8.9	112/ 2.1	140/ 2.6
STRUCTURED AFTERCARE	1166/ 88.9	96/ 7.3	6/ 0.5	43/ 3.3	4769/ 88.7	447/ 8.3	24/ 0.4	136/ 2.5
OTHER CD PROGRAM	1199/ 91.5	62/ 4.7	6/ 0.5	44/ 3.4	5018/ 93.3	196/ 3.6	24/ 0.4	138/ 2.6

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PERSONAL HISTORY ON CLIENTS ADMITTED (PART 1)

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
MARITAL STATUS:				
SINGLE, NEVER MARRIED	648	49.5	2729	50.8
DIVORCED	313	23.9	1282	23.9
SEPARATED	111	8.5	366	6.8
WIDOWED	32	2.4	136	2.5
MARRIED	205	15.7	860	16.0
MISSING	2		3	
T O T A L	1311	100.0	5376	100.0
EDUCATION LEVEL:				
NOT HIGH SCHOOL GRAD	439	33.6	1905	35.5
HIGH SCHOOL GRAD	435	33.3	1876	35.0
G.E.D.	223	17.1	864	16.1
SOME COLLEGE	167	12.8	554	10.3
COLLEGE GRADUATE	29	2.2	116	2.2
SOME GRAD SCHOOL	5	0.4	24	0.4
GRADUATE DEGREE	9	0.7	27	0.5
MISSING	4		10	
T O T A L	1311	100.1	5376	100.0
EMPLOYMENT STATUS:				
EMPLOYED FULL-TIME	323	24.7	1194	22.3
EMPLOYED PART-TIME	111	8.5	370	6.9
OCCASIONAL WORK	50	3.8	222	4.1
SHELTERED EMPLOYMENT	3	0.2	5	0.1
UNEMPLOYED	679	52.0	2933	54.7
HOMEMAKER	42	3.2	189	3.5
VOLUNTEER	1	0.1	3	0.1
STUDENT	32	2.4	140	2.6
RETIRED	29	2.2	162	3.0
DISABLED	27	2.1	121	2.3
OTHER	10	0.8	27	0.5
MISSING	4		10	
T O T A L	1311	100.0	5376	100.1
HANDICAPS:				
PHYSICAL HANDICAP	139	10.6	545	10.1
MENTAL RETARDATION	10	0.8	23	0.4
MENTAL ILLNESS	25	1.9	125	2.3
SPEECH PATHOLOGY	5	0.4	21	0.4
LEARNING DISABILITY	36	2.7	134	2.5
HEARING IMPAIRED	43	3.3	155	2.9
VISUALLY IMPAIRED	58	4.4	197	3.7
OTHER	47	3.6	170	3.2

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
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REPORT SECTION - PERSONAL HISTORY ON CLIENTS ADMITTED (PART 2)

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
LIVING ARRANGEMENT (WITH WHOM):				
ALONE	320	24.5	1356	25.3
WITH SPOUSE/PARTNER ONLY	135	10.3	562	10.5
WITH CHILDREN ONLY	47	3.6	176	3.3
WITH SPOUSE/PARTNER & CHILDREN	170	13.0	674	12.6

WITH PARENTS/RELATIVES/ADULT CHILDREN	367	28.1	1554	29.0
WITH FRIENDS	181	13.8	768	14.3
WITH OTHERS	87	6.7	274	5.1
MISSING	4		12	
T O T A L	1311	100.0	5376	100.1
LIVING ARRANGEMENT (WHERE):				
HOUSE,APARTMENT,MOBILE HOME	1150	88.1	4841	90.2
ROOMING HOUSE,HOTEL,DORMITORY	29	2.2	104	1.9
GROUP HOME	1	0.1	3	0.1
FOSTER HOME	0	0.0	3	0.1
HALFWAY HOUSE	11	0.8	37	0.7

BOARD AND LODGING	6	0.5	24	0.4
HOSPITAL	5	0.4	13	0.2
NURSING HOME	0	0.0	2	0.0
LOCAL CORRECTIONAL FACILITY	28	2.1	96	1.8
STATE/FEDERAL CORRECTIONAL FACILITY	5	0.4	12	0.2

OTHER GROUP LIVING	27	2.1	89	1.7
TRANSIENT/NONE	28	2.1	99	1.8
OTHER	16	1.2	42	0.8
MISSING	5		11	
T O T A L	1311	100.0	5376	99.9
CURRENTLY ON PROBATION:				
YES	492	38.8	2069	39.5
NO	777	61.2	3175	60.5
MISSING	42		132	
T O T A L	1311	100.0	5376	100.0
ARRESTED OR CONVICTED LAST 6 MONTHS:				
YES	640	50.5	2630	50.3
NO	628	49.5	2603	49.7
MISSING	43		143	
T O T A L	1311	100.0	5376	100.0
INCARCERATED DURING LAST 6 MONTHS:				
YES	572	45.3	2344	44.9
NO	692	54.7	2872	55.1
MISSING	47		160	
T O T A L	1311	100.0	5376	100.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 1

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - BASIC INFORMATION ON CLIENTS ADMITTED

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
SEX:				
MALE	965	84.3	4400	84.1
FEMALE	180	15.7	830	15.9
MISSING	1		5	
T O T A L	1146	100.0	5235	100.0
RACE:				
WHITE	972	84.9	4324	82.7
BLACK	43	3.8	208	4.0
AMERICAN INDIAN	108	9.4	609	11.6
HISPANIC/SPANISH-SURNAME	15	1.3	74	1.4
ASIAN/PACIFIC ISLANDER	3	0.3	5	0.1
OTHER	4	0.3	9	0.2
MISSING	1		6	
T O T A L	1146	100.0	5235	100.0
AGE:				
01 - 14	2	0.2	2	0.0
15 - 17	1	0.1	29	0.6
18 - 20	124	10.9	552	10.6
21 - 25	255	22.3	1238	23.7
26 - 30	237	20.8	1030	19.7

31 - 44	313	27.4	1510	28.9
45 - 59	155	13.6	641	12.3
60 - 64	24	2.1	110	2.1
65 OR OLDER	30	2.6	115	2.2
MISSING	5		8	
T O T A L	1146	100.0	5235	100.1
AVERAGE AGE:	33.1		32.6	
LEGAL STATUS:				
EMERGENCY HOLD ORDER	9	0.8	62	1.2
COURT HOLD ORDER	14	1.2	39	0.7
COURT COMMITMENT-CD	38	3.3	146	2.8
COURT COMMITMENT-MI	2	0.2	9	0.2

COURT COMMITMENT-MR	0	0.0	1	0.0
COURT COMMITMENT-MI&CD	2	0.2	8	0.2
COURT COMMITMENT-MI&D	0	0.0	1	0.0
COURT COMMITMENT-OTHER	0	0.0	4	0.1

INFORMAL	1065	93.3	4928	94.4
OTHER	11	1.0	25	0.5
MISSING	5		12	
T O T A L	1146	100.0	5235	100.1

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - MONTHLY SUMMARY OF ADMISSIONS

S E X	JANUARY	FEBRUARY	MARCH	APRIL	M A Y	JUNE	JULY
MALE	436	369	391	367	339	356	405
FEMALE	82	52	80	56	72	72	85
MISSING	0	0	0	3	0	0	0
T O T A L	518	421	471	426	411	428	490
	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MISSING	T O T A L
MALE	371	401	400	324	241	0	4400
FEMALE	85	66	71	60	49	0	830
MISSING	1	0	1	0	0	0	5
T O T A L	457	467	472	384	290	0	5235

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

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 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

SOURCE OF REFERRAL:	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
FAMILY/RELATIVE	83	7.3	409	7.8
FRIEND/NEIGHBOR	21	1.8	145	2.8
SCHOOL	1	0.1	4	0.1
EMPLOYER	0	0.0	8	0.2
LAW ENFORCEMENT	35	3.1	154	2.9

COURT	146	12.8	491	9.4
COURT SERVICES	280	24.6	1380	26.4
CORRECTIONS	30	2.6	141	2.7
COUNTY PRE-PETITION SCREENING UNIT	10	0.9	46	0.9
HEALTH CARE FACILITY	21	1.8	107	2.0

OTHER CD TREATMENT PROGRAM	38	3.3	153	2.9
OTHER RESIDENTIAL FACILITY	6	0.5	19	0.4
INTRAFACILITY TRANSFER	10	0.9	44	0.8
DETOX CENTER	238	20.9	1219	23.3
MENTAL HEALTH CENTER	20	1.8	83	1.6

COUNTY SOCIAL SERVICE AGENCY	284	25.0	1233	23.6
AA, OTHER SUPPORT GROUP	2	0.2	20	0.4
COMMUNITY PROFESSIONAL	14	1.2	78	1.5
INFORMATION AND REFERRAL AGENCY	52	4.6	180	3.4
SELF	485	42.7	2290	43.8

OTHER	6	0.5	27	0.5
MISSING	9		22	

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
AITKIN	0	0.0	0	0.0	3	0.3	20	0.4
ANOKA	0	0.0	0	0.0	37	3.2	131	2.5
BECKER	0	0.0	0	0.0	19	1.7	105	2.0
BELTRAMI	0	0.0	0	0.0	25	2.2	149	2.8
BENTON	0	0.0	0	0.0	10	0.9	45	0.9

BIG STONE	0	0.0	0	0.0	0	0.0	7	0.1
BLUE EARTH	0	0.0	0	0.0	28	2.4	114	2.2
BROWN	0	0.0	0	0.0	14	1.2	30	0.6
CARLTON	0	0.0	0	0.0	13	1.1	75	1.4
CARVER	4	0.3	30	0.6	4	0.3	30	0.6

CASS	22	1.9	106	2.0	22	1.9	109	2.1
CHIPPEWA	3	0.3	15	0.3	3	0.3	15	0.3

MINNESOTA DEPARTMENT OF HUMAN SERVICES
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 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

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 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
CHISAGO	3	0.3	22	0.4	3	0.3	22	0.4
CLAY	64	5.6	202	3.9	65	5.7	207	4.0
CLEARWATER	9	0.8	33	0.6	9	0.8	32	0.6
COOK	2	0.2	3	0.1	2	0.2	6	0.1
COTTONWOOD	5	0.4	12	0.2	5	0.4	12	0.2
CROW WING	23	2.0	91	1.7	22	1.9	90	1.7
DAKOTA	41	3.6	165	3.2	39	3.4	155	3.0
DODGE	3	0.3	13	0.2	2	0.2	12	0.2
DOUGLAS	15	1.3	50	1.0	13	1.1	48	0.9
FARIBAULT	2	0.2	12	0.2	1	0.1	11	0.2
FILLMORE	2	0.2	11	0.2	2	0.2	10	0.2
FREEBORN	6	0.5	47	0.9	6	0.5	45	0.9
GOODHUE	3	0.3	15	0.3	3	0.3	15	0.3
GRANT	3	0.3	12	0.2	4	0.3	13	0.2
HENNEPIN	198	17.3	893	17.1	197	17.2	865	16.5
HOUSTON	1	0.1	5	0.1	1	0.1	5	0.1
HUBBARD	6	0.5	16	0.3	5	0.4	18	0.3
ISANTI	2	0.2	28	0.5	3	0.3	30	0.6
ITASCA	10	0.9	89	1.7	10	0.9	89	1.7
JACKSON	3	0.3	5	0.1	3	0.3	5	0.1
KANABEC	3	0.3	24	0.5	3	0.3	25	0.5
KANDIYOHI	20	1.7	95	1.8	20	1.7	97	1.9
KITTSOON	0	0.0	8	0.2	0	0.0	8	0.2
KOOCHICHING	4	0.3	21	0.4	4	0.3	21	0.4
LAC QUI PARLE	2	0.2	7	0.1	2	0.2	7	0.1
LAKE	2	0.2	10	0.2	2	0.2	10	0.2
LAKE OF THE WOODS	2	0.2	4	0.1	1	0.1	2	0.0
LE SUEUR	7	0.6	35	0.7	8	0.7	32	0.6
LINCOLN	1	0.1	9	0.2	1	0.1	9	0.2
LYON	10	0.9	32	0.6	11	1.0	33	0.6
MCLEOD	10	0.9	30	0.6	10	0.9	30	0.6
MAHONOMEN	4	0.3	34	0.6	6	0.5	32	0.6
MARSHALL	2	0.2	14	0.3	1	0.1	13	0.2
MARTIN	5	0.4	24	0.5	4	0.3	22	0.4
MEEKER	7	0.6	45	0.9	7	0.6	44	0.8
MILLE LACS	9	0.8	44	0.8	11	1.0	48	0.9
MORRISON	8	0.7	53	1.0	8	0.7	53	1.0
MOWER	8	0.7	31	0.6	8	0.7	28	0.5
MURRAY	3	0.3	8	0.2	3	0.3	8	0.2
NICOLLET	9	0.8	43	0.8	12	1.0	64	1.2
NOBLES	10	0.9	25	0.5	9	0.8	24	0.5
NORMAN	1	0.1	6	0.1	0	0.0	5	0.1
OLMSTED	28	2.4	120	2.3	27	2.4	117	2.2

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

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 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
OTTER TAIL	34	3.0	153	2.9	40	3.5	161	3.1
PENNINGTON	9	0.8	27	0.5	8	0.7	24	0.5
PINE	6	0.5	42	0.8	6	0.5	43	0.8
PIPESTONE	1	0.1	13	0.2	1	0.1	13	0.2
POLK	30	2.6	75	1.4	32	2.8	76	1.5
POPE	2	0.2	12	0.2	2	0.2	12	0.2
RAMSEY	101	8.8	588	11.2	98	8.6	593	11.3
RED LAKE	0	0.0	7	0.1	0	0.0	7	0.1
REDWOOD	11	1.0	22	0.4	12	1.0	23	0.4
RENVILLE	8	0.7	29	0.6	8	0.7	29	0.6
RICE	8	0.7	42	0.8	7	0.6	38	0.7
ROCK	3	0.3	10	0.2	3	0.3	10	0.2
ROSEAU	3	0.3	20	0.4	3	0.3	19	0.4
ST. LOUIS	41	3.6	224	4.3	41	3.6	223	4.3
SCOTT	10	0.9	58	1.1	12	1.0	60	1.1
SHERBURNE	3	0.3	24	0.5	2	0.2	20	0.4
SIBLEY	5	0.4	14	0.3	5	0.4	14	0.3
STEARNS	42	3.7	204	3.9	44	3.8	207	4.0
STEELE	4	0.3	22	0.4	3	0.3	20	0.4
STEVENS	4	0.3	17	0.3	3	0.3	14	0.3
SWIFT	3	0.3	17	0.3	3	0.3	16	0.3
TODD	6	0.5	34	0.6	6	0.5	34	0.6
TRAVERSE	4	0.3	7	0.1	4	0.3	7	0.1
WABASHA	4	0.3	18	0.3	2	0.2	14	0.3
WADENA	8	0.7	28	0.5	6	0.5	25	0.5
WASECA	5	0.4	22	0.4	6	0.5	19	0.4
WASHINGTON	13	1.1	52	1.0	14	1.2	53	1.0
WATONWAN	7	0.6	19	0.4	6	0.5	18	0.3
WILKIN	5	0.4	24	0.5	5	0.4	26	0.5
WINONA	10	0.9	35	0.7	12	1.0	38	0.7
WRIGHT	13	1.1	49	0.9	12	1.0	48	0.9
YELLOW MEDICINE	3	0.3	14	0.3	3	0.3	14	0.3
TRANSIENT	0	0.0	5	0.1	0	0.0	2	0.0
UNKNOWN	155	13.5	704	13.4	0	0.0	3	0.1
IOWA	0	0.0	0	0.0	1	0.1	1	0.0
NEBRASKA	0	0.0	1	0.0	0	0.0	1	0.0
NORTH DAKOTA	0	0.0	2	0.0	0	0.0	2	0.0
WASHINGTON	0	0.0	1	0.0	0	0.0	0	0.0
WISCONSIN	0	0.0	0	0.0	0	0.0	2	0.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PREVIOUS PROBLEM INFORMATION ON CLIENTS ADMITTED

PRIMARY DIAGNOSIS:	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
ALCOHOL ABUSE	82	7.5	438	8.6
ALCOHOL DEPENDENCE	633	57.6	2757	54.3
DRUG ABUSE	11	1.0	44	0.9
DRUG DEPENDENCE	62	5.6	244	4.8

COMBINED ALCOHOL & DRUG ABUSE	56	5.1	277	5.5
COMBINED ALCOHOL & DRUG DEPENDENCE	207	18.8	1088	21.4
OTHER	48	4.4	231	4.5
MISSING	47		156	
T O T A L	1146	100.0	5235	100.0

CHEMICAL USE PAST 6 MONTHS:

	THIS PERIOD				YEAR TO DATE			
	DID NOT USE N/PERCENT	LESS THAN WEEKLY N/PERCENT	WEEKLY N/PERCENT	DAILY N/PERCENT	DID NOT USE N/PERCENT	LESS THAN WEEKLY N/PERCENT	WEEKLY N/PERCENT	DAILY N/PERCENT
ALCOHOL	39/ 3.4	162/ 14.1	462/ 40.3	424/ 37.0	186/ 3.6	782/ 14.9	2084/ 39.8	1951/ 37.3
MARIJUANA/HASHISH	601/ 52.4	202/ 17.6	160/ 14.0	121/ 10.6	2703/ 51.6	841/ 16.1	743/ 14.2	729/ 13.9
HEROIN/OPIUM	1033/ 90.1	27/ 2.4	6/ 0.5	21/ 1.8	4808/ 91.8	103/ 2.0	34/ 0.6	84/ 1.6
COCAINE	829/ 72.3	140/ 12.2	64/ 5.6	53/ 4.6	3978/ 76.0	573/ 10.9	271/ 5.2	201/ 3.8
OTHER SEDATIVES/BARBITUATES	985/ 86.0	44/ 3.8	20/ 1.7	37/ 3.2	4628/ 88.4	184/ 3.5	88/ 1.7	125/ 2.4

OTHER HALLUCINOGENS	1007/ 87.9	67/ 5.8	8/ 0.7	3/ 0.3	4646/ 88.7	309/ 5.9	57/ 1.1	14/ 0.3
INHALANTS	1072/ 93.5	8/ 0.7	2/ 0.2	4/ 0.3	4983/ 95.2	32/ 0.6	7/ 0.1	7/ 0.1
OTHER STIMULANTS/AMPHETAMINES	925/ 80.7	88/ 7.7	48/ 4.2	23/ 2.0	4232/ 80.8	443/ 8.5	213/ 4.1	135/ 2.6
OTHER NARCOTICS	985/ 86.0	41/ 3.6	13/ 1.1	46/ 4.0	4616/ 88.2	168/ 3.2	63/ 1.2	176/ 3.4
OTHER SUBSTANCES	1061/ 92.6	11/ 1.0	2/ 0.2	11/ 1.0	4915/ 93.9	46/ 0.9	12/ 0.2	47/ 0.9

PREVIOUS CD TREATMENT IN LIFETIME:

	THIS PERIOD				YEAR TO DATE			
	NONE N/PERCENT	1 TO 2 N/PERCENT	3 OR MORE N/PERCENT	UNKNOWN N/PERCENT	NONE N/PERCENT	1 TO 2 N/PERCENT	3 OR MORE N/PERCENT	UNKNOWN N/PERCENT
THIS FACILITY	726/ 63.4	284/ 24.8	130/ 11.3	6/ 0.5	3314/ 63.3	1353/ 25.8	552/ 10.5	16/ 0.3
DETOX PROGRAM	370/ 32.3	331/ 28.9	364/ 31.8	81/ 7.1	1767/ 33.8	1561/ 29.8	1586/ 30.3	321/ 6.1
PRIMARY INPATIENT	340/ 29.7	428/ 37.3	317/ 27.7	61/ 5.3	1645/ 31.4	1931/ 36.9	1432/ 27.4	227/ 4.3
PRIMARY OUTPATIENT	849/ 74.1	228/ 19.9	8/ 0.7	61/ 5.3	4040/ 77.2	936/ 17.9	33/ 0.6	226/ 4.3

HALFWAY HOUSE	844/ 73.6	210/ 18.3	32/ 2.8	60/ 5.2	3880/ 74.1	978/ 18.7	150/ 2.9	227/ 4.3
EXTENDED CD RESIDENTIAL PROGRAM	937/ 81.8	104/ 9.1	41/ 3.6	64/ 5.6	4398/ 84.0	467/ 8.9	142/ 2.7	228/ 4.4
STRUCTURED AFTERCARE	938/ 81.8	130/ 11.3	16/ 1.4	62/ 5.4	4509/ 86.1	463/ 8.8	36/ 0.7	227/ 4.3
OTHER CD PROGRAM	1056/ 92.1	26/ 2.3	1/ 0.1	63/ 5.5	4774/ 91.2	220/ 4.2	16/ 0.3	225/ 4.3

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 7

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PERSONAL HISTORY ON CLIENTS ADMITTED (PART 1)

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
MARITAL STATUS:				
SINGLE, NEVER MARRIED	570	49.8	2640	50.6
DIVORCED	289	25.2	1351	25.9
SEPARATED	84	7.3	339	6.5
WIDOWED	29	2.5	142	2.7
MARRIED	173	15.1	750	14.4
MISSING	1		13	
T O T A L	1146	99.9	5235	100.1
EDUCATION LEVEL:				
NOT HIGH SCHOOL GRAD	394	34.5	1817	34.8
HIGH SCHOOL GRAD	409	35.8	1835	35.1
G.E.D.	198	17.3	854	16.3
SOME COLLEGE	106	9.3	551	10.5
COLLEGE GRADUATE	23	2.0	126	2.4
SOME GRAD SCHOOL	9	0.8	27	0.5
GRADUATE DEGREE	4	0.3	15	0.3
MISSING	3		10	
T O T A L	1146	100.0	5235	99.9
EMPLOYMENT STATUS:				
EMPLOYED FULL-TIME	250	21.9	1128	21.6
EMPLOYED PART-TIME	100	8.8	417	8.0
OCCASIONAL WORK	59	5.2	233	4.5
SHELTERED EMPLOYMENT	1	0.1	4	0.1
UNEMPLOYED	575	50.4	2770	53.0
HOMEMAKER	42	3.7	191	3.7
VOLUNTEER	0	0.0	3	0.1
STUDENT	26	2.3	154	2.9
RETIRED	39	3.4	157	3.0
DISABLED	40	3.5	130	2.5
OTHER	10	0.9	35	0.7
MISSING	4		13	
T O T A L	1146	100.2	5235	100.1
HANDICAPS:				
PHYSICAL HANDICAP	129	11.3	603	11.5
MENTAL RETARDATION	4	0.3	23	0.4
MENTAL ILLNESS	33	2.9	142	2.7
SPEECH PATHOLOGY	2	0.2	13	0.2
LEARNING DISABILITY	17	1.5	138	2.6
HEARING IMPAIRED	25	2.2	161	3.1
VISUALLY IMPAIRED	42	3.7	182	3.5
OTHER	32	2.8	206	3.9

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 8

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PERSONAL HISTORY ON CLIENTS ADMITTED (PART 2)

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
LIVING ARRANGEMENT (WITH WHOM):				
ALONE	266	23.4	1323	25.4
WITH SPOUSE/PARTNER ONLY	144	12.6	611	11.7
WITH CHILDREN ONLY	40	3.5	181	3.5
WITH SPOUSE/PARTNER & CHILDREN	137	12.0	578	11.1

WITH PARENTS/RELATIVES/ADULT CHILDREN	327	28.7	1486	28.5
WITH FRIENDS	156	13.7	694	13.3
WITH OTHERS	69	6.1	343	6.6
MISSING	7		19	
T O T A L	1146	100.0	5235	100.1
LIVING ARRANGEMENT (WHERE):				
HOUSE, APARTMENT, MOBILE HOME	1035	90.9	4686	89.8
ROOMING HOUSE, HOTEL, DORMITORY	21	1.8	89	1.7
GROUP HOME	0	0.0	7	0.1
FOSTER HOME	0	0.0	2	0.0
HALFWAY HOUSE	9	0.8	54	1.0

BOARD AND LODGING	8	0.7	21	0.4
HOSPITAL	4	0.4	9	0.2
NURSING HOME	0	0.0	2	0.0
LOCAL CORRECTIONAL FACILITY	14	1.2	101	1.9
STATE/FEDERAL CORRECTIONAL FACILITY	4	0.4	26	0.5

OTHER GROUP LIVING	19	1.7	69	1.3
TRANSIENT/NONE	14	1.2	98	1.9
OTHER	11	1.0	55	1.1
MISSING	7		16	
T O T A L	1146	100.1	5235	99.9
CURRENTLY ON PROBATION:				
YES	428	39.4	1983	39.6
NO	657	60.6	3027	60.4
MISSING	61		225	
T O T A L	1146	100.0	5235	100.0
ARRESTED OR CONVICTED LAST 6 MONTHS:				
YES	548	50.8	2477	49.5
NO	530	49.2	2524	50.5
MISSING	68		234	
T O T A L	1146	100.0	5235	100.0
INCARCERATED DURING LAST 6 MONTHS:				
YES	488	45.1	2193	44.0
NO	594	54.9	2793	56.0
MISSING	64		249	
T O T A L	1146	100.0	5235	100.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - BASIC INFORMATION ON CLIENTS ADMITTED

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
SEX:				
MALE	717	77.8	3556	80.6
FEMALE	205	22.2	854	19.4
T O T A L	922	100.0	4410	100.0
RACE:				
WHITE	709	76.9	3444	78.1
BLACK	77	8.4	302	6.8
AMERICAN INDIAN	120	13.0	588	13.3
HISPANIC/SPANISH-SURNAME	11	1.2	64	1.5
ASIAN/PACIFIC ISLANDER	0	0.0	5	0.1
OTHER	5	0.5	7	0.2
T O T A L	922	100.0	4410	100.0
AGE:				
01 - 14	0	0.0	1	0.0
15 - 17	12	1.3	46	1.0
18 - 20	66	7.2	365	8.3
21 - 25	215	23.4	991	22.5
26 - 30	165	18.0	913	20.7

31 - 44	291	31.7	1349	30.7
45 - 59	118	12.9	526	12.0
60 - 64	27	2.9	100	2.3
65 OR OLDER	24	2.6	110	2.5
MISSING	4		9	
T O T A L	922	100.0	4410	100.0
AVERAGE AGE:	33.5		33.0	
LEGAL STATUS:				
EMERGENCY HOLD ORDER	5	0.5	43	1.0
COURT HOLD ORDER	10	1.1	33	0.7
COURT COMMITMENT-CD	40	4.3	189	4.3
COURT COMMITMENT-MI	0	0.0	3	0.1

COURT COMMITMENT-MR	0	0.0	0	0.0
COURT COMMITMENT-MI&CD	1	0.1	19	0.4
COURT COMMITMENT-MI&D	1	0.1	2	0.0
COURT COMMITMENT-OTHER	1	0.1	3	0.1

INFORMAL	853	92.5	4090	92.8
OTHER	11	1.2	26	0.6
MISSING	0		2	
T O T A L	922	99.9	4410	100.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 2

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL
 REPORT SECTION - MONTHLY SUMMARY OF ADMISSIONS

S E X	JANUARY	FEBRUARY	MARCH	APRIL	M A Y	JUNE	JULY
MALE	388	344	334	292	285	292	315
FEMALE	68	57	81	68	79	75	71
T O T A L	456	401	415	360	364	367	386

	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MISSING	T O T A L
MALE	314	275	258	267	192	0	3556
FEMALE	83	67	86	76	43	0	854
T O T A L	397	342	344	343	235	0	4410

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

SOURCE OF REFERRAL:	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
FAMILY/RELATIVE	64	6.9	257	5.8
FRIEND/NEIGHBOR	14	1.5	87	2.0
SCHOOL	1	0.1	3	0.1
EMPLOYER	0	0.0	8	0.2
LAW ENFORCEMENT	19	2.1	82	1.9

COURT	100	10.8	560	12.7
COURT SERVICES	158	17.1	831	18.8
CORRECTIONS	21	2.3	105	2.4
COUNTY PRE-PETITION SCREENING UNIT	23	2.5	58	1.3
HEALTH CARE FACILITY	25	2.7	113	2.6

OTHER CD TREATMENT PROGRAM	22	2.4	96	2.2
OTHER RESIDENTIAL FACILITY	2	0.2	7	0.2
INTRAFACILITY TRANSFER	25	2.7	143	3.2
DETOX CENTER	149	16.2	933	21.2
MENTAL HEALTH CENTER	14	1.5	73	1.7

COUNTY SOCIAL SERVICE AGENCY	373	40.5	1616	36.6
AA, OTHER SUPPORT GROUP	1	0.1	12	0.3
COMMUNITY PROFESSIONAL	9	1.0	63	1.4
INFORMATION AND REFERRAL AGENCY	89	9.7	300	6.8
SELF	263	28.5	1207	27.4

OTHER	7	0.8	25	0.6
MISSING	0		1	

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
AITKIN	0	0.0	0	0.0	6	0.7	17	0.4
ANOKA	0	0.0	0	0.0	17	1.8	113	2.6
BECKER	0	0.0	0	0.0	9	1.0	64	1.5
BELTRAMI	0	0.0	0	0.0	22	2.4	83	1.9
BENTON	0	0.0	0	0.0	6	0.7	24	0.5

BIG STONE	0	0.0	0	0.0	1	0.1	5	0.1
BLUE EARTH	0	0.0	0	0.0	6	0.7	62	1.4
BROWN	0	0.0	0	0.0	6	0.7	27	0.6
CARLTON	0	0.0	0	0.0	15	1.6	58	1.3
CARVER	10	1.1	31	0.7	11	1.2	31	0.7

CASS	20	2.2	102	2.3	22	2.4	106	2.4
CHIPPEWA	3	0.3	18	0.4	3	0.3	18	0.4

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
CHISAGO	1	0.1	10	0.2	1	0.1	10	0.2
CLAY	45	4.9	183	4.1	45	4.9	186	4.2
CLEARWATER	5	0.5	23	0.5	5	0.5	21	0.5
COOK	1	0.1	7	0.2	1	0.1	7	0.2
COTTONWOOD	0	0.0	7	0.2	0	0.0	7	0.2
CROW WING	17	1.8	58	1.3	18	2.0	61	1.4
DAKOTA	22	2.4	113	2.6	19	2.1	103	2.3
DODGE	5	0.5	15	0.3	5	0.5	15	0.3
DOUGLAS	9	1.0	30	0.7	10	1.1	31	0.7
FARIBAULT	5	0.5	28	0.6	4	0.4	25	0.6
FILLMORE	2	0.2	8	0.2	2	0.2	7	0.2
FREEBORN	10	1.1	38	0.9	10	1.1	37	0.8
GOODHUE	9	1.0	23	0.5	9	1.0	20	0.5
GRANT	4	0.4	12	0.3	4	0.4	12	0.3
HENNEPIN	202	21.9	947	21.5	204	22.1	943	21.4
HOUSTON	1	0.1	7	0.2	1	0.1	7	0.2
HUBBARD	2	0.2	12	0.3	3	0.3	17	0.4
ISANTI	6	0.7	23	0.5	6	0.7	22	0.5
ITASCA	13	1.4	48	1.1	13	1.4	49	1.1
JACKSON	1	0.1	3	0.1	2	0.2	4	0.1
KANABEC	1	0.1	15	0.3	1	0.1	15	0.3
KANDIYOHI	19	2.1	72	1.6	21	2.3	78	1.8
KITTSOON	1	0.1	5	0.1	1	0.1	5	0.1
KOOCHICHING	1	0.1	20	0.5	1	0.1	20	0.5
LAC QUI PARLE	3	0.3	14	0.3	2	0.2	13	0.3
LAKE	1	0.1	10	0.2	1	0.1	10	0.2
LAKE OF THE WOODS	2	0.2	10	0.2	2	0.2	10	0.2
LE SUEUR	16	1.7	43	1.0	17	1.8	43	1.0
LINCOLN	1	0.1	3	0.1	2	0.2	5	0.1
LYON	4	0.4	21	0.5	3	0.3	20	0.5
MCLEOD	4	0.4	19	0.4	4	0.4	20	0.5
MAHNOMEN	2	0.2	24	0.5	2	0.2	24	0.5
MARSHALL	4	0.4	12	0.3	5	0.5	13	0.3
MARTIN	4	0.4	19	0.4	4	0.4	17	0.4
MEEKER	3	0.3	24	0.5	3	0.3	27	0.6
MILLE LACS	5	0.5	35	0.8	5	0.5	34	0.8
MORRISON	7	0.8	46	1.0	6	0.7	45	1.0
MOWER	6	0.7	33	0.7	6	0.7	33	0.7
MURRAY	4	0.4	14	0.3	4	0.4	14	0.3
NICOLLET	8	0.9	29	0.7	9	1.0	40	0.9
NOBLES	5	0.5	23	0.5	5	0.5	22	0.5
NORMAN	1	0.1	5	0.1	1	0.1	5	0.1
OLMSTED	29	3.1	125	2.8	29	3.1	123	2.8

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
OTTER TAIL	38	4.1	195	4.4	38	4.1	206	4.7
PENNINGTON	5	0.5	20	0.5	5	0.5	21	0.5
PINE	0	0.0	11	0.2	0	0.0	11	0.2
PIPESTONE	2	0.2	12	0.3	2	0.2	11	0.2
POLK	7	0.8	38	0.9	6	0.7	38	0.9
POPE	1	0.1	7	0.2	0	0.0	6	0.1
RAMSEY	82	8.9	527	12.0	82	8.9	529	12.0
RED LAKE	0	0.0	8	0.2	0	0.0	7	0.2
REDWOOD	8	0.9	23	0.5	8	0.9	24	0.5
RENVILLE	3	0.3	21	0.5	3	0.3	19	0.4
RICE	9	1.0	42	1.0	7	0.8	39	0.9
ROCK	3	0.3	12	0.3	3	0.3	12	0.3
ROSEAU	6	0.7	13	0.3	6	0.7	12	0.3
ST. LOUIS	24	2.6	139	3.2	24	2.6	141	3.2
SCOTT	15	1.6	35	0.8	15	1.6	38	0.9
SHERBURNE	7	0.8	30	0.7	7	0.8	31	0.7
SIBLEY	2	0.2	8	0.2	2	0.2	7	0.2
STEARNS	27	2.9	125	2.8	29	3.1	130	2.9
STEELE	3	0.3	23	0.5	2	0.2	21	0.5
STEVENS	0	0.0	5	0.1	0	0.0	5	0.1
SWIFT	1	0.1	14	0.3	1	0.1	14	0.3
TODD	16	1.7	37	0.8	15	1.6	32	0.7
TRAVERSE	1	0.1	8	0.2	1	0.1	8	0.2
WABASHA	5	0.5	12	0.3	6	0.7	13	0.3
WADENA	6	0.7	19	0.4	6	0.7	18	0.4
WASECA	4	0.4	14	0.3	4	0.4	14	0.3
WASHINGTON	3	0.3	42	1.0	4	0.4	43	1.0
WATONWAN	3	0.3	15	0.3	3	0.3	15	0.3
WILKIN	3	0.3	16	0.4	3	0.3	17	0.4
WINONA	3	0.3	22	0.5	3	0.3	22	0.5
WRIGHT	9	1.0	47	1.1	9	1.0	46	1.0
YELLOW MEDICINE	0	0.0	4	0.1	0	0.0	4	0.1
TRANSIENT	2	0.2	5	0.1	0	0.0	2	0.0
UNKNOWN	91	9.9	475	10.8	0	0.0	0	0.0
CALIFORNIA	1	0.1	1	0.0	0	0.0	0	0.0
FLORIDA	1	0.1	1	0.0	1	0.1	1	0.0
INDIANA	1	0.1	1	0.0	1	0.1	1	0.0
IOWA	0	0.0	4	0.1	0	0.0	4	0.1
KANSAS	1	0.1	1	0.0	0	0.0	0	0.0
NORTH DAKOTA	2	0.2	7	0.2	2	0.2	2	0.0
SOUTH DAKOTA	1	0.1	1	0.0	1	0.1	1	0.0
TEXAS	0	0.0	1	0.0	0	0.0	0	0.0

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REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	C O U N T Y O F R E S I D E N C E		C O U N T Y A D M I T T E D F R O M	
	THIS PERIOD NUMBER	PERCENT	YEAR NUMBER	TO DATE PERCENT
WISCONSIN	1	0.1	1	0.0
CANADA	1	0.1	1	0.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
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REPORT SECTION - PREVIOUS PROBLEM INFORMATION ON CLIENTS ADMITTED

PRIMARY DIAGNOSIS:	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
ALCOHOL ABUSE	17	2.0	213	5.0
ALCOHOL DEPENDENCE	460	53.4	2255	52.7
DRUG ABUSE	7	0.8	28	0.7
DRUG DEPENDENCE	69	8.0	279	6.5

COMBINED ALCOHOL & DRUG ABUSE	16	1.9	151	3.5
COMBINED ALCOHOL & DRUG DEPENDENCE	258	30.0	1157	27.0
OTHER	34	3.9	199	4.6
MISSING	61		128	
T O T A L	922	100.0	4410	100.0

CHEMICAL USE PAST 6 MONTHS:

	THIS PERIOD				YEAR TO DATE			
	DID NOT USE	LESS THAN WEEKLY	WEEKLY	DAILY	DID NOT USE	LESS THAN WEEKLY	WEEKLY	DAILY
	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT
ALCOHOL	35/ 3.8	118/ 12.8	346/ 37.5	354/ 38.4	167/ 3.8	617/ 14.0	1779/ 40.3	1667/ 37.8
MARIJUANA/HASHISH	439/ 47.6	151/ 16.4	125/ 13.6	138/ 15.0	2195/ 49.8	779/ 17.7	633/ 14.4	626/ 14.2
HEROIN/OPIUM	816/ 88.5	20/ 2.2	7/ 0.8	11/ 1.2	4017/ 91.1	82/ 1.9	53/ 1.2	83/ 1.9
COCAINE	605/ 65.6	103/ 11.2	76/ 8.2	68/ 7.4	3082/ 69.9	540/ 12.2	316/ 7.2	296/ 6.7
OTHER SEDATIVES/BARBITUATES	766/ 83.1	45/ 4.9	22/ 2.4	21/ 2.3	3872/ 87.8	185/ 4.2	79/ 1.8	99/ 2.2

OTHER HALLUCINOGENS	781/ 84.7	54/ 5.9	18/ 2.0	1/ 0.1	3877/ 87.9	297/ 6.7	56/ 1.3	6/ 0.1
INHALANTS	847/ 91.9	5/ 0.5	2/ 0.2	0/ 0.0	4180/ 94.8	33/ 0.7	15/ 0.3	9/ 0.2
OTHER STIMULANTS/AMPHETAMINES	704/ 76.4	91/ 9.9	32/ 3.5	27/ 2.9	3509/ 79.6	443/ 10.0	172/ 3.9	112/ 2.5
OTHER NARCOTICS	782/ 84.8	31/ 3.4	17/ 1.8	24/ 2.6	3862/ 87.6	151/ 3.4	86/ 2.0	137/ 3.1
OTHER SUBSTANCES	835/ 90.6	7/ 0.8	3/ 0.3	9/ 1.0	4131/ 93.7	50/ 1.1	23/ 0.5	32/ 0.7

PREVIOUS CD TREATMENT IN LIFETIME:

	THIS PERIOD				YEAR TO DATE			
	NONE	1 TO 2	3 OR MORE	UNKNOWN	NONE	1 TO 2	3 OR MORE	UNKNOWN
	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT	N/PERCENT
THIS FACILITY	593/ 64.3	238/ 25.8	91/ 9.9	0/ 0.0	2814/ 63.8	1127/ 25.6	464/ 10.5	5/ 0.1
DETOX PROGRAM	315/ 34.2	262/ 28.4	255/ 27.7	90/ 9.8	1365/ 31.0	1385/ 31.4	1396/ 31.7	264/ 6.0
PRIMARY INPATIENT	279/ 30.3	329/ 35.7	239/ 25.9	75/ 8.1	1380/ 31.3	1658/ 37.6	1161/ 26.3	211/ 4.8
PRIMARY OUTPATIENT	681/ 73.9	161/ 17.5	6/ 0.7	74/ 8.0	3263/ 74.0	911/ 20.7	38/ 0.9	198/ 4.5

HALFWAY HOUSE	656/ 71.1	166/ 18.0	27/ 2.9	73/ 7.9	3189/ 72.3	886/ 20.1	133/ 3.0	202/ 4.6
EXTENDED CD RESIDENTIAL PROGRAM	740/ 80.3	86/ 9.3	19/ 2.1	77/ 8.4	3673/ 83.3	409/ 9.3	121/ 2.7	207/ 4.7
STRUCTURED AFTERCARE	762/ 82.6	82/ 8.9	5/ 0.5	73/ 7.9	3728/ 84.5	459/ 10.4	27/ 0.6	196/ 4.4
OTHER CD PROGRAM	825/ 89.5	20/ 2.2	3/ 0.3	74/ 8.0	4119/ 93.4	85/ 1.9	7/ 0.2	199/ 4.5

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REPORT SECTION - PERSONAL HISTORY ON CLIENTS ADMITTED (PART 1)

	T H I S P E R I O D		Y E A R T O D A T E	
	NUMBER	PERCENT	NUMBER	PERCENT
MARITAL STATUS:				
SINGLE, NEVER MARRIED	467	50.7	2281	51.7
DIVORCED	225	24.4	1099	24.9
SEPARATED	77	8.4	317	7.2
WIDOWED	25	2.7	111	2.5
MARRIED	128	13.9	602	13.7
T O T A L	922	100.1	4410	100.0
EDUCATION LEVEL:				
NOT HIGH SCHOOL GRAD	316	34.3	1485	33.7
HIGH SCHOOL GRAD	314	34.1	1532	34.8
G.E.D.	160	17.4	775	17.6
SOME COLLEGE	98	10.6	469	10.6
COLLEGE GRADUATE	23	2.5	101	2.3
SOME GRAD SCHOOL	5	0.5	23	0.5
GRADUATE DEGREE	5	0.5	21	0.5
MISSING	1		4	
T O T A L	922	99.9	4410	100.0
EMPLOYMENT STATUS:				
EMPLOYED FULL-TIME	208	22.6	888	20.2
EMPLOYED PART-TIME	85	9.2	382	8.7
OCCASIONAL WORK	70	7.6	277	6.3
SHELTERED EMPLOYMENT	0	0.0	3	0.1
UNEMPLOYED	412	44.7	2221	50.5
HOMEMAKER	38	4.1	162	3.7
VOLUNTEER	0	0.0	0	0.0
STUDENT	35	3.8	120	2.7
RETIRED	30	3.3	147	3.3
DISABLED	33	3.6	162	3.7
OTHER	11	1.2	39	0.9
MISSING	0		9	
T O T A L	922	100.1	4410	100.1
HANDICAPS:				
PHYSICAL HANDICAP	110	11.9	485	11.0
MENTAL RETARDATION	7	0.8	18	0.4
MENTAL ILLNESS	30	3.3	134	3.0
SPEECH PATHOLOGY	3	0.3	8	0.2
LEARNING DISABILITY	19	2.1	107	2.4
HEARING IMPAIRED	38	4.1	163	3.7
VISUALLY IMPAIRED	59	6.4	287	6.5
OTHER	30	3.3	120	2.7

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REPORT SECTION - PERSONAL HISTORY ON CLIENTS ADMITTED (PART 2)

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
LIVING ARRANGEMENT (WITH WHOM):				
ALONE	207	22.5	989	22.5
WITH SPOUSE/PARTNER ONLY	116	12.6	526	12.0
WITH CHILDREN ONLY	45	4.9	185	4.2
WITH SPOUSE/PARTNER & CHILDREN	121	13.2	519	11.8

WITH PARENTS/RELATIVES/ADULT CHILDREN	235	25.5	1215	27.7
WITH FRIENDS	134	14.6	626	14.3
WITH OTHERS	62	6.7	331	7.5
MISSING	2		19	
T O T A L	922	100.0	4410	100.0
LIVING ARRANGEMENT (WHERE):				
HOUSE, APARTMENT, MOBILE HOME	832	90.3	3922	89.2
ROOMING HOUSE, HOTEL, DORMITORY	11	1.2	65	1.5
GROUP HOME	1	0.1	6	0.1
FOSTER HOME	1	0.1	1	0.0
HALFWAY HOUSE	4	0.4	42	1.0

BOARD AND LODGING	3	0.3	20	0.5
HOSPITAL	1	0.1	13	0.3
NURSING HOME	0	0.0	3	0.1
LOCAL CORRECTIONAL FACILITY	15	1.6	79	1.8
STATE/FEDERAL CORRECTIONAL FACILITY	5	0.5	24	0.5

OTHER GROUP LIVING	10	1.1	55	1.3
TRANSIENT/NONE	24	2.6	106	2.4
OTHER	14	1.5	60	1.4
MISSING	1		14	
T O T A L	922	99.8	4410	100.1
CURRENTLY ON PROBATION:				
YES	280	32.9	1507	35.6
NO	570	67.1	2724	64.4
MISSING	72		179	
T O T A L	922	100.0	4410	100.0
ARRESTED OR CONVICTED LAST 6 MONTHS:				
YES	389	45.7	2010	47.5
NO	462	54.3	2222	52.5
MISSING	71		178	
T O T A L	922	100.0	4410	100.0
INCARCERATED DURING LAST 6 MONTHS:				
YES	323	38.3	1712	40.7
NO	521	61.7	2497	59.3
MISSING	78		201	
T O T A L	922	100.0	4410	100.0

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 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - BASIC INFORMATION ON CLIENTS ADMITTED

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
SEX:				
MALE	558	75.3	2534	74.4
FEMALE	183	24.7	870	25.6
MISSING	0		1	
TOTAL	741	100.0	3405	100.0
RACE:				
WHITE	560	75.7	2595	76.3
BLACK	78	10.5	313	9.2
AMERICAN INDIAN	89	12.0	436	12.8
HISPANIC/SPANISH-SURNAME	9	1.2	48	1.4
ASIAN/PACIFIC ISLANDER	1	0.1	3	0.1
OTHER	3	0.4	7	0.2
MISSING	1		3	
TOTAL	741	99.9	3405	100.0
AGE:				
01 - 14	0	0.0	0	0.0
15 - 17	6	0.8	23	0.7
18 - 20	64	8.6	283	8.3
21 - 25	174	23.5	811	23.9
26 - 30	159	21.5	772	22.7
31 - 44	241	32.6	1037	30.5
45 - 59	79	10.7	356	10.5
60 - 64	10	1.4	47	1.4
65 OR OLDER	7	0.9	70	2.1
MISSING	1		6	
TOTAL	741	100.0	3405	100.1
AVERAGE AGE:	31.9		32.1	
LEGAL STATUS:				
EMERGENCY HOLD ORDER	2	0.3	27	0.8
COURT HOLD ORDER	13	1.8	67	2.0
COURT COMMITMENT-CD	42	5.7	181	5.3
COURT COMMITMENT-MI	1	0.1	11	0.3
COURT COMMITMENT-MR	0	0.0	0	0.0
COURT COMMITMENT-MI&CD	9	1.2	36	1.1
COURT COMMITMENT-MI&D	1	0.1	3	0.1
COURT COMMITMENT-OTHER	2	0.3	4	0.1
INFORMAL	660	89.1	3037	89.2
OTHER	11	1.5	38	1.1
MISSING	0		1	
TOTAL	741	100.1	3405	100.0

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 REPORT SECTION - MONTHLY SUMMARY OF ADMISSIONS

S E X	JANUARY	FEBRUARY	MARCH	APRIL	M A Y	JUNE	JULY
MALE	269	246	267	215	210	162	199
FEMALE	76	61	84	75	72	79	88
MISSING	0	0	1	0	0	0	0
T O T A L	345	307	352	290	282	241	287

	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MISSING	T O T A L
MALE	219	189	208	175	175	0	2534
FEMALE	87	65	66	63	54	0	870
MISSING	0	0	0	0	0	0	1
T O T A L	306	254	274	238	229	0	3405

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REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

SOURCE OF REFERRAL:	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
FAMILY/RELATIVE	38	5.1	176	5.2
FRIEND/NEIGHBOR	10	1.4	34	1.0
SCHOOL	0	0.0	1	0.0
EMPLOYER	0	0.0	7	0.2
LAW ENFORCEMENT	9	1.2	43	1.3
COURT	127	17.2	490	14.4
COURT SERVICES	87	11.8	501	14.7
CORRECTIONS	15	2.0	86	2.5
COUNTY PRE-PETITION SCREENING UNIT	8	1.1	60	1.8
HEALTH CARE FACILITY	28	3.8	93	2.7
OTHER CD TREATMENT PROGRAM	6	0.8	52	1.5
OTHER RESIDENTIAL FACILITY	6	0.8	16	0.5
INTRAFACILITY TRANSFER	5	0.7	68	2.0
DETOX CENTER	64	8.7	368	10.8
MENTAL HEALTH CENTER	5	0.7	58	1.7
COUNTY SOCIAL SERVICE AGENCY	434	58.8	1768	52.0
AA, OTHER SUPPORT GROUP	0	0.0	5	0.1
COMMUNITY PROFESSIONAL	2	0.3	30	0.9
INFORMATION AND REFERRAL AGENCY	101	13.7	417	12.3
SELF	145	19.6	667	19.6
OTHER	5	0.7	34	1.0
MISSING	3		11	

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD		YEAR TO DATE		THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
AITKIN	7	0.9	17	0.5	7	0.9	17	0.5
ANOKA	48	6.5	164	4.8	48	6.5	166	4.9
BECKER	13	1.8	61	1.8	11	1.5	56	1.6
BELTRAMI	23	3.1	83	2.4	22	3.0	84	2.5
BENTON	7	0.9	20	0.6	6	0.8	18	0.5
BIG STONE	0	0.0	4	0.1	0	0.0	4	0.1
BLUE EARTH	15	2.0	67	2.0	13	1.8	63	1.9
BROWN	3	0.4	14	0.4	3	0.4	14	0.4
CARLTON	7	0.9	37	1.1	12	1.6	43	1.3
CARVER	6	0.8	21	0.6	6	0.8	19	0.6
CASS	17	2.3	76	2.2	17	2.3	76	2.2
CHIPPEWA	0	0.0	6	0.2	0	0.0	6	0.2

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C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
CHISAGO	1	0.1	7	0.2	0	0.0	6	0.2
CLAY	73	9.9	269	7.9	69	9.3	269	7.9
CLEARWATER	0	0.0	6	0.2	0	0.0	6	0.2
COOK	2	0.3	4	0.1	2	0.3	4	0.1
COTTONWOOD	0	0.0	4	0.1	0	0.0	4	0.1
CROW WING	12	1.6	82	2.4	13	1.8	86	2.5
DAKOTA	14	1.9	59	1.7	14	1.9	57	1.7
DODGE	0	0.0	11	0.3	0	0.0	11	0.3
DOUGLAS	4	0.5	18	0.5	3	0.4	18	0.5
FARIBAULT	3	0.4	10	0.3	3	0.4	10	0.3
FILLMORE	0	0.0	2	0.1	0	0.0	1	0.0
FREEBORN	5	0.7	17	0.5	5	0.7	16	0.5
GOODHUE	0	0.0	21	0.6	0	0.0	20	0.6
GRANT	0	0.0	5	0.1	0	0.0	4	0.1
HENNEPIN	178	24.0	802	23.6	171	23.1	788	23.1
HOUSTON	0	0.0	1	0.0	0	0.0	1	0.0
HUBBARD	4	0.5	20	0.6	4	0.5	19	0.6
ISANTI	0	0.0	8	0.2	0	0.0	8	0.2
ITASCA	7	0.9	45	1.3	7	0.9	45	1.3
KANABEC	2	0.3	9	0.3	2	0.3	9	0.3
KANDIYOHI	14	1.9	80	2.3	14	1.9	83	2.4
KITTSOON	2	0.3	6	0.2	1	0.1	4	0.1
KOOCHICHING	4	0.5	11	0.3	4	0.5	11	0.3
LAC QUI PARLE	1	0.1	6	0.2	1	0.1	6	0.2
LAKE	2	0.3	10	0.3	2	0.3	10	0.3
LAKE OF THE WOODS	0	0.0	4	0.1	0	0.0	5	0.1
LE SUEUR	1	0.1	24	0.7	1	0.1	20	0.6
LINCOLN	0	0.0	1	0.0	0	0.0	2	0.1
LYON	1	0.1	11	0.3	1	0.1	10	0.3
MCLEOD	2	0.3	9	0.3	2	0.3	10	0.3
MAHNOMEN	1	0.1	12	0.4	1	0.1	12	0.4
MARSHALL	4	0.5	11	0.3	4	0.5	12	0.4
MARTIN	3	0.4	8	0.2	3	0.4	8	0.2
MEEKER	2	0.3	17	0.5	2	0.3	17	0.5
MILLE LACS	2	0.3	12	0.4	1	0.1	10	0.3
MORRISON	10	1.3	39	1.1	9	1.2	38	1.1
MOWER	2	0.3	15	0.4	2	0.3	13	0.4
MURRAY	0	0.0	4	0.1	0	0.0	4	0.1
NICOLLET	4	0.5	34	1.0	6	0.8	51	1.5
NOBLES	1	0.1	11	0.3	1	0.1	11	0.3
NORMAN	1	0.1	4	0.1	1	0.1	4	0.1
OLMSTED	11	1.5	84	2.5	11	1.5	83	2.4
OTTER TAIL	31	4.2	153	4.5	38	5.1	164	4.8

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 5/89
 REPORT PERIOD - 10/ 1/88 TO 12/31/88
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	COUNTY OF RESIDENCE		YEAR TO DATE		COUNTY ADMITTED FROM		YEAR TO DATE	
	THIS PERIOD NUMBER	PERCENT	NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	NUMBER	PERCENT
PENNINGTON	2	0.3	14	0.4	4	0.5	15	0.4
PINE	1	0.1	5	0.1	1	0.1	5	0.1
PIPESTONE	3	0.4	11	0.3	3	0.4	10	0.3
POLK	7	0.9	22	0.6	8	1.1	24	0.7
POPE	1	0.1	5	0.1	1	0.1	4	0.1
RAMSEY	59	8.0	238	7.0	61	8.2	235	6.9
RED LAKE	2	0.3	6	0.2	2	0.3	6	0.2
REDWOOD	4	0.5	6	0.2	4	0.5	6	0.2
RENVILLE	1	0.1	10	0.3	1	0.1	10	0.3
RICE	4	0.5	36	1.1	4	0.5	35	1.0
ROCK	2	0.3	6	0.2	2	0.3	6	0.2
ROSEAU	2	0.3	9	0.3	2	0.3	9	0.3
ST. LOUIS	38	5.1	180	5.3	36	4.9	177	5.2
SCOTT	10	1.3	30	0.9	10	1.3	29	0.9
SHERBURNE	3	0.4	11	0.3	2	0.3	10	0.3
SIBLEY	3	0.4	5	0.1	3	0.4	5	0.1
STEARNS	13	1.8	53	1.6	13	1.8	53	1.6
STEELE	4	0.5	9	0.3	4	0.5	9	0.3
STEVENS	3	0.4	9	0.3	3	0.4	8	0.2
SWIFT	1	0.1	4	0.1	1	0.1	4	0.1
TODD	7	0.9	39	1.1	7	0.9	41	1.2
TRAVERSE	3	0.4	13	0.4	3	0.4	11	0.3
WABASHA	2	0.3	7	0.2	2	0.3	7	0.2
WADENA	1	0.1	11	0.3	1	0.1	8	0.2
WASECA	0	0.0	1	0.0	0	0.0	1	0.0
WASHINGTON	4	0.5	35	1.0	4	0.5	33	1.0
WATONWAN	0	0.0	12	0.4	0	0.0	12	0.4
WILKIN	1	0.1	15	0.4	1	0.1	12	0.4
WINONA	0	0.0	9	0.3	0	0.0	8	0.2
WRIGHT	4	0.5	23	0.7	3	0.4	21	0.6
YELLOW MEDICINE	0	0.0	7	0.2	0	0.0	7	0.2
TRANSIENT	1	0.1	5	0.1	0	0.0	0	0.0
UNKNOWN	1	0.1	7	0.2	1	0.1	1	0.0
ILLINOIS	0	0.0	1	0.0	0	0.0	1	0.0
INDIANA	1	0.1	1	0.0	1	0.1	1	0.0
IOWA	0	0.0	1	0.0	0	0.0	1	0.0
MICHIGAN	0	0.0	1	0.0	0	0.0	1	0.0
MONTANA	0	0.0	1	0.0	0	0.0	1	0.0
NEW YORK	0	0.0	1	0.0	0	0.0	1	0.0
NORTH DAKOTA	1	0.1	4	0.1	2	0.3	4	0.1
OHIO	1	0.1	1	0.0	1	0.1	1	0.0
SOUTH DAKOTA	0	0.0	1	0.0	0	0.0	1	0.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 5/89
 REPORT PERIOD - 10/ 1/88 TO 12/31/88
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - SOURCE INFORMATION ON CLIENTS ADMITTED

C O U N T Y	COUNTY OF RESIDENCE				COUNTY ADMITTED FROM			
	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT	THIS PERIOD NUMBER	PERCENT	YEAR TO DATE NUMBER	PERCENT
TEXAS	1	0.1	1	0.0	1	0.1	1	0.0
WISCONSIN	0	0.0	3	0.1	0	0.0	3	0.1

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

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REPORT SECTION - PREVIOUS PROBLEM INFORMATION ON CLIENTS ADMITTED

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
PRIMARY DIAGNOSIS:				
ALCOHOL ABUSE	37	5.1	123	3.7
ALCOHOL DEPENDENCE	350	48.1	1707	51.6
DRUG ABUSE	8	1.1	23	0.7
DRUG DEPENDENCE	58	8.0	238	7.2
COMBINED ALCOHOL & DRUG ABUSE	14	1.9	51	1.5
COMBINED ALCOHOL & DRUG DEPENDENCE	218	30.0	1000	30.2
OTHER	42	5.8	164	5.0
MISSING	14		99	
T O T A L	741	100.0	3405	99.9

CHEMICAL USE PAST 6 MONTHS:

	THIS PERIOD				YEAR TO DATE			
	DID NOT USE N/PERCENT	LESS THAN WEEKLY N/PERCENT	WEEKLY N/PERCENT	DAILY N/PERCENT	DID NOT USE N/PERCENT	LESS THAN WEEKLY N/PERCENT	WEEKLY N/PERCENT	DAILY N/PERCENT
ALCOHOL	25/ 3.4	108/ 14.6	298/ 40.2	277/ 37.4	125/ 3.7	506/ 14.9	1354/ 39.8	1264/ 37.1
MARIJUANA/HASHISH	379/ 51.1	124/ 16.7	108/ 14.6	99/ 13.4	1680/ 49.3	577/ 16.9	496/ 14.6	513/ 15.1
HEROIN/OPIUM	677/ 91.4	14/ 1.9	5/ 0.7	13/ 1.8	3119/ 91.6	78/ 2.3	17/ 0.5	51/ 1.5
COCAINE	455/ 61.4	103/ 13.9	72/ 9.7	78/ 10.5	2265/ 66.5	428/ 12.6	281/ 8.3	287/ 8.4
OTHER SEDATIVES/BARBITUATES	652/ 88.0	30/ 4.0	14/ 1.9	14/ 1.9	2995/ 88.0	133/ 3.9	65/ 1.9	73/ 2.1
OTHER HALLUCINOGENS	644/ 86.9	54/ 7.3	8/ 1.1	3/ 0.4	3009/ 88.4	219/ 6.4	31/ 0.9	7/ 0.2
INHALANTS	693/ 93.5	15/ 2.0	2/ 0.3	0/ 0.0	3209/ 94.2	37/ 1.1	11/ 0.3	9/ 0.3
OTHER STIMULANTS/AMPHETAMINES	587/ 79.2	69/ 9.3	26/ 3.5	27/ 3.6	2785/ 81.8	286/ 8.4	98/ 2.9	96/ 2.8
OTHER NARCOTICS	654/ 88.3	28/ 3.8	11/ 1.5	16/ 2.2	2991/ 87.8	141/ 4.1	34/ 1.0	100/ 2.9
OTHER SUBSTANCES	693/ 93.5	9/ 1.2	2/ 0.3	4/ 0.5	3203/ 94.1	31/ 0.9	8/ 0.2	22/ 0.6

PREVIOUS CD TREATMENT IN LIFETIME:

	THIS PERIOD				YEAR TO DATE			
	NONE N/PERCENT	1 TO 2 N/PERCENT	3 OR MORE N/PERCENT	UNKNOWN N/PERCENT	NONE N/PERCENT	1 TO 2 N/PERCENT	3 OR MORE N/PERCENT	UNKNOWN N/PERCENT
THIS FACILITY	522/ 70.4	147/ 19.8	72/ 9.7	0/ 0.0	2351/ 69.0	754/ 22.1	299/ 8.8	1/ 0.0
DETOX PROGRAM	250/ 33.7	236/ 31.8	206/ 27.8	49/ 6.6	1195/ 35.1	1060/ 31.1	951/ 27.9	199/ 5.8
PRIMARY INPATIENT	255/ 34.4	262/ 35.4	185/ 25.0	39/ 5.3	1114/ 32.7	1281/ 37.6	850/ 25.0	160/ 4.7
PRIMARY OUTPATIENT	528/ 71.3	167/ 22.5	4/ 0.5	42/ 5.7	2474/ 72.7	751/ 22.1	21/ 0.6	159/ 4.7
HALFWAY HOUSE	539/ 72.7	139/ 18.8	22/ 3.0	41/ 5.5	2532/ 74.4	631/ 18.5	83/ 2.4	159/ 4.7
EXTENDED CD RESIDENTIAL PROGRAM	612/ 82.6	69/ 9.3	19/ 2.6	41/ 5.5	2855/ 83.8	297/ 8.7	92/ 2.7	161/ 4.7
STRUCTURED AFTERCARE	638/ 86.1	60/ 8.1	3/ 0.4	40/ 5.4	2925/ 85.9	301/ 8.8	23/ 0.7	156/ 4.6
OTHER CD PROGRAM	684/ 92.3	13/ 1.8	2/ 0.3	42/ 5.7	3182/ 93.5	58/ 1.7	9/ 0.3	156/ 4.6

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 5/89
 REPORT PERIOD - 10/ 1/88 TO 12/31/88
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PERSONAL HISTORY ON CLIENTS ADMITTED (PART 1)

	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
MARITAL STATUS:				
SINGLE, NEVER MARRIED	393	53.1	1793	52.8
DIVORCED	198	26.8	818	24.1
SEPARATED	40	5.4	236	6.9
WIDOWED	16	2.4	82	2.4
MARRIED	91	12.3	470	13.8
MISSING	1		6	
T O T A L	741	100.0	3405	100.0
EDUCATION LEVEL:				
NOT HIGH SCHOOL GRAD	255	34.4	1187	34.9
HIGH SCHOOL GRAD	258	34.8	1123	33.0
G.E.D.	121	16.3	565	16.6
SOME COLLEGE	78	10.5	393	11.6

COLLEGE GRADUATE	17	2.3	94	2.8
SOME GRAD SCHOOL	8	1.1	25	0.7
GRADUATE DEGREE	4	0.5	11	0.3
MISSING	0		7	
T O T A L	741	99.9	3405	99.9
EMPLOYMENT STATUS:				
EMPLOYED FULL-TIME	199	26.9	785	23.1
EMPLOYED PART-TIME	56	7.6	292	8.6
OCCASIONAL WORK	80	10.8	280	8.2
SHELTERED EMPLOYMENT	3	0.4	7	0.2
UNEMPLOYED	298	40.3	1509	44.5

HOMEMAKER	33	4.5	177	5.2
VOLUNTEER	0	0.0	4	0.1
STUDENT	16	2.2	81	2.4
RETIRED	8	1.1	84	2.5
DISABLED	42	5.7	162	4.8

OTHER	5	0.7	13	0.4
MISSING	1		11	
T O T A L	741	100.2	3405	100.0
HANDICAPS:				
PHYSICAL HANDICAP	84	11.3	332	9.8
MENTAL RETARDATION	4	0.5	19	0.6
MENTAL ILLNESS	47	6.3	191	5.6
SPEECH PATHOLOGY	4	0.5	19	0.6

LEARNING DISABILITY	21	2.8	103	3.0
HEARING IMPAIRED	17	2.3	101	3.0
VISUALLY IMPAIRED	22	3.0	118	3.5
OTHER	28	3.8	103	3.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 9

REPORT TITLE - ADULT CLIENTS ADMITTED BRIEF REPORT
 REPORT DATE - 4/ 5/89
 REPORT PERIOD - 10/ 1/88 TO 12/31/88
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PERSONAL HISTORY ON CLIENTS ADMITTED (PART 2)

	T H I S P E R I O D		Y E A R T O D A T E	
	NUMBER	PERCENT	NUMBER	PERCENT
LIVING ARRANGEMENT (WITH WHOM):				
ALONE	183	24.7	833	24.6
WITH SPOUSE/PARTNER ONLY	99	13.4	467	13.8
WITH CHILDREN ONLY	26	3.5	184	5.4
WITH SPOUSE/PARTNER & CHILDREN	86	11.6	417	12.3

WITH PARENTS/RELATIVES/ADULT CHILDREN	193	26.1	772	22.8
WITH FRIENDS	100	13.5	470	13.9
WITH OTHERS	53	7.2	246	7.3
MISSING	1		16	
T O T A L	741	100.0	3405	100.1
LIVING ARRANGEMENT (WHERE):				
HOUSE, APARTMENT, MOBILE HOME	663	89.6	3051	90.1
ROOMING HOUSE, HOTEL, DORMITORY	11	1.5	63	1.9
GROUP HOME	1	0.1	9	0.3
FOSTER HOME	0	0.0	1	0.0
HALFWAY HOUSE	8	1.1	22	0.6

BOARD AND LODGING	6	0.8	23	0.7
HOSPITAL	1	0.1	10	0.3
NURSING HOME	0	0.0	3	0.1
LOCAL CORRECTIONAL FACILITY	13	1.8	67	2.0
STATE/FEDERAL CORRECTIONAL FACILITY	1	0.1	9	0.3

OTHER GROUP LIVING	2	0.3	24	0.7
TRANSIENT/NONE	19	2.6	55	1.6
OTHER	15	2.0	51	1.5
MISSING	1		17	
T O T A L	741	100.0	3405	100.1
CURRENTLY ON PROBATION:				
YES	236	33.4	1128	34.6
NO	471	66.6	2131	65.4
MISSING	34		146	
T O T A L	741	100.0	3405	100.0
ARRESTED OR CONVICTED LAST 6 MONTHS:				
YES	322	45.5	1470	45.0
NO	385	54.5	1795	55.0
MISSING	34		140	
T O T A L	741	100.0	3405	100.0
INCARCERATED DURING LAST 6 MONTHS:				
YES	288	40.9	1334	40.9
NO	417	59.1	1927	59.1
MISSING	36		144	
T O T A L	741	100.0	3405	100.0

Chronic Alcoholic Project

Appendix B.

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - FINANCIAL/LENGTH OF STAY INFORMATION

	T H I S	P E R I O D	Y E A R	T O D A T E	T O D A T E
	COMPLETERS	NON-COMPLETERS	COMPLETERS	NON-COMPLETERS	TOTAL
RESIDENTIAL PROGRAMS					
NUMBER OF CLIENTS DISCHARGED	659	581	2926	2342	5268
NUMBER OF DAYS CHARGED	30610	14452	144209	60181	204390
TOTAL AMOUNT CHARGED	\$2768966	\$1314109	\$11618766	\$4823075	\$16441841
CHARGE PER CLIENT	\$4201	\$2261	\$3970	\$2059	\$3121
CHARGE PER DAY	\$90.45	\$90.92	\$80.56	\$80.14	\$80.44
MEAN LENGTH OF STAY	47.3	25.3	50.5	25.8	39.5
	T H I S	P E R I O D	Y E A R	T O D A T E	T O D A T E
	COMPLETERS	NON-COMPLETERS	COMPLETERS	NON-COMPLETERS	TOTAL
NON-RESIDENTIAL PROGRAMS					
NUMBER OF CLIENTS DISCHARGED	0	0	0	0	0
NUMBER OF HOURS CHARGED	0	0	0	0	0
TOTAL AMOUNT CHARGED	\$0	\$0	\$0	\$0	\$0
CHARGE PER CLIENT	\$0	\$0	\$0	\$0	\$0
CHARGE PER HOUR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEAN LENGTH OF TREATMENT (IN DAYS)	0.0	0.0	0.0	0.0	0.0
MEAN LENGTH OF TREATMENT (IN HOURS)	0.0	0.0	0.0	0.0	0.0
	T H I S	P E R I O D	Y E A R	T O D A T E	T O D A T E
	COMPLETERS	NON-COMPLETERS	COMPLETERS	NON-COMPLETERS	TOTAL
RESIDENTIAL/NON-RESIDENTIAL COMBINATION PROGRAMS					
NUMBER OF CLIENTS DISCHARGED	9	2	50	18	68
NUMBER OF DAYS CHARGED	106	21	565	478	1043
NUMBER OF HOURS CHARGED	363	44	1936	326	2262
TOTAL AMOUNT CHARGED	\$15682	\$2607	\$84874	\$164061	\$248935
CHARGE PER CLIENT	\$1742	\$1303	\$1697	\$9114	\$3660
MEAN DAYS IN RESIDENTIAL TREATMENT	11.7	10.5	10.8	24.6	14.4
MEAN DAYS IN NON-RESIDENTIAL TREATMENT	68.4	50.0	41.1	32.1	38.7
MEAN HOURS OF NON-RESIDENTIAL TREATMENT	40.3	22.0	38.7	18.1	33.2

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 2

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - MONTHLY SUMMARY OF DISCHARGES

S E X	JANUARY	FEBRUARY	MARCH	APRIL	M A Y	JUNE	JULY
MALE	409	420	442	426	413	365	357
FEMALE	57	58	73	70	71	58	66
T O T A L	466	478	515	496	484	423	423

	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MISSING	T O T A L
MALE	355	306	375	334	350	0	4552
FEMALE	69	70	60	67	65	0	784
T O T A L	424	376	435	401	415	0	5336

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 3

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PAYMENT SOURCE/REASON FOR DISCHARGE INFORMATION

PAYMENT SOURCE:	THIS PERIOD		YEAR TO DATE	
	AMOUNT CHARGED	PERCENT	AMOUNT CHARGED	PERCENT
SELF-PAY	\$37413	0.9	\$208354	1.2
PRIVATE HEALTH INSURANCE	\$164362	4.0	\$839693	5.0
OTHER INSURANCE	\$0	0.0	\$5240	0.0
MEDICARE - PART A	\$0	0.0	\$2370	0.0
MEDICARE - PART B	\$2348	0.1	\$11602	0.1

MEDICAID	\$227731	5.6	\$1015519	6.1
GAMC	\$0	0.0	\$0	0.0
VA	\$0	0.0	\$0	0.0
CHAMPUS	\$0	0.0	\$0	0.0
TITLE XX	\$0	0.0	\$0	0.0

COUNTY	\$398474	9.7	\$1633214	9.8
STATE	\$13727	0.3	\$48027	0.3
FREE OR REDUCED FEE	\$3256661	79.4	\$12812469	76.8
OTHER	\$0	0.0	\$8527	0.1
UNKNOWN	\$726	0.0	\$3106098	18.6

T O T A L	\$4101364	100.0	\$16690776	118.0

REASON FOR DISCHARGE:	NUMBER	PERCENT	NUMBER	PERCENT
COMPLETED PROGRAM	668	53.4	2976	55.8
TRANSFERRED TO OTHER PROGRAM	30	2.4	119	2.2
ASSESSED AS INAPPROPRIATE	16	1.3	78	1.5
AGAINST STAFF ADVICE	112	9.0	433	8.1
STAFF REQUESTED DISCHARGE	52	4.2	248	4.6

PATIENT LEFT	295	23.6	1234	23.1
COMMITMENT EXPIRED	21	1.7	65	1.2
DEATH	1	0.1	4	0.1
LOST FINANCIAL SUPPORT	0	0.0	0	0.0
OTHER	56	4.5	178	3.3

MISSING	0		1	
T O T A L	1251	100.2	5336	99.9

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/10/87
 REPORT PERIOD - 10/ 1/85 TO 12/31/85
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - REFERRALS/LIVING ARRANGEMENT INFORMATION

	THIS PERIOD		YEAR TO DATE	
REFERRAL AT DISCHARGE:	NUMBER	PERCENT	NUMBER	PERCENT
AA/OTHER CD SUPPORT GROUP	770	61.6	3306	62.0
STRUCTURED AFTERCARE - THIS FACILITY	28	2.2	93	1.7
STRUCTURED AFTERCARE - ELSEWHERE	45	3.6	195	3.7
HALFWAY HOUSE	196	15.7	739	13.9
EXTENDED CARE	2	0.2	7	0.1

THERAPEUTIC COMMUNITY	2	0.2	15	0.3
FOSTER HOME	0	0.0	2	0.0
GROUP HOME	2	0.2	2	0.0
NURSING HOME	1	0.1	10	0.2
BOARD AND LODGING	16	1.3	53	1.0

VETERANS' HOME	5	0.4	25	0.5
PRIMARY TREATMENT - RESIDENTIAL	12	1.0	46	0.9
PRIMARY TREATMENT - OUTPATIENT	13	1.0	52	1.0
INDIVIDUAL COUNSELING THERAPY	51	4.1	238	4.5
FAMILY COUNSELING/THERAPY	29	2.3	128	2.4

DETOX CENTER	1	0.1	3	0.1
MEDICAL CARE	31	2.5	123	2.3
VOCATIONAL PROGRAM	24	1.9	102	1.9
LEGAL ASSISTANCE	1	0.1	6	0.1
COURT/COURT SERVICES	183	14.6	835	15.7

CLERGY	5	0.4	47	0.9
COUNTY AND SOCIAL SERVICES	283	22.6	1210	22.7
NONE	345	27.6	1455	27.3
REFUSED REFERRALS	37	3.0	178	3.3
OTHER	73	5.8	305	5.7

MISSING	1		4	

LIVING ARRANGEMENT (WITH WHOM):	NUMBER	PERCENT	NUMBER	PERCENT
ALONE	133	15.7	576	15.4
WITH SPOUSE/PARTNER ONLY	59	6.9	334	8.9
WITH CHILDREN ONLY	21	2.5	93	2.5
WITH SPOUSE/PARTNER & CHILDREN	100	11.8	428	11.5

WITH PARENTS/RELATIVES/ADULT CHILDREN	218	25.7	1012	27.1
WITH FRIENDS	56	6.6	250	6.7
WITH OTHERS	262	30.9	1041	27.9
MISSING	402		1602	
T O T A L	1251	100.1	5336	100.0

LIVING ARRANGEMENT (WHERE):	NUMBER	PERCENT	NUMBER	PERCENT
HOUSE, APARTMENT, MOBILE HOME	563	65.7	2627	69.7
ROOMING HOUSE, HOTEL, DORMITORY	9	1.1	40	1.1
GROUP HOME	3	0.4	6	0.2
FOSTER HOME	0	0.0	3	0.1
HALFWAY HOUSE	174	20.3	657	17.4

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 1

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - FINANCIAL/LENGTH OF STAY INFORMATION

	T H I S	P E R I O D		Y E A R	T O D A Y	
	COMPLETERS	NON-COMPLETERS	TOTAL	COMPLETERS	NON-COMPLETERS	TOTAL
RESIDENTIAL PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	654	491	1145	2801	2306	5107
NUMBER OF DAYS CHARGED	0	1992	1992	64944	29190	94134
TOTAL AMOUNT CHARGED	\$0	\$48804	\$48804	\$5860950	\$2374283	\$8235233
CHARGE PER CLIENT	\$0	\$99	\$42	\$2092	\$1029	\$1612
CHARGE PER DAY	\$0.00	\$24.50	\$24.50	\$90.24	\$81.33	\$87.48
MEAN LENGTH OF STAY	46.1	22.4	35.9	49.0	29.9	40.4
NON-RESIDENTIAL PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	0	0	0	0	0	0
NUMBER OF HOURS CHARGED	0	0	0	0	0	0
TOTAL AMOUNT CHARGED	\$0	\$0	\$0	\$0	\$0	\$0
CHARGE PER CLIENT	\$0	\$0	\$0	\$0	\$0	\$0
CHARGE PER HOUR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEAN LENGTH OF TREATMENT (IN DAYS)	0.0	0.0	0.0	0.0	0.0	0.0
MEAN LENGTH OF TREATMENT (IN HOURS)	0.0	0.0	0.0	0.0	0.0	0.0
RESIDENTIAL/NON-RESIDENTIAL COMBINATION PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	0	1	1	24	16	40
NUMBER OF DAYS CHARGED	0	0	0	174	162	336
NUMBER OF HOURS CHARGED	0	0	0	960	276	1236
TOTAL AMOUNT CHARGED	\$0	\$0	\$0	\$33722	\$19024	\$52746
CHARGE PER CLIENT	\$0	\$0	\$0	\$1405	\$1189	\$1318
MEAN DAYS IN RESIDENTIAL TREATMENT	0.0	47.0	47.0	13.0	16.6	14.4
MEAN DAYS IN NON-RESIDENTIAL TREATMENT	0.0	0.0	0.0	33.9	20.0	28.4
MEAN HOURS OF NON-RESIDENTIAL TREATMENT	0.0	0.0	0.0	40.0	17.2	30.9

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - MONTHLY SUMMARY OF DISCHARGES

S E X	JANUARY	FEBRUARY	MARCH	APRIL	M A Y	JUNE	JULY
MALE	385	361	398	410	387	322	349
FEMALE	58	63	66	62	73	58	81
MISSING	0	0	0	1	2	0	0
T O T A L	443	424	464	473	462	380	430

	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MISSING	T O T A L
MALE	391	378	374	328	265	0	4348
FEMALE	87	68	72	61	45	0	794
MISSING	0	1	0	1	0	0	5
T O T A L	478	447	446	390	310	0	5147

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PAYMENT SOURCE/REASON FOR DISCHARGE INFORMATION

PAYMENT SOURCE:	THIS PERIOD		YEAR TO DATE	
	AMOUNT CHARGED	PERCENT	AMOUNT CHARGED	PERCENT
SELF-PAY	\$2736	5.6	\$127276	1.5
PRIVATE HEALTH INSURANCE	\$0	0.0	\$433653	5.2
OTHER INSURANCE	\$0	0.0	\$0	0.0
MEDICARE - PART A	\$0	0.0	\$37808	0.5
MEDICARE - PART B	\$0	0.0	\$9404	0.1

MEDICAID	\$0	0.0	\$414394	5.0
GAMC	\$0	0.0	\$0	0.0
VA	\$0	0.0	\$0	0.0
CHAMPUS	\$0	0.0	\$0	0.0
TITLE XX	\$0	0.0	\$788	0.0

COUNTY	\$44656	91.5	\$922764	11.1
STATE	\$1413	2.9	\$14994	0.2
FREE OR REDUCED FEE	\$0	0.0	\$6315688	76.2
OTHER	\$0	0.0	\$0	0.0
UNKNOWN	\$0	0.0	\$11357	0.1

T O T A L	\$48804	100.0	\$8287979	99.9

REASON FOR DISCHARGE:	NUMBER	PERCENT	NUMBER	PERCENT
COMPLETED PROGRAM	654	57.2	2825	55.0
TRANSFERRED TO OTHER PROGRAM	49	4.3	151	2.9
ASSESSED AS INAPPROPRIATE	25	2.2	94	1.8
AGAINST STAFF ADVICE	96	8.4	454	8.8
STAFF REQUESTED DISCHARGE	50	4.4	258	5.0

PATIENT LEFT	234	20.5	1159	22.6
COMMITMENT EXPIRED	7	0.6	50	1.0
DEATH	0	0.0	2	0.0
LOST FINANCIAL SUPPORT	0	0.0	0	0.0
OTHER	29	2.5	145	2.8

MISSING	2		9	
T O T A L	1146	100.1	5147	99.9

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - REFERRALS/LIVING ARRANGEMENT INFORMATION

	THIS PERIOD		YEAR TO DATE	
REFERRAL AT DISCHARGE:	NUMBER	PERCENT	NUMBER	PERCENT
AA/OTHER CD SUPPORT GROUP	724	63.2	3201	62.2
STRUCTURED AFTERCARE - THIS FACILITY	36	3.1	142	2.8
STRUCTURED AFTERCARE - ELSEWHERE	57	5.0	298	5.8
HALFWAY HOUSE	189	16.5	727	14.1
EXTENDED CARE	3	0.3	10	0.2

THERAPEUTIC COMMUNITY	6	0.5	24	0.5
FOSTER HOME	0	0.0	3	0.1
GROUP HOME	2	0.2	5	0.1
NURSING HOME	3	0.3	11	0.2
BOARD AND LODGING	23	2.0	105	2.0

VETERANS' HOME	5	0.4	26	0.5
PRIMARY TREATMENT - RESIDENTIAL	9	0.8	42	0.8
PRIMARY TREATMENT - OUTPATIENT	13	1.1	54	1.0
INDIVIDUAL COUNSELING THERAPY	67	5.9	237	4.6
FAMILY COUNSELING/THERAPY	30	2.6	132	2.6

DETOX CENTER	1	0.1	11	0.2
MEDICAL CARE	28	2.4	135	2.6
VOCATIONAL PROGRAM	29	2.5	142	2.8
LEGAL ASSISTANCE	3	0.3	6	0.1
COURT/COURT SERVICES	184	16.1	757	14.7

CLERGY	6	0.5	27	0.5
COUNTY AND SOCIAL SERVICES	293	25.6	1189	23.1
NONE	276	24.1	1350	26.2
REFUSED REFERRALS	37	3.2	189	3.7
OTHER	66	5.8	307	6.0

MISSING	1		4	

LIVING ARRANGEMENT (WITH WHOM):	NUMBER	PERCENT	NUMBER	PERCENT
ALONE	120	14.5	577	16.2
WITH SPOUSE/PARTNER ONLY	93	11.3	373	10.4
WITH CHILDREN ONLY	22	2.7	78	2.2
WITH SPOUSE/PARTNER & CHILDREN	78	9.5	377	10.6

WITH PARENTS/RELATIVES/ADULT CHILDREN	191	23.2	940	26.3
WITH FRIENDS	60	7.3	276	7.7
WITH OTHERS	261	31.6	950	26.6
MISSING	321		1576	
T O T A L	1146	100.1	5147	100.0

LIVING ARRANGEMENT (WHERE):	NUMBER	PERCENT	NUMBER	PERCENT
HOUSE, APARTMENT, MOBILE HOME	535	64.1	2458	68.0
ROOMING HOUSE, HOTEL, DORMITORY	5	0.6	42	1.2
GROUP HOME	2	0.2	8	0.2
FOSTER HOME	2	0.2	3	0.1
HALFWAY HOUSE	179	21.4	652	18.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 3/17/87
 REPORT PERIOD - 10/ 1/86 TO 12/31/86
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - REFERRALS/LIVING ARRANGEMENT INFORMATION

LIVING ARRANGMENT (WHERE):	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
BOARD AND LODGING	32	3.8	111	3.1
HOSPITAL	15	1.8	68	1.9
NURSING HOME	3	0.4	10	0.3
LOCAL CORRECTIONAL FACILITY	31	3.7	119	3.3
STATE/FEDERAL CORRECTIONAL FACILITY	1	0.1	9	0.2
OTHER GROUP LIVING	5	0.6	47	1.3
TRANSIENT/NONE	1	0.1	7	0.2
OTHER	24	2.9	81	2.2
MISSING	311		1532	
T O T A L	1146	99.9	5147	100.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 1

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - FINANCIAL/LENGTH OF STAY INFORMATION

	T H I S	P E R I O D		Y E A R	T O D A T E	
	COMPLETERS	NON-COMPLETERS	TOTAL	COMPLETERS	NON-COMPLETERS	TOTAL
RESIDENTIAL PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	527	377	904	2451	1852	4303
NUMBER OF DAYS CHARGED	866	1149	2015	4635	5628	10263
TOTAL AMOUNT CHARGED	\$35962	\$49689	\$85651	\$180943	\$224638	\$405581
CHARGE PER CLIENT	\$68	\$131	\$94	\$73	\$121	\$94
CHARGE PER DAY	\$41.52	\$43.24	\$42.50	\$39.03	\$39.91	\$39.51
MEAN LENGTH OF STAY	43.8	28.7	37.5	45.4	27.0	37.4
	T H I S	P E R I O D		Y E A R	T O D A T E	
	COMPLETERS	NON-COMPLETERS	TOTAL	COMPLETERS	NON-COMPLETERS	TOTAL
NON-RESIDENTIAL PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	21	11	32	60	26	86
NUMBER OF HOURS CHARGED	350	14	364	400	14	414
TOTAL AMOUNT CHARGED	\$1440	\$0	\$1440	\$1440	\$0	\$1440
CHARGE PER CLIENT	\$68	\$0	\$45	\$24	\$0	\$16
CHARGE PER HOUR	\$4.11	\$0.00	\$3.95	\$3.60	\$0.00	\$3.47
MEAN LENGTH OF TREATMENT (IN DAYS)	32.6	16.7	27.1	32.8	14.1	27.2
MEAN LENGTH OF TREATMENT (IN HOURS)	16.6	1.2	11.3	6.6	0.5	4.8
	T H I S	P E R I O D		Y E A R	T O D A T E	
	COMPLETERS	NON-COMPLETERS	TOTAL	COMPLETERS	NON-COMPLETERS	TOTAL
RESIDENTIAL/NON-RESIDENTIAL COMBINATION PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	0	0	0	0	0	0
NUMBER OF DAYS CHARGED	0	0	0	0	0	0
NUMBER OF HOURS CHARGED	0	0	0	0	0	0
TOTAL AMOUNT CHARGED	\$0	\$0	\$0	\$0	\$0	\$0
CHARGE PER CLIENT	\$0	\$0	\$0	\$0	\$0	\$0
MEAN DAYS IN RESIDENTIAL TREATMENT	0.0	0.0	0.0	0.0	0.0	0.0
MEAN DAYS IN NON-RESIDENTIAL TREATMENT	0.0	0.0	0.0	0.0	0.0	0.0
MEAN HOURS OF NON-RESIDENTIAL TREATMENT	0.0	0.0	0.0	0.0	0.0	0.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 2

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL
 REPORT SECTION - MONTHLY SUMMARY OF DISCHARGES

S E X	JANUARY	FEBRUARY	MARCH	APRIL	M A Y	JUNE	JULY
MALE	338	338	350	336	306	295	278
FEMALE	56	58	69	73	80	71	66
T O T A L	394	396	419	409	386	366	344

	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MISSING	T O T A L
MALE	306	288	260	249	231	0	3575
FEMALE	79	66	75	67	54	0	814
T O T A L	385	354	335	316	285	0	4389

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PAYMENT SOURCE/REASON FOR DISCHARGE INFORMATION

PAYMENT SOURCE:	THIS PERIOD		YEAR TO DATE	
	AMOUNT CHARGED	PERCENT	AMOUNT CHARGED	PERCENT
SELF-PAY	\$1870	2.1	\$16296	4.0
PRIVATE HEALTH INSURANCE	\$0	0.0	\$0	0.0
OTHER INSURANCE	\$0	0.0	\$0	0.0
MEDICARE - PART A	\$0	0.0	\$0	0.0
MEDICARE - PART B	\$0	0.0	\$0	0.0

MEDICAID	\$0	0.0	\$0	0.0
GAMC	\$0	0.0	\$0	0.0
VA	\$0	0.0	\$0	0.0
CHAMPUS	\$0	0.0	\$0	0.0
TITLE XX	\$0	0.0	\$0	0.0

COUNTY	\$76141	87.4	\$374915	92.1
STATE	\$7640	8.8	\$14370	3.5
FREE OR REDUCED FEE	\$0	0.0	\$0	0.0
OTHER	\$0	0.0	\$0	0.0
UNKNOWN	\$1440	1.7	\$1440	0.4

T O T A L	\$87091	100.0	\$407021	100.0
REASON FOR DISCHARGE:	NUMBER	PERCENT	NUMBER	PERCENT
COMPLETED PROGRAM	548	58.6	2511	57.2
TRANSFERRED TO OTHER PROGRAM	25	2.7	124	2.8
ASSESSED AS INAPPROPRIATE	6	0.6	50	1.1
AGAINST STAFF ADVICE	56	6.0	293	6.7
STAFF REQUESTED DISCHARGE	77	8.2	310	7.1

PATIENT LEFT	174	18.6	904	20.6
COMMITMENT EXPIRED	14	1.5	41	0.9
DEATH	1	0.1	3	0.1
LOST FINANCIAL SUPPORT	0	0.0	2	0.0
OTHER	34	3.6	150	3.4

MISSING	1		1	
T O T A L	936	99.9	4389	99.9

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - REFERRALS/LIVING ARRANGEMENT INFORMATION

	THIS PERIOD		YEAR TO DATE	
REFERRAL AT DISCHARGE:	NUMBER	PERCENT	NUMBER	PERCENT
AA/OTHER CD SUPPORT GROUP	622	66.5	2774	63.3
STRUCTURED AFTERCARE - THIS FACILITY	72	7.7	209	4.8
STRUCTURED AFTERCARE - ELSEWHERE	35	3.7	191	4.4
HALFWAY HOUSE	213	22.8	781	17.8
EXTENDED CARE	3	0.3	19	0.4

THERAPEUTIC COMMUNITY	1	0.1	16	0.4
FOSTER HOME	0	0.0	1	0.0
GROUP HOME	2	0.2	4	0.1
NURSING HOME	2	0.2	8	0.2
BOARD AND LODGING	12	1.3	73	1.7

VETERANS' HOME	0	0.0	3	0.1
PRIMARY TREATMENT - RESIDENTIAL	13	1.4	34	0.8
PRIMARY TREATMENT - OUTPATIENT	8	0.9	36	0.8
INDIVIDUAL COUNSELING THERAPY	50	5.3	233	5.3
FAMILY COUNSELING/THERAPY	14	1.5	93	2.1

DETOX CENTER	0	0.0	34	0.8
MEDICAL CARE	22	2.4	123	2.8
VOCATIONAL PROGRAM	17	1.8	103	2.4
LEGAL ASSISTANCE	1	0.1	4	0.1
COURT/COURT SERVICES	126	13.5	631	14.4

CLERGY	0	0.0	23	0.5
COUNTY AND SOCIAL SERVICES	271	29.0	1204	27.5
NONE	233	24.9	1105	25.2
REFUSED REFERRALS	17	1.8	109	2.5
OTHER	28	3.0	233	5.3

MISSING	1		7	

LIVING ARRANGEMENT (WITH WHOM):	NUMBER	PERCENT	NUMBER	PERCENT
ALONE	71	10.4	397	12.5
WITH SPOUSE/PARTNER ONLY	53	7.8	299	9.4
WITH CHILDREN ONLY	20	2.9	93	2.9
WITH SPOUSE/PARTNER & CHILDREN	74	10.9	301	9.5

WITH PARENTS/RELATIVES/ADULT CHILDREN	141	20.7	731	23.0
WITH FRIENDS	52	7.6	249	7.8
WITH OTHERS	271	39.7	1108	34.9
MISSING	254		1211	
T O T A L	936	100.0	4389	100.0

LIVING ARRANGMENT (WHERE):	NUMBER	PERCENT	NUMBER	PERCENT
HOUSE, APARTMENT, MOBILE HOME	401	58.2	2026	63.0
ROOMING HOUSE, HOTEL, DORMITORY	4	0.6	30	0.9
GROUP HOME	3	0.4	8	0.2
FOSTER HOME	2	0.3	7	0.2
HALFWAY HOUSE	206	29.9	758	23.6

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 1/88
 REPORT PERIOD - 10/ 1/87 TO 12/31/87
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - REFERRALS/LIVING ARRANGEMENT INFORMATION

LIVING ARRANGMENT (WHERE):	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
BOARD AND LODGING	16	2.3	87	2.7
HOSPITAL	15	2.2	79	2.5
NURSING HOME	2	0.3	9	0.3
LOCAL CORRECTIONAL FACILITY	11	1.6	89	2.8
STATE/FEDERAL CORRECTIONAL FACILITY	0	0.0	2	0.1
OTHER GROUP LIVING	3	0.4	17	0.5
TRANSIENT/NONE	0	0.0	1	0.0
OTHER	26	3.8	101	3.1
MISSING	247		1175	
T O T A L	936	100.0	4389	99.9

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 6/89
 REPORT PERIOD - 10/ 1/88 TO 12/31/88
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - FINANCIAL/LENGTH OF STAY INFORMATION

	T H I S P E R I O D			Y E A R T O D A T E		
	COMPLETERS	NON-COMPLETERS	TOTAL	COMPLETERS	NON-COMPLETERS	TOTAL
RESIDENTIAL PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	383	297	680	1827	1251	3078
NUMBER OF DAYS CHARGED	13160	6251	19411	53601	21771	75372
TOTAL AMOUNT CHARGED	\$1238765	\$476905	\$1715670	\$5319549	\$1889617	\$7209166
CHARGE PER CLIENT	\$3234	\$1605	\$2523	\$2911	\$1510	\$2342
CHARGE PER DAY	\$94.13	\$76.29	\$88.38	\$99.24	\$86.79	\$95.64
MEAN LENGTH OF STAY	40.0	26.3	34.0	46.4	25.9	38.1
NON-RESIDENTIAL PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	27	10	37	135	61	196
NUMBER OF HOURS CHARGED	1213	203	1416	5811	1398	7209
TOTAL AMOUNT CHARGED	\$24502	\$4061	\$28563	\$232906	\$73775	\$306681
CHARGE PER CLIENT	\$907	\$406	\$771	\$1725	\$1209	\$1564
CHARGE PER HOUR	\$20.19	\$20.00	\$20.17	\$40.08	\$52.77	\$42.54
MEAN LENGTH OF TREATMENT (IN DAYS)	38.4	24.5	34.6	37.9	24.7	33.8
MEAN LENGTH OF TREATMENT (IN HOURS)	44.9	20.3	38.2	43.0	22.9	36.7
RESIDENTIAL/NON-RESIDENTIAL COMBINATION PROGRAMS						
NUMBER OF CLIENTS DISCHARGED	0	0	0	3	1	4
NUMBER OF DAYS CHARGED	0	0	0	13	0	13
NUMBER OF HOURS CHARGED	0	0	0	45	28	73
TOTAL AMOUNT CHARGED	\$0	\$0	\$0	\$2215	\$588	\$2803
CHARGE PER CLIENT	\$0	\$0	\$0	\$738	\$588	\$700
MEAN DAYS IN RESIDENTIAL TREATMENT	0.0	0.0	0.0	1.0	17.0	5.0
MEAN DAYS IN NON-RESIDENTIAL TREATMENT	0.0	0.0	0.0	48.3	36.0	45.2
MEAN HOURS OF NON-RESIDENTIAL TREATMENT	0.0	0.0	0.0	15.0	28.0	18.2

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 6/89
 REPORT PERIOD - 10/ 1/88 TO 12/31/88
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - MONTHLY SUMMARY OF DISCHARGES

S E X	JANUARY	FEBRUARY	MARCH	APRIL	M A Y	JUNE	JULY
MALE	239	227	279	235	211	176	165
FEMALE	72	66	73	75	69	67	83
T O T A L	311	293	352	310	280	243	248

	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	MISSING	T O T A L
MALE	204	174	176	197	160	0	2443
FEMALE	71	75	62	55	67	0	835
T O T A L	275	249	238	252	227	0	3278

MINNESOTA DEPARTMENT OF HUMAN SERVICES
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REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 6/89
 REPORT PERIOD - 10/ 1/88 TO 12/31/88
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - PAYMENT SOURCE/REASON FOR DISCHARGE INFORMATION

PAYMENT SOURCE:	THIS PERIOD		YEAR TO DATE	
	AMOUNT CHARGED	PERCENT	AMOUNT CHARGED	PERCENT
SELF-PAY	\$8039	0.5	\$36423	0.5
PRIVATE HEALTH INSURANCE	\$9106	0.5	\$69961	0.9
OTHER INSURANCE	\$0	0.0	\$1050	0.0
MEDICARE - PART A	\$0	0.0	\$33458	0.4
MEDICARE - PART B	\$0	0.0	\$0	0.0

MEDICAID	\$0	0.0	\$1050	0.0
GAMC	\$0	0.0	\$0	0.0
VA	\$0	0.0	\$0	0.0
CHAMPUS	\$0	0.0	\$0	0.0
TITLE XX	\$0	0.0	\$0	0.0

COUNTY	\$16058	0.9	\$325410	4.3
STATE	\$1708806	98.0	\$7017197	93.3
FREE OR REDUCED FEE	\$0	0.0	\$0	0.0
OTHER	\$2250	0.1	\$5130	0.1
UNKNOWN	\$23	0.0	\$28989	0.4

T O T A L	\$1744233	100.0	\$7518650	99.9

REASON FOR DISCHARGE:	NUMBER	PERCENT	NUMBER	PERCENT
COMPLETED PROGRAM	410	57.2	1965	59.9
TRANSFERRED TO OTHER PROGRAM	34	4.7	126	3.8
ASSESSED AS INAPPROPRIATE	15	2.1	37	1.1
AGAINST STAFF ADVICE	35	4.9	192	5.9
STAFF REQUESTED DISCHARGE	48	6.7	212	6.5

PATIENT LEFT	129	18.0	563	17.2
COMMITMENT EXPIRED	14	2.0	39	1.2
DEATH	0	0.0	0	0.0
LOST FINANCIAL SUPPORT	0	0.0	2	0.1
OTHER	32	4.5	142	4.3
T O T A L	717	100.1	3278	100.0

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 6/89
 REPORT PERIOD - 10/ 1/88 TO 12/31/88
 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - REFERRALS/LIVING ARRANGEMENT INFORMATION

	THIS PERIOD		YEAR TO DATE	
REFERRAL AT DISCHARGE:	NUMBER	PERCENT	NUMBER	PERCENT
AA/OTHER CD SUPPORT GROUP	431	60.2	2121	64.8
STRUCTURED AFTERCARE - THIS FACILITY	123	17.2	548	16.7
STRUCTURED AFTERCARE - ELSEWHERE	60	8.4	212	6.5
HALFWAY HOUSE	176	24.6	712	21.8
EXTENDED CARE	5	0.7	21	0.6

THERAPEUTIC COMMUNITY	11	1.5	36	1.1
FOSTER HOME	2	0.3	4	0.1
GROUP HOME	5	0.7	10	0.3
NURSING HOME	4	0.6	14	0.4
BOARD AND LODGING	17	2.4	66	2.0

VETERANS' HOME	1	0.1	2	0.1
PRIMARY TREATMENT - RESIDENTIAL	5	0.7	26	0.8
PRIMARY TREATMENT - OUTPATIENT	7	1.0	24	0.7
INDIVIDUAL COUNSELING THERAPY	34	4.7	172	5.3
FAMILY COUNSELING/THERAPY	17	2.4	66	2.0

DETOX CENTER	2	0.3	10	0.3
MEDICAL CARE	15	2.1	71	2.2
VOCATIONAL PROGRAM	16	2.2	78	2.4
LEGAL ASSISTANCE	0	0.0	8	0.2
COURT/COURT SERVICES	67	9.4	341	10.4

CLERGY	0	0.0	5	0.2
COUNTY AND SOCIAL SERVICES	128	17.9	714	21.8
NONE	173	24.2	772	23.6
REFUSED REFERRALS	16	2.2	62	1.9
OTHER	39	5.4	152	4.6

MISSING	1		6	

LIVING ARRANGEMENT (WITH WHOM):	NUMBER	PERCENT	NUMBER	PERCENT
ALONE	62	11.7	345	14.0
WITH SPOUSE/PARTNER ONLY	53	10.0	215	8.7
WITH CHILDREN ONLY	16	3.0	93	3.8
WITH SPOUSE/PARTNER & CHILDREN	45	8.5	234	9.5

WITH PARENTS/RELATIVES/ADULT CHILDREN	105	19.7	509	20.6
WITH FRIENDS	25	4.7	136	5.5
WITH OTHERS	226	42.5	937	38.0
MISSING	185		809	
T O T A L	717	100.1	3278	100.1

LIVING ARRANGMENT (WHERE):	NUMBER	PERCENT	NUMBER	PERCENT
HOUSE, APARTMENT, MOBILE HOME	298	56.0	1521	61.1
ROOMING HOUSE, HOTEL, DORMITORY	4	0.8	18	0.7
GROUP HOME	5	0.9	15	0.6
FOSTER HOME	3	0.6	9	0.4
HALFWAY HOUSE	149	28.0	622	25.0

*5 sheets
 4/21/89*

11/11

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 CHEMICAL DEPENDENCY PROGRAM DIVISION
 DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM

PAGE 5

REPORT TITLE - ADULT CLIENTS DISCHARGED BRIEF REPORT
 REPORT DATE - 4/ 6/89
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 FACILITY NAME - STATE HOSPITAL STATEWIDE TOTAL

REPORT SECTION - REFERRALS/LIVING ARRANGEMENT INFORMATION

LIVING ARRANGMENT (WHERE):	THIS PERIOD		YEAR TO DATE	
	NUMBER	PERCENT	NUMBER	PERCENT
BOARD AND LODGING	21	3.9	76	3.1
HOSPITAL	5	0.9	38	1.5
NURSING HOME	3	0.6	13	0.5
LOCAL CORRECTIONAL FACILITY	11	2.1	56	2.3
STATE/FEDERAL CORRECTIONAL FACILITY	3	0.6	8	0.3
OTHER GROUP LIVING	4	0.8	13	0.5
TRANSIENT/NONE	1	0.2	6	0.2
OTHER	25	4.7	93	3.7
MISSING	185		790	
T O T A L	717	100.1	3278	99.9

The Consolidated Chemical Dependency Treatment Fund
John Gostovich, M.S., C.C.D.C.
Associate Director for Funding
Chemical Dependency Program Division
Minnesota Department of Human Services

INTRODUCTION

The Consolidated Chemical Dependency Treatment Fund is Minnesota's unique system for providing treatment to low income, chemically dependent persons. The CD Fund is like an insurance policy that provides treatment to our poorest citizens. If you're a counselor providing direct services, chances are that some of your clients are having their treatment paid through this system.

Prior to the Fund, chemical dependency treatment services for low income persons were tied to the idiosyncrasies of various funding sources. Medical Assistance would pay for hospital-based inpatient programs but not halfway houses and extended care. Minority clients and women had no systematic access to treatment programs that met their needs. Halfway houses and extended care settings received few publicly funded clients. Poor persons who were not enrolled in public assistance programs faced lengthy waits for eligibility determinations, assessment and placement. Treatment options were limited, and many potential clients were unserved.

The Consolidated Fund was created to address these problems. Its goals were to:

1. Provide uniform and timely assessment and placement;
2. Provide a wide range of clinical options for clients;
3. Create incentives for lower treatment costs; and
4. Encourage innovation in services, and growth in programming for minorities, women and persons with special needs.

The Fund is built from money from a variety of state, federal and county sources. No longer does treatment availability depend on the particular kind of public assistance program a client happens to be enrolled in. By using a standard set of assessment criteria ("Rule 25"), counties and Indian Reservations place eligible clients with licensed treatment providers offering inpatient, outpatient, halfway house and extended care services. The funding follows the client, rather than the other way around.

The Consolidated Chemical Dependency Treatment Fund began operations on January 1, 1988. Since that date, over \$91 million has been spent through the Fund for treatment. Over

32,000 clients have been served. Presently, the Fund is serving nearly one-third more publicly funded clients as were treated prior to its inception.

Although its goals are being met, the Fund is experiencing a 20% growth in annual costs due largely to its success. Improved access, rapid assessment and vastly expanded treatment options are creating a 20% annual growth in clients. This budgetary stress will challenge all of us in the years ahead.

SOURCES AND USES OF FUNDS

For the fiscal year beginning July 1, 1990, the Consolidated Fund will pay treatment providers about \$64 million for 23,350 placements. Funding comes from the following sources:

<u>SOURCE</u>	<u>FY 91</u>
State Appropriation	\$37,012,000
County Funds	13,983,000
Federal Funds	8,900,000
Collections: (Insurance, Client Fees Medical Assistance)	3,891,000
GRAND TOTAL:	\$63,786,000

At the beginning of the year, funds are allocated to counties based on population, median income and welfare caseload. Reservation allocations and funds for non-Reservation Indians are set aside based on percentages set in law. As counties and Reservations place clients with treatment providers, the state pays vendors 100% of treatment costs and bills the recipient's county 15% of the charge. The state pays 100% for Reservation and non-Reservation Indians. Counties are required to annually expend a minimum amount based on their pre-Fund expenditures for chemical dependency treatment.

When a county or Reservation has spent its allocation and met its minimum spending requirement, it no longer may place sliding fee clients (60% to 115% of median income). Other placements are then paid from "reserve" funds (the county remains responsible for its 15% share).

ELIGIBILITY-- WHO QUALIFIES FOR CONSOLIDATED FUNDING

The Consolidated Fund's operation is guided by Chapter 254B of Minnesota Statutes and clarifying rules developed by the Department of Human Services. When the Fund was established, one of the goals was an efficient means of defining and determining client eligibility. Clients presently qualify if:

- (a) they are receiving Medical Assistance (MA) or General Assistance Medical Care (GAMC);
- (b) they earn less than 60% of the state median income; or
- (c) they earn between 60% and 115% of the state median income and funds remain in state and county allocations to treat them. Clients in this category are responsible for a sliding fee which covers a portion of their treatment costs.

Clients with insurance are eligible for services if they otherwise qualify and their insurance is not sufficient to cover either the level of care or length of treatment indicated by the assessment.

Although this eligibility standard is less stringent than other public assistance programs, Consolidated Fund clients tend to be quite poor. The following table indicates client income at the time of assessment.

<u>ANNUAL INCOME LEVEL</u>	<u>% of PLACEMENTS</u>	<u>CUMULATIVE %</u>
None	41.8%	41.8%
\$1 to 5000	23.1%	64.9%
\$5001 to 10,000	23.7%	88.6%
\$10,001 to 15,000	7.3%	95.9%
\$15,001 to 20,000	2.7%	98.6%
>\$20,0000	1.4%	100.0%

Legislation enacted by the 1990 Legislature further defines the categories of clients to give the Department of Human Services a means of rationing funds to serve the "neediest" clients in the event of budgetary shortfalls. Beginning July 1, 1991, clients will be designated into three "tiers":

- (a) Eligible for MA, GAMC or meeting the MA income test;
- (b) Earning up to 60% of the state median income; and
- (c) Earning between 60% and 115% of the state median income (sliding-fee required).

Tier "c" clients will be served to the extent funds allocated are sufficient to treat all tier "a" and "b" clients. Similarly, tier "b" clients will be served to the extent funds are sufficient to treat all tier "a" clients.

ASSESSMENT AND PLACEMENT

All clients receiving public funding for their treatment must have a "Rule 25" assessment and be placed with licensed treatment programs. Rule 25 defines the extent of the client's problem and indicates an appropriate level of care within the continuum of services that has evolved in Minnesota:

- (a) Outpatient primary,
- (b) Inpatient primary (or combination inpatient/outpatient programs),
- (c) Extended Care, or
- (d) Halfway House.

The recommended level of care depends on the client's pattern of chemical use, the negative consequences that have occurred, and the history (if any) of prior treatments. Rule 25 provides exceptions for clients needing culturally specific settings, adolescents who have failed in outpatient settings although they are not diagnosed as dependent, clients living too far from outpatient facilities, and clients who have demonstrated no benefit from successive extended care placements.

Once the assessment has determined an appropriate level of care, the county or Reservation determines the provider. Clients have the right to a second assessment and may appeal the level of care determination; but the vendor selection remains with the assessing agency. Unless a waiver has been granted by the Department, assessors may not have a financial relationship with any treatment provider.

The costs of treatment are negotiated in contracts between counties and the treatment providers within their jurisdiction. When a county or Reservation places a client in a setting in another county, the other county's contract determines the cost of care. Because the Consolidated Fund creates a stream of clients and payments for vendors, vendors have an incentive to negotiate contracts for service at favorable rates. Presently, Consolidated Fund clients receive treatment at costs 20% to 30% less than private-pay or third-party-pay clients. The following table summarizes placement patterns and costs for calendar year 1989.

<u>PLACEMENT</u>	<u># OF CLIENTS</u>	<u>COSTS/PLACEMENT</u>
Primary Inpatient RTC	2,069	\$3,563
Primary Inpatient Hospital	3,024	3,609
<u>Primary Inpatient Freestanding</u>	<u>2,015</u>	<u>3,583</u>
SUBTOTAL	7,108	
Primary Outpatient RTC	163	\$1,063
Primary Outpatient Hospital	1,515	1,067
<u>Primary Outpatient Freestanding</u>	<u>4,359</u>	<u>1,183</u>
SUBTOTAL	6,037	
Methadone	481	\$1,249
Extended Care RTC	780	\$4,010
<u>Extended Care Freestanding</u>	<u>791</u>	<u>3,520</u>
SUBTOTAL	1,571	
Halfway House	2,723	\$2,371
Combination Inpatient RTC	21	\$2,917
Combination Inpatient Hospital	407	2,015
<u>Combination Inpatient Freestanding</u>	<u>52</u>	<u>1,703</u>
SUBTOTAL	480	
Combination Outpatient Hospital	309	\$779
<u>Combination Outpatient Freestanding</u>	<u>77</u>	<u>756</u>
SUBTOTAL	386	
TOTAL PLACEMENTS:	18,786	

Legislation adopted in 1990 requires the Department of Human Services to adopt Emergency Rules to amend Rule 25 to increase the use of outpatient and combination programs and to clarify the use of extended care placements. The Department will clarify the concept of "ability to abstain" in the present rule to further specify those clients who may not require residential settings for all or part of their treatment. This legislation emerged in response to the Fund's 20% annual growth in expenditures, and is intended to contain future costs without denying anyone treatment. The Department estimates that the emergency rules will cause a 15% shift of clients from inpatient to outpatient services, a 5% shift from inpatient to extended care services, and a 5% shift from inpatient to combination inpatient-outpatient services.

These Emergency Rules will also require client fees to be collected by halfway houses and extended care facilities and remitted to the Department. Presently, the Department begins to make these collections at the conclusion of treatment when clients become much more difficult to contact.

CLIENT CHARACTERISTICS

The following information gives a "thumbnail" sketch of Consolidated Fund clients. The Chemical Dependency Division is fortunate to have two consistent sources of data: (1) the Client Placement Authorization (CPA) form which is completed by each assessor, and (2) DAANES (Drug and Alcohol Abuse Normative Evaluation System) data provided by Consolidated Fund vendors for all clients. DAANES includes six-month follow-up information. All providers who receive Consolidated Fund clients are required to participate in DAANES or a comparable system.

SEX

Male	70.8%
Female	29.2%

RACE

White	73.0%
Black	11.3%
Hispanic	01.9%
American Indian	13.4%
Asian	0.2%
Other	0.2%

AGE

01-14	1.3%
15-20	15.1%
21-30	42.0%
31-44	30.4%
45-59	7.1%
60-	2.1%

CONSOLIDATED FUND CLIENTS VS. NON-FUND CLIENTS

The following information is taken from DAANES data gathered during 1989. Consolidated Fund clients, when compared to non-Fund clients have:

- a. Significantly younger ages (18% vs 12% for ages 21-24, 44% vs 40% for ages 25-34),
- c. Significantly greater minority composition (27% vs 15%),
- d. Significantly less education (22% vs 33% high school graduates),
- e. Significantly greater drug-related diagnoses,
- f. Significantly less alcohol-only diagnoses (48% vs 58%),
- g. Higher weekly, monthly, and daily use of cocaine, amphetamines, and opiates,
- h. Lower program completion rates (59% vs 68%),
- i. Lower six-month abstinence rates (57% vs 73% for all clients, 65% vs 77% for program completers).

These lower abstinence and completion rates most likely reflect the generally higher levels of desocialization and substance abuse experienced by Consolidated Fund clients.

FUTURE DIRECTIONS

Clearly, the Consolidated Fund will face a continuing challenge in providing quality services at reasonable costs to taxpayers. Although the costs of untreated chemical dependency are significant, we need to sharpen our ability to demonstrate the efficacy of treatment and the appropriateness of the care we offer. National studies have found a 40% reduction in sick days and accident benefits for persons treated for alcoholism (Jones and Vischi, 1979). Similar studies are needed in Minnesota. We need to demonstrate that we are responsive to changing client characteristics and innovations in clinical practice. And finally, despite dramatic growth in client numbers and costs, we need to remind ourselves that the suffering alcoholic and addict is the reason we construct and maintain systems as complex as the Consolidated Fund.

Chronic Alcoholic Project

Appendix D.

CHEMICAL HEALTH DIVISION
DISPOSITION BY YEAR FOR CLIENTS WITH 15 OR MORE ADMISSIONS
RUN DATE: 06/05/90

	YEAR				
	86	87	88	89	90
NO REFERRAL	7	4077	2969	37	16
CHEM HLTH TX	3	0	67	8	1
CASE MANAGEMENT	0	1	126	722	357
SENIORS	84	58	11	152	112
ANTABUSE\ACUPUNCTURE	5	4	17	27	7
HOMELESS PROJECT	0	0	375	1674	687
NIAAA PROJECT	0	0	121	1471	502
HCMC 1 OF 2	27	75	130	111	52
CRISIS CENTER	15	23	13	23	14
PSYCH HOSPITAL	158	178	88	26	10
CD HOSPITALS	4	2	0	2	0
HCMC 2 OF 2	2	1	0	0	0
PRIVATE HOSPITAL	3	0	1	1	0
ST CLOUD VA	5	4	6	1	0
ST PETER	2	3	2	0	0
WILMAR	3	8	0	0	0
BRAINARD	1	0	16	7	2
FERGUS FALLS	81	105	12	0	1
ANOKA 1 OF 2	21	16	1	3	2
MPLS VA	4	1	3	2	0
OTHER HOSP	0	0	0	0	1
AA	0	8	2534	4347	1828
PRIVATE OUTPATIENT	8	3	12	17	6
PRIVATE INPATIENT	685	672	481	321	112
SHELTER	2	2	1	5	0
RELATIVE	5013	889	54	7	6
AA 2 OF 2	2	0	2	0	0
LEGAL	57	58	44	36	19
FACILITIES/AGENCIES	76	49	41	48	20
NURSING HOMES	4	23	15	14	3
TOTAL	6272	6260	7142	9062	3758

END OF REPORT

Chronic Alcoholic Project

Appendix E.

CHEMICAL HEALTH DIVISION
DISPOSITION BY YEAR FOR CLIENTS WITH 14 OR FEWER ADMISSIONS
RUN DATE: 06/14/90

	YEAR				
	86	87	88	89	90
NO REFERRAL	1093	7436	5316	2343	1279
CHEM HLTH TX	1281	940	466	336	192
CASE MANAGEMENT	1	2	16	43	53
SENIORS	147	140	82	74	76
ANTABUSE\ACUPUNCTURE	137	347	412	439	108
HOMELESS PROJECT	0	0	5	21	7
NIAAA PROJECT	0	0	0	13	2
HCMC 1 OF 2	112	212	267	297	219
CRISIS CENTER	89	121	165	149	37
PSYCH HOSPITAL	382	493	1024	1332	545
CD HOSPITALS	5	1	3	12	4
HCMC 2 OF 2	0	2	0	2	2
PRIVATE HOSPITAL	11	3	7	4	3
ST CLOUD VA	5	2	4	8	2
ST PETER	1	10	5	1	0
WILMAR	32	87	65	84	44
BRAINARD	1	1	24	29	27
FERGUS FALLS	20	37	10	12	7
ANOKA 1 OF 2	116	302	749	694	189
MPLS VA	9	17	16	35	11
OTHER HOSP	4	52	133	12	3
AA	484	484	3587	6609	2880
PRIVATE OUTPATIENT	583	742	2087	2729	1529
PRIVATE INPATIENT	678	791	1622	2148	977
SHELTER	9	8	6	6	3
RELATIVE	5697	1190	89	49	20
AA 2 OF 2	3	0	3	4	6
LEGAL	154	117	107	88	46
FACILITIES/AGENCIES	65	82	182	284	143
NURSING HOMES	183	17	12	16	6
TOTAL	11302	13636	16464	17873	8420

END OF REPORT

Chronic Alcoholic Project

Appendix F.

**The Dynamics of a Chronic Alcoholic Population:
A Study of Admissions to Hennepin County Alcohol Receiving Center from
1986 through 1989**

April 11, 1990

James C. Kincannon, Ph.D., Senior Clinical Psychologist
Division of Chemical Health, Hennepin County Dept. of Community Services
1800 Chicago Avenue, Minneapolis, Minnesota 55404

Abstract

The admissions to a detoxification center of 1424 individuals defined as Chronic (15 or more admissions) were analyzed for the four years 1986 - 1989. The population was characterized by a low annual rate of admissions and a 25 to 30% turnover rate per year neither of which is implied by the designation as Chronic.

Introduction

This report will focus on the admission patterns of clients classified as chronic in the Hennepin County Division of Chemical Health. A person is classified as chronic by the Division upon their 15th admission to the Alcohol Receiving Center (ARC). The classification is not without consequences for the person. After their 14th admission to the ARC, he or she will be assigned to one of three intervention strategies intended to decrease their rate of admissions.

Use of the 15th admission as the basis for the classification as a chronic started in 1976, five years after the ARC was first opened. In 1986 the Community Services Information System (CSIS) encompassed ARC admissions opening up the opportunity for an examination of data on individual admissions by the group designated as chronic. This report uses the CSIS data to analyze admissions to the ARC in the years 1986 through 1989.

Results

The absolute number of individuals who had become chronic prior to 1986 is unknown but the study inherited 658 individuals who entered the ARC in 1986 with a prior classification as a chronic. An additional 766 individuals surpassed 14 admissions during the study interval for a total of 1,424 (9%) of the 15,704 individuals seen in that time period. These chronics accounted for 28,772 (48%) of the 59,492 admissions to the ARC in the four years studied for an average of 20.2 admissions for each chronic over the 4 years. The remaining individuals averaged 2.1 admissions in the same period. It is this disproportionate (10 fold) utilization of the ARC that targets the chronic population for intervention.

On the surface it would appear that more individuals became chronic in the 4 years studied (766) than in the fifteen preceding years (658) which would raise the alarming prospect that the rate of chronicity is dramatically increasing. This is in fact not the case. The number of chronics admitted within a given year increased by an average of 25 per year over the span of the study. How then can we account for the discrepancy between the modest increase in the number of chronics admitted to the ARC in each of the years studied ($25 \times 4 = 100$) compared to the marked increase in the aggregate number of chronics which had accrued over the span of years (766)? The answer lies in the misleading connotation of using the term chronic to describe this population.

=====
Insert Exhibit 1 about here
=====

Chronicity implies a that an individual has a large number of admissions to, as well as protracted involvement with, the ARC. The degree to which the admission rates are high is addressed in Exhibit 1, a frequency distribution of the average number of admissions by chronics in a given year. A single composite distribution is presented since the shape of the distribution did not differ for the individual years. The distribution is markedly skewed towards low rates of utilization suggesting that a substantial number of the chronics are not necessarily characterized by a high admission rate. Some individuals are deemed chronic through the accumulation of 1 or 2 admissions per year over a 10 to 15 year interval.

=====
Insert Exhibit 2 about here
=====

Exhibit 2 presents the descriptive statistics underlying the above frequency distribution for each of the four years in the study. The most common admission rate (the mode) is one admission per year and 50% of the clients had 4 or fewer admissions per year (the median). Use of the mean as a measure of central tendency would be misleading with a skewed distribution as with these data. What the mean does show, and which is also emphasized by the 7th, 8th & 9th decile statistics, is that 30% of the clients experienced a noticeable increase in their annual admission rate in 1989. It is possible that this increase is a result of a policy in 1989 to keep ARC episodes as brief as medically permissible. Discharging clients in 12 hours as opposed to 72 hours allows them more opportunity for readmission in a given year. Thus, the client who had 105 admissions in 1988 could have achieved his 136 admissions in 1989 merely as a function of being on the street more days out of the year rather than as a result of any change in his drinking pattern or admission rate to the ARC while on the street.

=====
Insert Exhibit 3 about here
=====

If chronics are not uniformly prone to high rates of admission are they at least persistent users of the ARC? Exhibit 3 presents a representative flow chart of clients seen in a given year. Again a composite is used. The use of a composite is necessary because we do not know the subsequent rate of admissions for the chronics in the ARC in 1989 nor do we know about the prior history of chronics inherited in 1986. These rates can however be estimated from the intervening years for the purpose of constructing a representative model.

Consider first admissions. The composite picture suggests that 70% of a given year's chronics are chronics from the previous year, 20% attained chronic status within that year and the remaining 10% were chronics from 2 or more years back who had not been in the ARC in the preceding year.

Now focus on discharges. Twenty percent of each of the three groups described above (old chronics, new chronics & chronics who had skipped at least a year) will not be seen in the ARC in the future. Ten percent of each group will probably return to the ARC after skipping at least one year. The remaining 70% will be seen in the subsequent year.

There is a distillation in the most persistent ARC users over time. Of the 70% chronics who had been admitted to the ARC in 2 consecutive years, 74% remained for a 3rd year. Seventy eight percent of this latter group remained for a forth year and, of these, 80% were still active for a fifth consecutive year (45% of the original group). It was not possible to estimate what proportion of this attrition was attributable to mortality. There was a statistically reliable difference between the most persistent chronics and the other chronics with respect to age, race

and rate of admissions. The most persistent chronic clients are disproportionately males between the ages of 30-40, American Indian and averaged a higher rate of admissions in a given year. In fact, the rate of admission in one year correlated .65 with the rate in a subsequent year. However, the data elements could not be combined into a formula, profile or even an annual admission rate cutoff point which would be more accurate than the above simple base rate (i.e. 70% chance that next year will be similar to this year).

The model, as presented, would reflect a steady state. That is, the model does not reflect any growth in the number of chronics seen in a year. However, the data show a small annual growth but do not make it clear if it reflects a total of 25 additional clients each year (an absolute increase) or a 4% growth rate (a relative increase). Nor do the data identify the source of the new clients. The most likely source seems to be from the slow accumulation of clients who enter the ARC on intermittent years.

Summary

- * 30% of clients with 15 or more lifetime histories of admissions to ARC (chronics) will not be admitted to the ARC in the next year;
- * the majority of the chronics have 4 or fewer admissions in a given year;
- * 200 new chronics are added to the population each year; and
- * 175 chronics leave the population each year yielding an average increase of 25 chronics per year.

Discussion

These data do not favor any particular policy position with reference to chronics. Optimists could argue that the size of the chronic population is overestimated and that the condition is dynamic rather than static so the current criteria should be altered. In support of this view they could point out that 20 - 30% of the people seen as chronic in one year will not return, a substantial minority of the returning chronics have neither a high nor a persistent rate of admission to the ARC and that the putative growth in the population of chronics is probably an artifact of intermittent low rate users simply surpassing the arbitrary lifetime admission rate over an increasing span of years (now 19 years). Pessimists could counter that 70% of one year's chronics will be back the next year, that 200 new cases accrue to the Chemical Health Division each year, and, even though some people leave the group, the size of the group seen in a given year is growing over the years.

My preference is for the more dynamic view of the chronic population. My inclination would be to move away from the static 15 lifetime admissions criteria and use a more annualized rate as the basis for specialized intervention. Without an empirically validated cutting point I can only suggest that maybe 8 admissions in a period of 12 or fewer months might more accurately portray the population as chronic.

The data do not provide any information on the merits of the specific intervention strategies designed to decrease a chronic's admission rate or to improve his or her life. The county currently has two independent studies addressing the cost/benefit of different intervention initiatives.

Exhibit 1

Frequency Distribution of the Annual Rate of Admissions to the ARC by
Chronics from 1986 - 1989

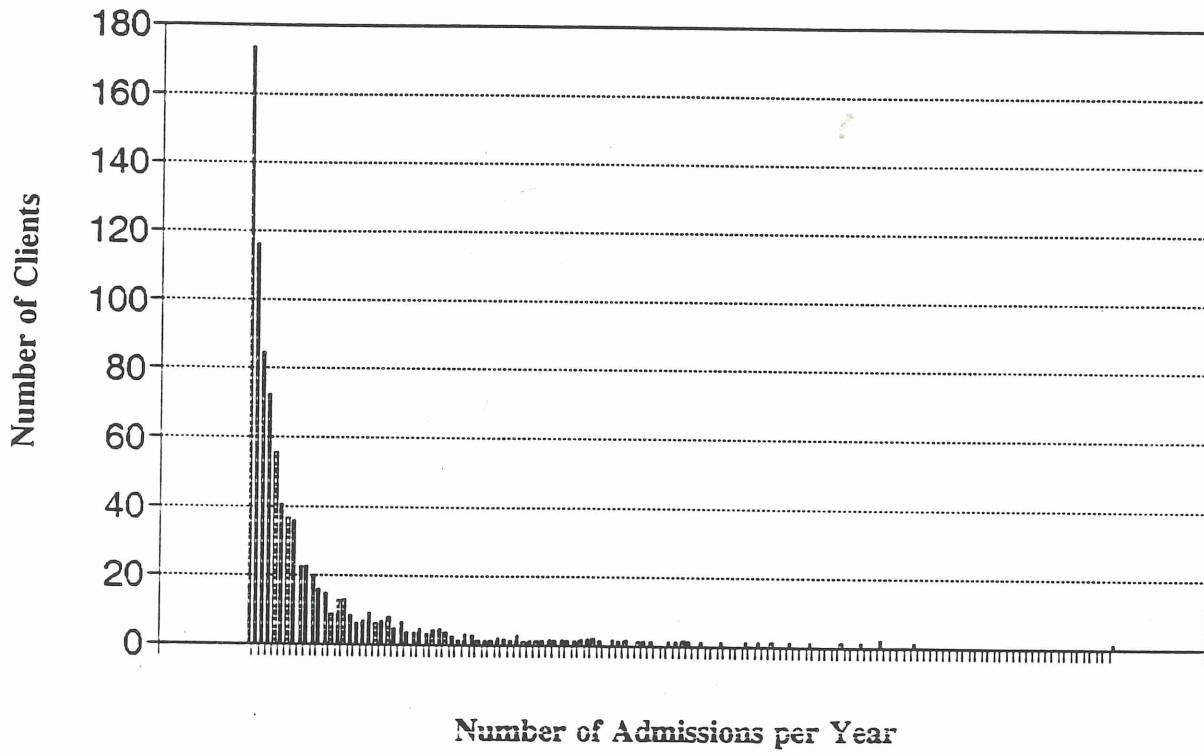


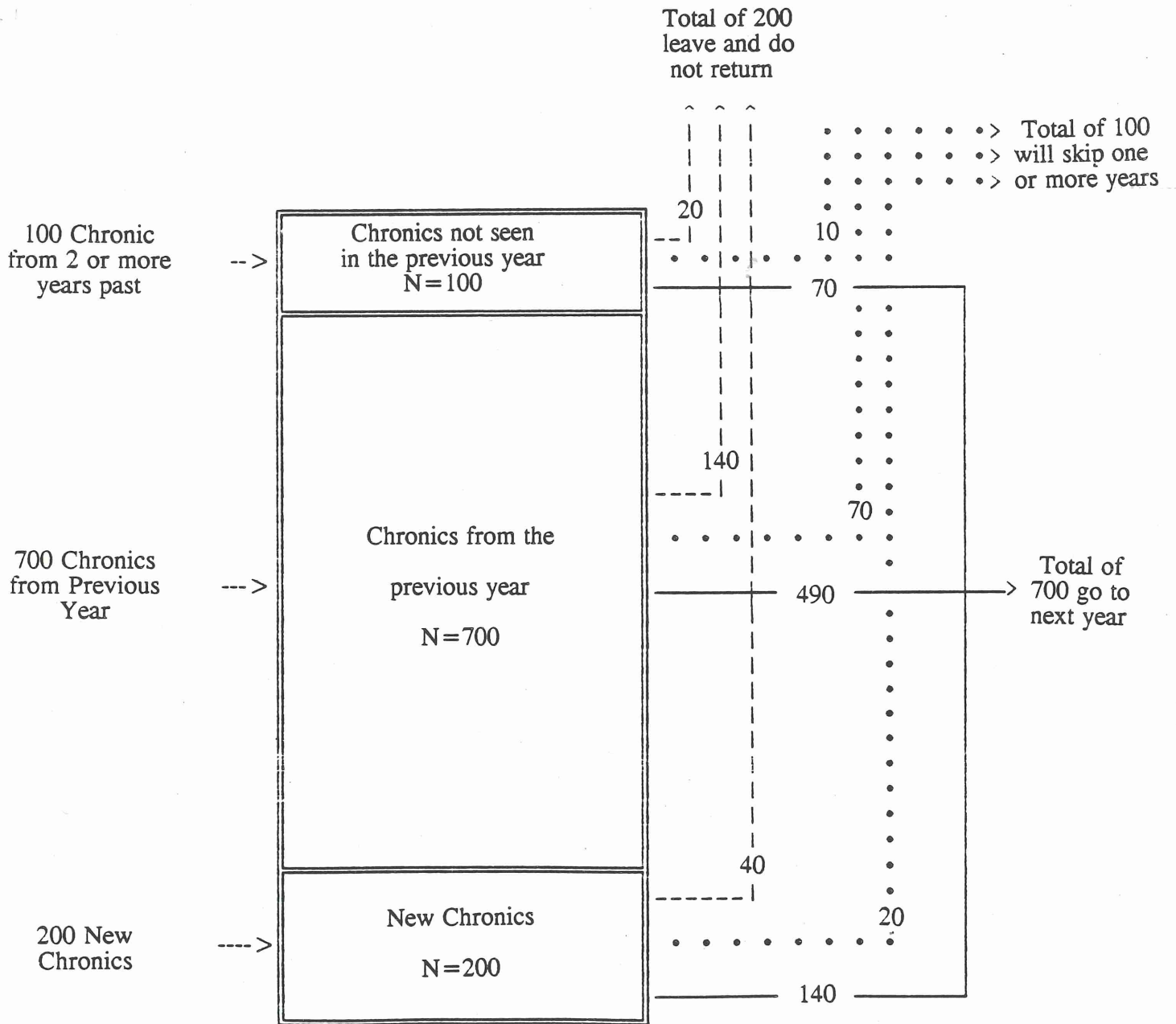
Exhibit 2

Descriptive Statistics of Admission Rates by Chronics by Year

<u>Year:</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>
<u>Measures of Central Tendency:</u>				
Mode	1	1	1	1
Median	4	4	4	4
Mean	7.7	7.3	8.1	10.0
<u>Measures of Dispersion:</u>				
Standard Deviation	10.4	8.8	9.9	14.0
Deciles:				
1st	1	1	1	1
2nd	1	1	2	2
3rd	2	2	2	2
4th	3	3	3	3
5th	4	4	4	5
6th	5	6	6	7
7th	7	8	8	9
8th	11	11	12	15
9th	20	17	21	25
<u>Other Parameters:</u>				
Skewness:	3.09	2.86	2.63	3.33
Kurtosis:	16.26	14.07	12.49	18.84
<u>Number of Chronics seen in the Year:</u>	819	853	878	904

Exhibit 3

Dynamics of Chronics in Any Given Year
 (Using 1000 clients seen in a single year as an example)



Chronic Alcoholic Project

Appendix G.

1. ANOKA STATE HOSPITAL CHEMICAL DEPENDENCY UNIT

3300 Fourth Avenue North
Anoka, MN 55303

Bruce Olson, Director

POPULATION SERVED:

Men and women 18 years and older who are chemically dependent.

REFERRAL PROCEDURE:

Client must be referred by a community-based program.

ADMISSION REQUIREMENTS:

Client must be detoxified, reside in Anoka State Hospital service area and provide documentation of chemical dependency problem.

THERAPY APPROACH:

A.A. Philosophy with multidisciplinary approach

LENGTH OF STAY:

Primary Treatment - 30 to 35 days
Extended Care - 2 to 4 months

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Psychological Testing
- * Individual Therapy
- * Group Therapy
- * Family Counseling
- * Education
- * Self-Help Groups
- * Aftercare/Follow-up
- * Information/Referral

(612) 421-3940 Ext. 289

ADMISSION HOURS:

8:00 A.M. to 12:00 P.M.
Monday thru Friday

FUNDING:

- * Private Health Insurance
- * Public Health Insurance
- * State Appropriations

COST: \$77.05 per day sliding fee scale

LICENSE: DHS - Residential CD Licensed

CAPACITY: 60 beds, Primary Treatment
30 beds, Extended Care

STAFFING:

- 1 Psychiatrist
- 1 Physician
- 1 Psychologist
- 11 Nurses
- 4 Social Workers
- 7 Counselors
- 2 Vocational/Recreational Therapists
- 15 Other Direct Care Staff
- 1 Chaplain

2. BRAINERD STATE HOSPITAL ALCOHOL AND DRUG UNIT

Box 349
Brainerd, MN 56401

James M. Holien, Director

POPULATION SERVED:

Men and women 18 years and older who are chemically dependent.

REFERRAL PROCEDURE:

Referrals are accepted through local county CD counselors, Courts, Welfare Department and self.

ADMISSION REQUIREMENTS:

Client must be detoxified and reside in the Brainerd State Hospital service area.

THERAPY APPROACH:

A.A. Philosophy with a Multidisciplinary Approach

LENGTH OF STAY: 30 days

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Psychological Testing
- * Individual Therapy
- * Group Therapy
- * Family Counseling
- * Education
- * Information/Referral
- * Aftercare/Follow-up
- * Job Counseling/Placement
- * Vocational Rehabilitation

(218) 828-2387

ADMISSION HOURS:

8:00 A.M. to 4:00 P.M.
Monday thru Friday

FUNDING:

- * Public Health Insurance
- * Private Health Insurance
- * State Appropriations

COST: \$77.05 per day sliding fee scale

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY: 55 beds

STAFFING:

- 1 Psychiatrist
- 1 Physician
- 1 Psychologist
- 7 Nurses
- 7 Counselors
- 1 Vocational/Recreational Therapist
- 4 Other Direct Care Staff

3. FERGUS FALLS STATE HOSPITAL DRUG DEPENDENCY REHABILITATION CENTER

P.O. Box 157
Fergus Falls, MN 56537

Curt Ramberg, Director

POPULATION SERVED:

Chemically dependent adolescents 12 to
18 years of age and adult men and women
18 years and older.

REFERRAL PROCEDURE:

County social service referrals are preferred.

ADMISSION REQUIREMENTS:

Clients must reside in the Fergus Falls State
Hospital service area. Special permission
required for other Minnesota residents.

THERAPY APPROACH:

A.A. Philosophy with Multidisciplinary Approach

LENGTH OF STAY:

Primary Treatment - 5 to 7 weeks
Adolescent Unit - 9 to 10 weeks
Extended Care - 4 months
Domiciliary Care - 6 to 12 months

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Psychological Testing
- * Individual/Group Therapy
- * Relaxation Therapy
- * Family Counseling
- * Sexuality Groups
- * Detoxification
- * Self-Help Groups
- * Outreach
- * Information/Referral
- * Aftercare/Follow-up
- * Adolescent Program
- * Special Women's Unit

(218) 739-7308
(218) 739-7253

ADMISSION HOURS:

8:00 A.M. to 4:30 P.M.
Monday thru Friday

FUNDING:

- * Public Health Insurance
- * State Appropriations
- * Private Health Insurance

COST: \$77.05 per day sliding fee scale

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY:

88 Primary Treatment beds
80 Extended Care beds
25 Adolescent Program beds
13 Medical Admission beds
4 Detox Beds

STAFFING:

1 Consulting Psychiatrist
1 Physician
4 Psychologists
18 Nurses
26 CD Counselors
2 Social Workers
1 Vocational/Recreational
Therapist
28 Other Direct Care Staff
8 Chaplains
1 Nurse Practitioner

4. MOOSE LAKE STATE HOSPITAL LAKESHORE CENTER FOR CHEMICAL DEPENDENCY

1000 Lakeshore Drive
Moose Lake, MN 55767

Darrell Ruhland, Director

POPULATION SERVED:

Men and women 16 years and older who are
chemically dependant.

REFERRAL PROCEDURE:

Contact Ron Renn, (218) 485-4411

ADMISSION REQUIREMENTS:

Client must reside in Moose Lake State Hospital
service area. Special permission required for
other Minnesota residents.

THERAPY APPROACH:

A.A. Philosophy with Multidisciplinary Approach,
Reality Therapy

LENGTH OF STAY: Primary Treatment - 46 days
Extended Care - Open-ended

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Psychological Testing
- * Individual Therapy
- * Group Therapy
- * Family Counseling
- * Job Counseling
- * Education
- * Information/Referral
- * Detoxification
- * Criminal Justice
Program
- * First Timer Program
- * Chronic Repeater
Program
- * Aftercare/Follow-up
- * Vocational
Rehabilitation

(218) 485-4411

ADMISSION HOURS:

24 Hours a day

FUNDING:

- * Private Health Insurance
- * Public Health Insurance
- * Client Fees
- * County Funds
- * State Appropriations

COST: \$77.05 per day sliding fee scale

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY: 35 Admission beds

165 Primary Treatment beds
41 Extended Care beds

STAFFING:

1 Psychiatrist Consultant
2 Physicians
2 Psychologists
26 Nursing Staff
19 CD Counselors
6 Vocational/Recreational
Therapists
33 Other Direct Care Staff
8 Social Workers

**5. ST. PETER STATE HOSPITAL
JOHNSON CHEMICAL DEPENDENCY UNIT**

100 Freeman Drive
St. Peter, MN 56082

Barbara Larson, Director

POPULATION SERVED:
Men and women 18 years and older who are chemically dependent.

REFERRAL PROCEDURE:
Contact Duane Sundin at admissions office (507) 931-7110.

ADMISSION REQUIREMENTS:
Clients must be detoxified and reside in St. Peter State Hospital service area.

THERAPY APPROACH:
A.A. Philosophy with multidisciplinary approach

LENGTH OF STAY:
Primary - 30 to 35 days
Extended Care - up to 1 year

SERVICES PROVIDED:

* Intake/Assessment	* Assertiveness Group
* Physical Examinations	* Womens Group
* Psychological Testing	* Lectures/Education
* Individual/Group Therapy	* Vocational Rehabilitation
* Family Counseling	* Aftercare/Follow-up
* Job Counseling	* Information/Referral
* Self Help Groups	

(507) 931-7110 Admissions
(507) 931-7144 Program

ADMISSION HOURS:
8:00 A.M. to 4:30 P.M.
Monday thru Friday

FUNDING:
* Private Health Insurance
* Public Health Insurance
* State Appropriations

COST: \$77.05 per day sliding fee scale

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY: 45 beds, Primary Treatment
13 beds, Extended Care

STAFFING:
1 Consulting Psychiatrist
1 Physician
1.2 Psychologists
10 Nursing Staff
3 Social Workers
5 CD Counselors
3 Vocational/Recreational Therapists
3 Other Direct Care Staff

**6. WILLMAR STATE HOSPITAL
CHEMICAL DEPENDENCY UNIT**

P.O. Box 1128
Willmar, MN 56201

Helmut Hoffmann, Ph.D., Director

POPULATION SERVED:
Men and women 17 years and older who are chemically dependent.

REFERRAL PROCEDURE: Contact facility

ADMISSION REQUIREMENTS:
Client must be detoxified and reside in Willmar State Hospital service area. Special permission required for other Minnesota residents and Methadone detoxification.

THERAPY APPROACH:
A.A. Philosophy and Reality Therapy

LENGTH OF STAY: Open-ended

SERVICES PROVIDED:

* Intake/Assessment	* Information/Referral
* Physical Examination	* Assertiveness Training
* Psychological Testing	* Methadone Detoxification
* Individual Therapy	* Aftercare/Follow-up
* Group Therapy	* Vocational Rehabilitation
* Family Counseling	

(612) 231-5100

ADMISSION HOURS:
8:00 A.M. to 4:30 P.M.
Monday thru Friday

FUNDING:
* Private Health Insurance
* Public Health Insurance
* State Appropriations

COST: \$77.05 per day sliding fee scale

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY: 117 beds

STAFFING:
1 Physician
3 Psychologists
3 Social Workers
8 CD Counselors
5 Nurses
2 Recreational Therapists (IOT)
35 Human Service Technicians

1987/88

**1. ANOKA METRO REGIONAL TREATMENT CENTER
CHEMICAL DEPENDENCY UNIT**

3300 Fourth Avenue North
Anoka, MN 55303

(612) 422-4274

Bruce Olson, Director

ESTABLISHED: 1970

POPULATION SERVED:

Men and women 18 years and older who are chemically dependent.

ADMISSION HOURS:

8:00 A.M. to 12:00 P.M.
Monday thru Friday

REFERRAL PROCEDURE:

Client must have a community-based assessment and referral.

FUNDING:

- * Private Health Insurance
- * Client Fees

ADMISSION REQUIREMENTS:

Client must be detoxified and provide documentation of chemical dependency problem.

COST: \$101.00 per day

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

THERAPY APPROACH:

A.A. Philosophy with multidisciplinary approach

CAPACITY: 90 Beds

LENGTH OF STAY:

Primary Treatment - 30 to 35 days
Extended Care - 2 to 4 months

STAFFING:

- 7 CD Counselors
- 3 Social Workers
- 2 Physicians
- 2 Psychologist/Psychiatrist
- 4 Nurse RN
- 6 Nurse LPN
- 2 Chaplain/Clergyman
- 15 Other Direct Care Staff

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Medical Lab Tests
- * Psychological Testing
- * Individual Therapy
- * Sexuality Groups
- * A.A. Meetings
- * Recreational Program
- * Family Counseling
- * Education
- * Chronic Repeater's Program
- * Group Therapy
- * Special Women's Group
- * Information/Referral
- * Aftercare/Follow-up

**2. BRAINERD REGIONAL TREATMENT CENTER
ALCOHOL AND DRUG UNIT**

Box 349
Brainerd, MN 56401

(218) 828-2387

James M. Holien, Director

ESTABLISHED: 1971

POPULATION SERVED:

Men and women 18 years and older who are chemically dependent.

ADMISSION HOURS:

8:00 A.M. to 4:00 P.M.
Monday thru Friday

REFERRAL PROCEDURE:

Referrals are accepted through local county CD counselors, Courts, Welfare Department and self.

FUNDING:

- * Public Health Insurance
- * Private Health Insurance

ADMISSION REQUIREMENTS:

Client must be detoxified and provide documentation of chemical dependency problem.

COST: \$101.00 per day

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

THERAPY APPROACH:

A.A. Philosophy with a Multidisciplinary Approach

CAPACITY: 55 Beds

LENGTH OF STAY: 30 days

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Psychological Testing
- * Individual Therapy
- * Group Therapy
- * Family Counseling
- * Education
- * Information/Referral
- * Aftercare/Follow-up
- * Job Counseling
- * Vocational Rehabilitation

STAFFING:

- 1 Psychiatrist
- 1 Physician
- 1 Psychologist
- 7 Nurses
- 7 Counselors
- 1 Vocational/Recreational Therapist
- 4 Other Direct Care Staff

**3. FERGUS FALLS REGIONAL TREATMENT CENTER
DRUG DEPENDENCY REHABILITATION CENTER**

P.O. Box 157
Fergus Falls, MN 56537

Curt Ramberg, Director

POPULATION SERVED:

Chemically dependent adolescents 12 to 18 years
of age and men and women 18 years and older.

REFERRAL PROCEDURE:

Contact your county social service department.

ADMISSION REQUIREMENTS:

Client must provide documentation of chemical
dependency problem.

THERAPY APPROACH:

A.A. Philosophy and Behavior Confrontation

LENGTH OF STAY: Primary Treatment - 28 days
Adolescent Unit - 8 weeks
Extended Care - 2 to 6 months

SERVICES PROVIDED:

- | | |
|----------------------------|----------------------------|
| * Intake/Assessment | * Chronic Repeater Program |
| * Physical Examination | * Adolescent Program |
| * Psychological Testing | * School Program |
| * Detoxification | * MI/CD Program |
| * Crisis Intervention | * Special Women's Unit |
| * Individual/Group Therapy | * Relaxation Therapy |
| * Family Counseling | * Aftercare/Follow-up |
| * Sexuality Groups | * A.A. Meetings |
| * Recreational Program | * Information/Referral |
| * Assertiveness Training | |

(218) 739-7253
(218) 739-7308 Admissions (Mon.-Fri.)
(218) 739-7345 (evenings & weekends)

ESTABLISHED: 1969

ADMISSION HOURS:

24 Hours a day

FUNDING:

- * Client Fees
- * County Funds
- * Indian Health Service
- * Private Health Insurance

COST: \$101.00 per day

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY: 88 Primary Treatment beds
80 Extended Care beds
25 Adolescent Program beds
13 Medical Admission beds
4 Detox beds

STAFFING:

- 5 Psychiatrist/Psychologist
- 1 Physician
- 15 Nurses RN & LPN
- 1 Intake Counselor
- 14 CD Counselors
- 7 Supervisors
- 3 Social Workers

**4. MOOSE LAKE REGIONAL TREATMENT CENTER
LAKESHORE CENTER FOR CHEMICAL DEPENDENCY**

1000 Lakeshore Drive
Moose Lake, MN 55767

Phillip W. Hyry, Director

POPULATION SERVED:

Men and women 16 years and older
who are chemically dependent.

REFERRAL PROCEDURE:

We take emergency admissions at any time but
prefer prearranged admissions.

ADMISSION REQUIREMENTS:

Client must be detoxified and provide
documentation of chemical dependency problem.

THERAPY APPROACH:

A holistic approach using A.A. Philosophy,
Behavior Confrontation and, Rational Emotive
Therapy and Family Systems Therapy.

LENGTH OF STAY: Primary Treatment - 46 days
Extended Care - Open-ended

SERVICES PROVIDED:

- | | |
|---------------------------------|---------------------------|
| * Intake/Assessment | * Special Women's Program |
| * Physical Examination | * Battered Women's Groups |
| * Psychological Testing | * Chronic's Program |
| * Individual/Group Therapy | * Geriatric Program |
| * Family Counseling | * Job Counseling |
| * Sexuality Groups | * Self-Help Groups |
| * Recreational Therapy | * A.A. Meetings |
| * Relaxation Therapy | * Information/Referral |
| * Assertiveness Training | * Aftercare/Follow-up |
| * Incest/Child Abuse Counseling | |

(218) 485-4411

ESTABLISHED: 1959

ADMISSION HOURS:

24 Hours a day

FUNDING:

- * Private Health Insurance
- * Client Fees
- * County Funds

COST: \$101.00 per day

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY: 35 Admission beds
165 Primary Treatment beds
41 Extended Care beds

STAFFING:

- 11 CD Counselors
- 3 Family Counselors
- 3 Intake Counselors
- 8 Social Workers
- 7 Physicians
- 6 Psychologist/Psychiatrist
- 21 Nurses RN & LPN
- 2 Chaplain/Clergyman
- 30 Program Assistants
- 5 Program Directors

**5. SAINT PETER REGIONAL TREATMENT CENTER
JOHNSON CHEMICAL DEPENDENCY UNIT**

100 Freeman Drive
St. Peter, MN 56082

Barbara Larson, Director

POPULATION SERVED:

Men and women 18 years and older
who are chemically dependent.

REFERRAL PROCEDURE:

Contact Duane Sundin at
admissions office (507) 931-7110.

ADMISSION REQUIREMENTS:

Clients must be detoxified prior to admission.

THERAPY APPROACH:

Eclectic approach using A.A. Philosophy, Behavior
Confrontation and Rational Emotive Therapy

LENGTH OF STAY:

Primary - 30 days
Extended Care - up to 1 year

SERVICES PROVIDED:

- | | |
|---------------------------------|------------------------------------|
| * Intake/Assessment | * Assertiveness Training |
| * Physical Examinations | * Women's Group |
| * Psychological Testing | * A.A. Meetings |
| * Medical Lab Tests | * Incest/Child Abuse
Counseling |
| * Individual Therapy | * Job Counseling |
| * Group Therapy | * Follow-up |
| * Family Counseling | * Information/Referral |
| * Antabuse Therapy | * Recreational Therapy |
| * Relaxation Therapy | * Legal Aid |
| * Chronic Repeater's
Program | |

(507) 931-7144

ESTABLISHED: 1970

ADMISSION HOURS:

8:00 A.M. to 4:30 P.M.
Monday thru Friday

FUNDING:

- * Private Health Insurance
- * Client Fees
- * County Funds

COST: \$101.00 per day

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY: 45 beds, Primary Treatment
13 beds, Extended Care

STAFFING:

- 1 Physicians
- 2 Psychologists
- 2 Nurse RN
- 5 Nurse LPN
- 2 Chaplain/Clergyman
- 2 CD Program Assistants
- 1 Recreation Therapist
- 4 Social Workers
- 5 CD Counselors

**6. WILLMAR REGIONAL TREATMENT CENTER
CHEMICAL DEPENDENCY UNIT**

P.O. Box 1128
Willmar, MN 56201

Harley Hedy, Acting Director

POPULATION SERVED:

Men and women 17 years and older
who are chemically dependent.

REFERRAL PROCEDURE: Contact facility

ADMISSION REQUIREMENTS:

Client must be detoxified and provided documentation
of chemical dependency problem. Special permission
required for Methadone detoxification.

THERAPY APPROACH:

A.A. Philosophy and Reality Therapy

LENGTH OF STAY: Open-ended

SERVICES PROVIDED:

- | | |
|-------------------------|--------------------------------|
| * Intake/Assessment | * Information/Referral |
| * Physical Examination | * Assertiveness Training |
| * Psychological Testing | * Methadone
Detoxification |
| * Individual Therapy | * Aftercare/Follow-up |
| * Group Therapy | * Vocational
Rehabilitation |
| * Family Counseling | * Men's Concern Group |
| * Stress Group | |
| * Women's Concern Group | |

(612) 231-5100

ESTABLISHED: 1917

ADMISSION HOURS:

8:00 A.M. to 4:30 P.M.
Monday thru Friday

FUNDING:

- * Private Health Insurance
- * Public Health Insurance
- * County Funds

COST: \$101.00 per day

LICENSE: DHS - Residential CD Licensed
JCAH Accredited

CAPACITY: 118 Beds

STAFFING:

- 1 Physician
- 3 Psychologists
- 3 Social Workers
- 8 CD Counselors
- 5 Nurses
- 2 Recreational Therapists (IOT)
- 35 Human Service Technicians

1989/90

**1. ANOKA METRO REGIONAL TREATMENT CENTER
CHEMICAL DEPENDENCY UNIT**

3300 Fourth Avenue North
Anoka, MN 55303

(612) 422-4274

Bruce Olson, Director

ESTABLISHED: 1970

POPULATION SERVED:

Men and women 18 years and older who are chemically dependent.

ADMISSION HOURS:

8:00 A.M. to 12:00 P.M.
Monday thru Friday

ADMISSION REQUIREMENTS:

Client must be detoxified and provide documentation of chemical dependency problem.

FUNDING:

- * Client Fees
- * Private Health Insurance
- * Consolidate CD Fund
- Host Cty: Anoka

THERAPY APPROACH:

Eclectic Approach using Family Systems, Behavior Confrontation, Spiritual Philosophy and A.A. Philosophy.

COST:

\$145.00 Per Day Primary Care
\$105.00 Per Day, Extended Care

LENGTH OF STAY:

Primary Treatment - 24 to 28 Days
Extended Care - 2 to 4 Months

LICENSE: DHS/Residential CD Licensed
JCAH Accredited

CAPACITY: 90 Beds

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Medical Lab Tests
- * Psychological Testing
- * Individual Counseling
- * Group Counseling
- * Family Counseling
- * Sexuality Groups
- * Relaxation Therapy
- * Recreational Program
- * Assertiveness Training
- * A.A. Meetings
- * Special Women's Program
- * Education
- * Incest/Child Abuse Counseling
- * AIDS Education
- * Self-Help Groups
- * Antabuse Program
- * Geriatric Program
- * Chronic Repeater's Program
- * Aftercare/Follow-up

STAFFING:

- 9 CD Counselors
- 2 Physicians
- 1 Psychologist
- 1 Psychiatrist (part-time)
- 7 Nurse RN
- 5 Nurse LPN
- 1 Chaplain/Clergyman
- 6 Human Service Technicians

**2. BRAINERD REGIONAL TREATMENT CENTER
ALCOHOL AND DRUG UNIT**

Box 349
Brainerd, MN 56401

(218) 828-2387

James M. Holien, Director

ESTABLISHED: 1971

POPULATION SERVED:

Men and women 18 years and older who are chemically dependent. Special programming for Native Americans ages 13 to 17.

ADMISSION HOURS:

8:00 A.M. to 4:00 P.M.
Monday thru Friday

ADMISSION REQUIREMENTS:

Client must be detoxified and provide documentation of chemical dependency problem.

FUNDING:

- * Client Fees
- * Private Health Insurance
- * Consolidate CD Fund
- Host Cty: Crow Wing
- * Indian Health Service

THERAPY APPROACH:

Multidisciplinary approach using A.A. Philosophy.

COST:

\$115.00 Per Day, Primary Care
\$49.00 Per Day, Extended Care

LENGTH OF STAY: 32 Days

LICENSE: DHS/Residential CD Licensed
JCAH Accredited

CAPACITY: 55 Beds

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Medical Lab Tests
- * Psychological Testing
- * Emergency Care
- * Individual Counseling
- * Group Counseling
- * Family Counseling
- * Sexuality Groups
- * Relaxation Therapy
- * Recreational Program
- * A.A. Meetings
- * School Program
- * Education
- * Outpatient Services
- * Separate Adolescent Program
- * Battered Women's Support Group
- * AIDS Education
- * Self-Help Groups
- * Antabuse Program
- * Chronic Repeater's Program
- * Aftercare/Follow-up
- * Job Counseling
- * Legal Counseling
- * Information/Referral
- * Transportation

STAFFING:

- 8 CD Counselors
- 1 Intake Counselor
- 1 Social Worker
- 1 Physician
- 1 Psychiatrist/Psychologist
- 24 Hour Nursing
- 2 Chaplain/Clergyman
- 1 Recreational Therapist

**3. FERGUS FALLS REGIONAL TREATMENT CENTER
DRUG DEPENDENCY REHABILITATION CENTER**

P.O. Box 157
Fergus Falls, MN 56537

(218) 739-7254

David Brunelle, Director

ESTABLISHED: 1969

POPULATION SERVED:

Chemically dependent adolescents 12 to 18 years of age and men and women 18 years and older.

ADMISSION HOURS: 24 Hours a Day

ADMISSION REQUIREMENTS:

Client must provide documentation of chemical dependency problem. Publicly funded clients must complete a rule 25 assessment prior to admission.

FUNDING:

- * Client Fees
- * Private Health Insurance
- * Consolidate CD Fund
Host Cty: Otter Tail
- * County Funds
- * Veteran's Administration

THERAPY APPROACH:

A.A. Philosophy and Behavior Confrontation and Reality Therapy.

COST:

- \$140.00 Per Day, Primary Care
- \$100.00 Per Day, Ext. Care Males
- \$140.00 Per Day, Ext. Care Females
- \$175.00 Per Day, Adolescents

LENGTH OF STAY:

Primary Treatment - 28 Days
Adolescent Unit - 45 Days
Extended Care - 2 to 3 Months

LICENSE: DHS/Residential CD Licensed
JCAH Accredited

CAPACITY: 30 Male, 25 Female, Primary
40 Extended Care Beds
25 Adolescent Program Beds
13 Medical Admission Beds
4 Detox Beds

SERVICES PROVIDED:

- | | |
|-------------------------|-------------------------------|
| * Intake/Assessment | * Recreational Program |
| * Physical Examination | * Assertiveness Training |
| * Medical Lab Tests | * A.A. Meetings |
| * Psychological Testing | * Special Women's Program |
| * Crisis Intervention | * School Program |
| * Detoxification | * CD/MI Program |
| * Emergency Care | * Separate Adolescent Program |
| * Individual Counseling | * AIDS Education |
| * Group Counseling | * Self-Help Groups |
| * Family Counseling | * Aftercare/Follow-up |
| * Sexuality Groups | |
| * Relaxation Therapy | |

STAFFING:

- 13 CD Counselors
- 2 Intake Counselors
- 1 Social Worker
- 2 Psychologist/Psychiatrist
- 5 Nurse RN
- 12 Nurse LPN
- 2 Chaplain/Clergyman

**4. MOOSE LAKE REGIONAL TREATMENT CENTER
CHEMICAL DEPENDENCY SERVICES**

1000 Lakeshore Drive
Moose Lake, MN 55767

(218) 485-4411

Phillip W. Hyry, Director

ESTABLISHED: 1959

POPULATION SERVED:

Men and women 16 years and older who are chemically dependent.

ADMISSION HOURS:
24 Hours a Day

ADMISSION REQUIREMENTS:

Client must be diagnosed with a chemical abuse or dependency problem, be 16 years of age or older, be capable of personal self-care and have a funding source secured.

FUNDING:

- * Client Fees
- * Private Health Insurance
- * Consolidate CD Fund
Host Cty: Carlton
- * County Funds
- * Other States/Non-MN Counties

THERAPY APPROACH:

A holistic approach using A.A. Philosophy, Behavior Confrontation and, Rational Emotive Therapy and Family Systems Therapy.

COST: \$140.00 Per Day, Primary
\$75.00 Per Day, Hearing Impaired
\$75.00 Per Day, Extended Care

LENGTH OF STAY:

Primary Treatment - 28 to 35 Days
Extended Care - 60 to 90 Days

LICENSE: DHS/Residential CD Licensed
JCAH Accredited

CAPACITY: 120 Beds

SERVICES PROVIDED:

- | | |
|-------------------------|----------------------------------|
| * Intake/Assessment | * A.A. Meetings |
| * Physical Examination | * Women's Program |
| * Medical Lab Tests | * Assertiveness Training |
| * Psychological Testing | * MI/CD Program |
| * Individual Counseling | * Battered Women's Support Group |
| * Group Counseling | * AIDS Education |
| * Family Counseling | * Geriatric Program |
| * Sexuality Groups | * Chronic's Program |
| * Relaxation Therapy | * Outpatient Services |
| * Recreational Therapy | |

STAFFING:

- 14 CD Counselors
- 1 Intake Counselor
- 2 Social Workers
- 1 Physician
- 1 Psychologist/Psychiatrist
- 2 Nurses RN
- 5 Nurses LPN
- 1 Chaplain/Clergyman
- 3 Supervisors

**5. SAINT PETER REGIONAL TREATMENT CENTER
JOHNSON CHEMICAL DEPENDENCY UNIT**

100 Freeman Drive
St. Peter, MN 56082

Barbara J. Larson, Director

POPULATION SERVED:

Men and women 18 years and older who are chemically dependent. Special programming for hearing impaired patients.

ADMISSION REQUIREMENTS:

Clients must be detoxified prior to admission.

THERAPY APPROACH:

Eclectic approach using A.A. Philosophy, Behavior Confrontation and Rational-Emotive Therapy

LENGTH OF STAY: 28 Days

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examinations
- * Medical Lab Tests
- * Psychological Testing
- * Individual Counseling
- * Group Counseling
- * Family Counseling
- * Relaxation Therapy
- * Recreational Therapy
- * Assertiveness Training
- * Special Women's Program
- * Hearing Impaired Services
- * Education
- * Incest/Child Abuse Counseling
- * MI/CD Group
- * AIDS Education
- * Self-Help Groups
- * Antabuse Program
- * Chronic Repeater's Program
- * Aftercare/Follow-up
- * A.A. Meetings
- * Job Counseling
- * Legal Counseling
- * Information/Referral

(507) 931-7750

ESTABLISHED: 1970

ADMISSION HOURS:

8:00 A.M. to 4:30 P.M., Mon. - Fri

FUNDING:

- * Client Fees
- * Private Health Insurance
- * Consolidate CD Fund
Host Cty: Nicollet
- * County Funds

COST:

\$49.00 Per Day, Extended Care
\$115.00 Per Day, Primary Care
\$175.00 Per Day, Hearing Impaired

LICENSE: DHS/Residential CD Licensed
JCAH Accredited

CAPACITY: 13 Beds, Extended Care
45 Beds, Primary Care

STAFFING:

- 5 CD Counselors
- 4 Social Workers
- 1 Psychologists/Psychiatrist
- 1 Physician
- 1 Nurse RN
- 5 Nurse LPN
- 2 Chaplain/Clergyman

**6. WILLMAR REGIONAL TREATMENT CENTER
CHEMICAL DEPENDENCY UNIT**

P.O. Box 1128
Willmar, MN 56201

Tom Murtha, Director

POPULATION SERVED:

Men and women 17 years of age and older who are chemically abusive or dependent.

ADMISSION REQUIREMENTS:

Client must be detoxified and provided documentation of chemical dependency problem. Admissions must be prearranged with admission's office. Special permission required for Methadone detoxification. Publicly funded clients must have rule 25 assessment and placement authorization prior to admission.

THERAPY APPROACH:

Eclectic approach using A.A. Philosophy.

LENGTH OF STAY: 30 Days

SERVICES PROVIDED:

- * Intake/Assessment
- * Physical Examination
- * Medical Lab Tests
- * Psychological Testing
- * Crisis Intervention
- * Early Intervention
- * Emergency Care
- * Individual Counseling
- * Group Counseling
- * Family Counseling
- * Relaxation Therapy
- * Detoxification
- * A.A. Meetings
- * Special Women's Program
- * Education
- * AIDS Education
- * Self-Help Groups
- * Chronic Repeater's Program
- * Aftercare/Follow-up
- * Information/Referral
- * Transportation

(612) 231-5100

ESTABLISHED: 1912

ADMISSION HOURS:

8:00 A.M. to 4:30 P.M.
Monday thru Thursday

FUNDING:

- * Client Fees
- * Private Health Insurance
- * Consolidate CD Fund
Host Cty: Kandiyohi

COST:

\$115.00 Per Day, Primary
\$49.00 Per Day, Extended Care
\$225.00 Per Day, Methadone, Detox

LICENSE: DHS/Residential CD Licensed
JCAH Accredited

CAPACITY: 41 Beds

STAFFING:

- 5 CD Counselors
- 1 Family Counselor
- 2 Intake Counselors
- 1 Physician
- 1 Psychologist/Psychiatrist
- 2 Nurse RN
- 7 Nurse LPN
- 1 Chaplain/Clergyman
- 1 Occupational Therapist
- 1 Clinical Supervisor