

**ADULT
MENTAL HEALTH
GRANTS
Application**

Calendar Years 2010 and 2011

August 17, 2009

Background

This application applies to individual counties and the regional Adult Mental Health Initiatives (AMHIs). The focus is upon the proposed use of grant funding and revenue to develop, implement, and administer community-based adult mental health services. The individual grants are for Community Support Program (CSP), Adult Mental Health Initiative (AMHI), Crisis Services and Project for Assistance in Transition from Homelessness (PATH). Included in this application is the request to propose the County/Tax/CCSA block grant and other revenue from all funding sources for each BRASS code. It is assumed that the revenue generated in each BRASS code will be spent in that area.

Every county must apply for CSP and every Initiative must apply for AMHI and Crisis Services funding. There are currently 10 PATH projects in nine counties. Additional PATH funding via the federal government is now available for any AMHI or county. Currently funded projects can also apply for this new funding.

For this application, we are also asking each County and AMHI to review the three performance measures that the Adult Mental Health Division is using to measure systems' outcomes – penetration rate, service utilization history and community tenure. Upon review, please propose measures to be used to improve upon these measures at the County or AMHI level. Use as reference the March 2009 Performance Management Report.

To assist you with completing the information, many items require a simple check mark, a “yes” or “no” response.

All application and rate setting materials are due by October 15, 2009. Upon opening this document, you should now do “Save/As” and name this document based on your County or Initiative Name. Example: Beltrami.doc or SW18.doc. Submit information to the DHS-Adult Mental Health Division at the email address provided here: DHS.AMHD@state.mn.us

This application contains the following six sections.

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A) Adult Mental Health Proposed Expenditures (AMHPE)

Instructional Information:

- 1) Update the following table with your information.
- 2) Indicate what your county proposes to spend from your State Adult MH Grants by using the BRASS Service areas listed below.
- 3) Include the county maintenance of effort funding for Adult MH services.
- 4) Please consult requirements for each grant to make sure that grant funds are budgeted appropriately.
- 5) For counties with integrated funds, use the historical funding categories provided.
- 6) Those in italics may change BRASS number after the department does further work.
- 7) Upon entering all data elements, right click on the cell in the “Total” column/row, and choose “update field” to ensure cell totals appropriately.
- 8) Administrative costs are to be allocated across the relevant services.

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AMHI				County				
CY 2010-2011 Adult Mental Health Funding: Proposed Expenditures by Service (AMHPE)								
* BRASS Code	1 Service Title	2 CSP	3 AMHI	4 Crisis	5 PATH	6 County Tax/CCSA Block Grant	7 Other Revenue	8 Total
434X	Supported employment	\$2,013.00	\$168,399.39					\$170,412.39
434x	Skills development related to the activities of daily living	\$95,031.00	\$23,760.83					\$118,791.83
434x	Leisure time activities	\$6,543.00						\$6,543.00
434x	Goal planning	\$9,155.00						\$9,155.00
443X	Housing		\$336,810.45					\$336,810.45
403X	Outreach activities	\$13,432.00	\$6,689.77					\$20,121.77
434x	Connecting people to resources to meet basic needs	\$8,148.00						\$8,148.00
434x	Benefits assistance	\$6,639.00	\$46,645.91					\$53,284.91
434x	Fostering social support	\$54,502.00	\$293,384.62					\$347,886.62
434X	Educating about mental illness, treatment, & recovery	\$33,195.00	\$26,835.08					\$60,030.08
416X	Transportation	\$38,870.00						\$38,870.00
408X	Adult Outpatient Diagnostic Assessment	\$52,994.00						\$52,994.00
431X	AMH Crisis Assessment & Intervention		\$100,630.29					\$100,630.29
436X	Adult Crisis Stabilization		\$287,053.80					\$287,053.80
438X	Assertive Community Treatment							\$ 0.00
446X	Basic Living/Social Skills and Community Intervention	\$48,428.00	\$265,996.55					\$314,424.55
451X	<i>Emergency Response Services - telephone</i>							\$ 0.00
452X	Adult Outpatient Psychotherapy							\$ 0.00
454X	Adult Outpatient Medication Mgt.	\$29,202.00						\$29,202.00
468X	Adult Day Treatment	\$160,860.00						\$160,860.00
469X	Partial Hospitalization							\$ 0.00
474X	Adult Residential (Rule 36/IRTS)		\$63,874.09					\$63,874.09
491X	Adult Rule 79 Case Management	\$181,068.00	\$243,036.22					\$424,104.22
493X	Adult General Case Management	\$105,526.00						\$105,526.00
Totals:		\$845,606.00	\$1,863,117.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$5,589,351.00

B) County Specific Information

1) Performance Outcome Data – County Specific

* Use decimals when entering percents. For example, 50% = .50, 22% = .22

The FY08 data is found on the March 2009 Performance Management report:

a. County Adult SMI Penetration	
1.) Percentage of SMI served FY 08:	
2.) Proposed percentage served for FY 2010:	
b. County Adult SMI Receiving ARMHS	
1.) Percentage receiving ARMHS FY 08:	
2.) Proposed percentage receiving ARMHS FY10: _	
c. County Community Tenure	
1.) Percentage Community Inpatient Discharges 6 month tenure FY 08:	
2.) Proposed Percentage Community Inpatient Discharge 6 month tenure FY 10:	

2) Community Support Program Proposed Services – All Counties required

Please provide a description of the Community Support Program (CSP) Services to be offered to the residents of your county in 2010 and 2011.

	Describe	Eligibility Criteria	Funding Sources	Name Providers
a. Supported employment	Encourage development of work readiness skills, referrals to Trans EM & DRS, and provide supportive coordination in assisting consumer to obtain and keep employment.	SPMI determination by MH Professional	CSP/County Funds	Lakeland Mental Health Center, Inc. St. William's CSP/ARMHS
b. Skills development	Instruct, demonstrate and practice skills related to daily living to include development of daily routines and structure, healthy lifestyles, household management, budgeting, shopping, and personal cares.	SPMI determination by MH Professional	CSP/County Funds	Lakeland Mental Health Center, Inc. St. William's CSP/ARMHS
c. Leisure activities	Develop, support, and encourage consumer to engage in enjoyable activities. Provide monthly social (recreation) group for opportunity to build communication and social skills, simple leisure activities and take steps to reduce isolation.	SPMI determination by MH Professional	CSP/County Funds	Lakeland Mental Health Center, Inc. St. William's CSP/ARMHS
d. Goal planning	Skill development in setting personal recovery goals that are achievable, measurable and instill hope; review& build on	SPMI determination by MH Professional	CSP/County Funds	Lakeland Mental Health Center, Inc.

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	progress.			St. William's CSP/ARMHS
e. Housing				
f. Outreach activities	Assisting consumers to connecting with mental health resources including diagnostic assessments. Promote engagement and agreement to receive services.	SMI and SPMI Consumers	CSP/County Funds	Lakeland Mental Health Center, Inc. St. William's CSP/ARMHS Otter Tail County Department of Human Services
g. Connecting people to resources to meet their basic needs	Connect consumer to community/county/state resources for program referral, funding, information and support. Teach skills necessary for consumers to learn how to access resources in the future.	SPMI determination by MH Professional SMI Consumers- Otter Tail County Department of Human Services.	CSP/County Funds	Lakeland Mental Health Center, Inc. St. William's CSP/ARMHS Otter Tail County Department of Human Services
h. Benefits assistance	Building skills, assisting and encouraging consumer with acquiring/keeping benefit eligibility.	SPMI determination by MH Professional	CSP/County Funds	Lakeland Mental Health Center, Inc. St. William's CSP/ARMHS
i. Fostering social support, including support groups, mentoring, peer support, & other efforts to prevent isolation and promote recovery.	Assisting consumer in seeking/developing social connections in home, community, family and within CSP groups. Provide community intervention as needed to develop supportive social network.	SPMI determination by MH Professional	CSP/County Funds	Lakeland Mental Health Center, Inc. St. William's CSP/ARMHS
j. Educating about mental illness, treatment, and recovery (with consumer)	Teach, practice, and model illness management and recovery information and skills.	SPMI determination by MH Professional	CSP/County Funds	Lakeland Mental Health Center, Inc. St. William's CSP/ARMHS

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3) Unmet Needs

“The County Board is responsible, with the involvement of the local adult mental health advisory council or adult mental health subcommittee of an existing advisory council, to develop a biennial adult mental health plan which considers the assessment of unmet needs in the county as reported by the local mental health advisory council under section 245.466, subdivision 5, clause (3)”.

a. Was data requested from the county to assist in the determination of unmet needs by the local adult mental health advisory council or adult mental health subcommittee? Yes No

If YES, did the county provide such data? Yes No

b. In 300 words or less, list and explain the CY09 unmet needs:

The 4 County (Becker, Clay, Otter Tail & Wilkin Counties) LAC's met on July 23, 2009 for the purpose of conducting a needs assessment in preparation for the biennial adult mental health plan. In addition, the Otter Tail County Adult Mental Health Local Advisory Council has participated in on-going assessment, data analysis and feedback to the County of unmet needs. Unmet needs identified are as follows:

1. The need to provide more intensive mental health services to persons diagnosed with a serious mental illness. It was the concern of the advisory group that current limitations in funding and eligibility criteria prevents the ability to provide early intervention which could prevent an individual's mental illness from progressing to a serious and persistent mental illness.
2. The need to provide mental health services in the County jail. These mental health services include psychiatric support, diagnostic assessments, therapy and discharge planning.
3. The need to provide a mobile crisis program that provides crisis assessment, intervention and stabilization services and that such services are done in coordination with the CMH mobile crisis program to prevent a disruption of crisis services for young adults experiencing a mental health crisis. The LAC has identified the need for the mobile crisis program to work in collaboration with the current Crisis Bed program serving consumers in Becker, Clay, Otter Tail & Wilkin Counties.

4) Waiver Requests (complete if applicable)

Complete the appropriate form(s) provided below if your county is applying for a waiver of specific requirements related to: Day Treatment Services, Emergency Services (24 hour toll free hotline), Crisis Response Services (e.g. 24/7 mobile crisis services).

a) REQUEST FOR DAY TREATMENT WAIVER

Statutory Requirement (M.S. 245.4712, Subd.2.)

Day treatment services must be developed as a part of the community support services available to adults with serious and persistent mental illness residing in the county.

DAY TREATMENT WAIVER - County boards may request a waiver from including day treatment services if they can document that:

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- (1) an alternative plan of care exists through the county's community support services for clients who would otherwise need day treatment services;
- (2) day treatment, if included, would be duplicative of other components of the community support services; and
- (3) county demographics and geography make the provision of day treatment services cost ineffective and infeasible.

Does your county request a waiver from the provision of adult mental health day treatment services? Yes No

b) REQUEST FOR EMERGENCY SERVICES WAIVER

Statutory Requirement (M.S.245.469, Subp.2.)

The county board shall require that all service providers of emergency services to adults with mental illness provide immediate direct access to a mental health professional during regular business hours. For evenings, weekends, and holidays, the service may be by direct toll free telephone access to a mental health professional, a mental health practitioner, or until January 1, 1991, a designated person with training in human services who receives clinical supervision from a mental health professional.

EMERGENCY SERVICES WAIVER –

- (1) The commissioner may waive the requirements that the evening, weekend, and holiday service be provided by a mental health professional or mental health practitioner if the county documents that:
 - (a) mental health professionals or mental health practitioners are unavailable to provide this service;
 - (b) services are provided by a designated person with training in human services who receives clinical supervision from a mental health professional; and
 - (c) the service provider is not also the provider of fire and public safety emergency services.
- (2) The commissioner may waive the requirement that the evening, weekend, and holiday service not be provided by the provider of fire and public safety emergency services if:
 - (a) every person who will be providing the first telephone contact has received at least eight hours of training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;
 - (b) every person who will be providing the first telephone contact will annually receive at least four hours of continued training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;
 - (c) the local social service agency has provided public education about available emergency mental health services and can assure potential users of emergency services that their calls will be handled appropriately;
 - (d) the local social service agency agrees to provide the commissioner with accurate data on the number of emergency mental health service calls received;

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- (e) the local social service agency agrees to monitor the frequency and quality of emergency services; and
- (f) the local social service agency describes how it will assure that a mental health professional will be available for at least telephone consultation within 30 minutes.

Does your county request a waiver for emergency services for either of the situations described above (A and/or B)? Yes No

If you are requesting a waiver, review the criteria described in the language provided above, and in the box below, provide a brief rationale for your request, a description of the training that the fire and public safety emergency services staff will receive, documentation of the provision of public education provided by the local mental health agency, and how the local social services agency will assure that a mental health professional will be available for at least telephone consultation within 30 minutes of the request for service.

c) Request for Waiver of Requirements Relating to MA Crisis Response Services
Statutory Requirement (256B.0624)

Mental health mobile crisis intervention services are provided on-site by a mobile crisis intervention team outside of an inpatient hospital setting. Mental health mobile crisis intervention services must be available 24 hours a day, seven days a week (24/7).

Counties May Request a Waiver (256B.0624, Sub. 4a.)

Legislation requires that the 24/7 standard must be met in order that any of the Crisis Response Services be authorized for a given provider, unless a waiver of this standard is granted. In order to be eligible for reimbursement a county or region must:

- (1) demonstrate that 24-hour daily service is not feasible due to geographic or other barriers; and
- (2) submit a plan for alternative provision of services to be approved by the Commissioner of Human Services.

Does your county request a waiver for Crisis Response Services based upon the situation described above? Yes No

If you are requesting a waiver, review the criteria described in the language provided above and complete the information provided below. Use a separate sheet if necessary.

<p>Please describe the geographic or other barriers that prevent provision of these services.</p>	<p>The geographical size of the Becker, Clay, Otter Tail & Wilkin Counties is 5,086 square miles. Total population per square mile for each county is as follows:</p> <ol style="list-style-type: none"> 1. Becker: 22.9 2. Clay: 49 3. Otter Tail: 28.9 4. Wilkin: 9.5
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	<p>In addition, the availability of mental health practitioners to provide mobile crisis services in rural Minnesota is limited. Most practitioners are assigned other work duties during normal business hours (case management, CSP, ARMHS, etc...).</p>
<p>Please provide any data you have collected concerning the need for crisis services at various times of the day.</p>	<p>The Crisis Responder Program has provided mobile crisis services (the current staffing and crisis activities) do not meet the definition of crisis assessment, intervention and stabilization). Data is reviewed on a quarterly basis that includes the numbers of dispatches, crisis calls and days and times of calls. This data reflects that the primary hours of crisis calls occur between 5 p.m. and 11 p.m. Monday through Sunday.</p> <p>Please refer to the 4 County Needs Assessment for further details pertaining to consumer and provider input.</p> <p>In the development of the Crisis Stabilization Unit, focus group meetings occurred throughout the Becker, Clay, Otter Tail and Wilkin Counties. The focus group consisted of consumers and family members in which they identified a need for a more intensive model of crisis intervention as well as having crisis beds as an option.</p>
<p>Please describe the services proposed as an alternative to the 24 hour daily Mobile Crisis Response Services. Describe how these services will meet the following requirements: 1) result in increased access and a reduction in disparities in the availability of crisis services; (2) provide mobile services outside of the usual nine-to-five office hours and on weekends and holidays; and (3) comply with standards for emergency mental health services in section 245.469.</p>	<p>It is proposed that the Becker, Clay, Otter Tail & Wilkin Counties adult mental health system work in collaboration with the children's mental health system to share resources in developing a mobile crisis program that serves children and adults. The proposed model would incorporate the following:</p> <ol style="list-style-type: none"> 1. A two person team in which at least one of the team members will meet the definition of a mental health practitioner. 2. Increase mental health professional time to provide for telephonic crisis assessment and clinical support in treatment planning to the mobile crisis team. 3. Modification of the current 1-800 system to promote increase access and coordination with the mobile crisis program as well as the crisis beds. 4. Due to a lack of mental health practitioner resources and

	geographical/demographic barriers it proposed that the mobile crisis team will be made available from 4 p.m. to 11 p.m. Monday through Friday and 1 p.m. to 11 p.m. Saturday through Sunday and Holidays. 5. Crisis beds will remain available 24/7. 6. With the exception of the requested waiver of the 24/7 for the mobile crisis program, it is the intention that this program will comply with the standards for emergency mental health services in section 245.469.
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C) Adult Mental Health Initiative (each of the 16 AMHI are required to fill in this section).

1) Performance Outcome Data – Initiative Data

* Use decimals when entering percents. For example, 50% = .50, 22% = .22

The FY08 data is found on the March 2009 Performance Management report:

a. Initiative Adult SMI Penetration	
1.) Percentage of SMI served FY 08:	59.00%
2.) Proposed percentage served for FY 2010:	60.00%
b. Initiative Adult SMI Receiving ARMHS	
1.) Percentage receiving ARMHS FY 08:.)	5.00%
2.) Proposed percentage receiving ARMHS FY10:	6.00%
c. Initiative Community Tenure	
1.) Percentage Community Inpatient Discharges 6 month tenure FY 08:	57.00%
2.) Proposed Percentage Community Inpatient Discharge 6 month tenure FY 10:	57.00%

2) AMHI Proposed Use

Describe your proposed use of AMHI funds to be awarded for CY 2010 and CY 2011 for each line on the Adult Mental Health Proposed Expenditures (AMHPE) by service using the following outline:

- a) Number of persons with a serious mental illness you plan on serving each year,
- b) List the service providers by name who will provide each service, and
- c) Give the outcome with the measurement you will use to determine if you have accomplished the goal for each year. **Example:**

# served w/SMI	Provider Name	Outcome w/measurement
100	XYZ Incorporated	% working in competitive employment

- d) Indicate N/A for the BRASS Codes where funding is not being allocated.

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*BRASS Code	Service Title	Number of persons with SMI to be served each year	List Service providers	Outcome with the measurement
434X	Supported employment	165	Tran\$ Em	83% of persons served will remain employed for more than 180 days.
434x	Skills development related to the activities of daily living	4	St. William's Assumption House	90% of persons served will have community tenure of 6 months.
434x	Leisure time activities			
434x	Goal planning			
443X	Housing	150	Transitional Apartments in Becker, Clay & Otter Tail counties. Bridges or Permanent Housing Program. Flex Funds-managed by each county.	90% of persons served by Flex Funds and Bridges/Permanent Housing Program will obtain/maintain housing. 60% of persons served by the Transition Apartments will obtain permanent housing within 6 months.
403X	Outreach activities	24	Steering Committee Meetings. Administrative Reimbursement for fiscal host-Otter Tail County Administrative Reimbursement for management of BCOW minutes, calendar and communication-Clay County. 4 County LAC Needs	At least 25% of representation in committees will be consumer or family members. Consumer participation will be

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*BRASS Code	Service Title	Number of persons with SMI to be served each year	List Service providers	Outcome with the measurement
			Assessment.	increased by 25% for the next 4- County LAC Needs Assessment.
434x	Connecting people to resources to meet basic needs			
434x	Benefits assistance	60	Flex Funds-managed by each county. Enhanced Direct care-managed by each county.	100% of consumers served will have an unmet need met (associated to their mental health recovery).
434x	Fostering social support	1018	A Place To Belong A Place For Friends Social Connexion	Membership list will reflect 80% "active members" in which all social clubs will standardize definition and data collection to assure consistency.
434X	Educating about mental illness, treatment, & recovery	69	WRAP-Betty Klicker & Mark Herbert Education Committee	Consumer attendance will increase by 25%. 25% of total numbers attending Education Committee sponsored workshops will be consumers or family members.
416X	Transportation			
408X	Adult Outpatient Diagn. Assessment			
431X	AMH Crisis Assessment & Intervention	37	Lakeland Mental Health Center, Inc.- mobile	Utilization of the mobile crisis program

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*BRASS Code	Service Title	Number of persons with SMI to be served each year	List Service providers	Outcome with the measurement
			After Care worker-Becker County & After Care-State Operated Services	60% of new consumers served in 2010 will show improvement as measured by the LOCUS at 6 month or discharge if prior to 6 month.
451X	Emergency Response Services - telephone			
452X	Adult Outpatient Psychotherapy			
454X	Adult Outpatient. Medication Mgt.			
468X	Adult Day Treatment			
469X	Partial Hospitalization			
474X	Adult Residential (Rule 36/IRTS)	50	Gull Harbour	65% of consumers served will demonstrates improvement as measured by completion of program and discharge to community setting
491X	Adult Rule 79 Case Management.	87	Aftercare Becker County & SOS	60% of new consumers served in 2010 will show improvement as measured by the LOCUS at 6 month or discharge if prior to 6 month.
493X	Adult General Case Management			

3) Adult Crisis Response Services Grants Renewal

Please submit the following as part of your Adult Mental Health Grant Application. (Space is approved for up to four service providers). Will you be attaching a separate sheet of paper to list additional providers greater than four? Yes No

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a) PROVIDER ONE: Identifying Information

(1) Identifying Information:

Provider Name:	Productive Alternatives, Inc. Crisis Stabilization Unit
Contact Person for Crisis Services	Beth Nelson, Director
Phone Number for Contact Person	218 - 998 - 2525 ext:
Email address for Contact Person	bnelson@paiff.org

(2) Please check the crisis services provided

Mobile Assessment and Intervention	<input type="checkbox"/>
Mobile Crisis Stabilization	<input type="checkbox"/>
Residential Crisis Stabilization	<input checked="" type="checkbox"/>
Rapid Access to Psychiatrist/APRN	<input type="checkbox"/>
Health Care Navigator	<input type="checkbox"/>
Other Crisis Services (Please explain below)	<input type="checkbox"/>

(3) Number of FTEs providing crisis services:

Credentials	FTEs
Mental Health Practitioner	3
Mental Health Professional	.100
Mental Health Worker	
Certified Peer Specialist	

(4) Hours of Services availability:

24 hours a day/7 days per week.

(5) Are Mobile Services Provided? Yes No

If yes, what is the average response time between initial call and face-to-face contact?
 Assessment is done during the telephone contact to the Crisis Stabilization Unit. If medical stability is a concern the person will be first directed to the emergency room. If initial phone contact determines that the person is medically stable and meets admission criteria arrangements are immediately made for admission to the crisis stabilization unit. A face to face assessment/contact occurs immediately upon the person's admission to the Crisis Stabilization Unit.

(6) Describe Service coverage area.

Becker, Clay, Otter Tail & Wilkin Counties

(7) Serves both Adults & Children? Yes No

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- (8) List third party payers billed for services in 2009. (Please note that seeking reimbursement from third party payers such as Medicaid, PMAPs, and Private Commercial Insurance is a condition of the grant. Failure to seek reimbursement from these payers, may result in a reduced grant award.)

1. Minnesota Health Care Programs
2. Blue Plus
3. Medica
4. UCare
5. Prime West
6.
7.
8.

b) PROVIDER TWO: Identifying Information

- (1) Identifying Information:

Provider Name:	Lakeland Mental Health Center, Inc.
Contact Person for Crisis Services	Luanne Hanson
Phone Number for Contact Person	218 - 739 - 1714 ext:
Email address for Contact Person	lhanson@lmhc.org

- (2) Please check the crisis services provided

Mobile Assessment and Intervention	<input type="checkbox"/>
Mobile Crisis Stabilization	<input type="checkbox"/>
Residential Crisis Stabilization	<input type="checkbox"/>
Rapid Access to Psychiatrist/APRN	<input type="checkbox"/>
Health Care Navigator	<input type="checkbox"/>
Other Crisis Services (Please explain below)	<input checked="" type="checkbox"/>
Mobile Crisis Program, however the current staffing of the mobile crisis team as well as hours of availability does not meet the definition of mobile assessment and intervention. The 2010-2011 plan is to transition this program to Mobile crisis Assessment, Intervention & Stabilization.	

- (3) Number of FTEs providing crisis services:

Credentials	FTEs
Mental Health Practitioner	
Mental Health Professional	Current mental health professional resources are provided via outpatient contracts that Becker, Clay & Otter Tail have with Lakeland Mental Health Center, Inc. and via the outpatient contract that Wilkin County has with the Hope Unit. The role of the mental health professional is to receive the crisis call and if determined appropriate by the mental health professional, dispatch of the mobile

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	crisis team.
Mental Health Worker	The mobile crisis team was comprised of two mental health rehab workers via a subcontract with Lakes Homes and CCRI. On-call stipend reimbursement was provided for workers to be on-call and an hourly reimbursement was provided when dispatches occurred.
Certified Peer Specialist	

(4) Hours of Services availability:

Monday through Fridays 5 p.m. to 8 a.m. Saturday, Sundays and Holidays 24 hour availability
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(5) Are Mobile Services Provided? Yes No

If yes, what is the average response time between initial call and face-to-face contact?
The average response time has been within 1/2 hour from initial phone contact to the mobile crisis team arriving at the client's residence. Historical data demonstrate that the majority of crisis calls come for the larger communities within Becker, Clay, Otter Tail and Wilkin County and therefore, the response time is short. It is anticipated that the response time would likely be around 1 to 1 1/2 hours if the call should come for more rural areas of the Counties.

(6) Describe Service coverage area.

Becker, Clay, Otter Tail & Wilkin Counties.

(7) Serves both Adults & Children? Yes No

(8) List third party payers billed for services in 2009. (Please note that seeking reimbursement from third party payers such as Medicaid, PMAPs, and Private Commercial Insurance is a condition of the grant. Failure to seek reimbursement from these payers, may result in a reduced grant award.)

- | |
|---|
| 1. The current model does not allow for third party billing. Please see above proposal to develop a mobile crisis assessment, intervention & stabilization program to service children & adults with the intention of billing third party when available. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |

c) PROVIDER THREE: Identifying Information

(1) Identifying Information:

Provider Name:	St. Francis-Hope Unit
Contact Person for Crisis Services	Teresa Frankhauser
Phone Number for Contact Person	218 - 643 - 499 ext:
Email address for Contact Person	TeresaFrankhauser@catholicealth.net

(2) Please check the crisis services provided

Mobile Assessment and Intervention	<input type="checkbox"/>
Mobile Crisis Stabilization	<input type="checkbox"/>
Residential Crisis Stabilization	<input type="checkbox"/>
Rapid Access to Psychiatrist/APRN	<input checked="" type="checkbox"/>
Health Care Navigator	<input type="checkbox"/>
Other Crisis Services (Please explain below)	<input type="checkbox"/>

(3) Number of FTEs providing crisis services:

Credentials	FTEs
Mental Health Practitioner	
Mental Health Professional	
Mental Health Worker	
Certified Peer Specialist	

(4) Hours of Services availability:

Business Hours-Monday through Fridays 8 a.m. to 5 p.m. (1 1/2 hours per month or 18 hours per year of rapid access to psychiatry services).

(5) Are Mobile Services Provided? Yes No

If yes, what is the average response time between initial call and face-to-face contact?

(6) Describe Service coverage area.

Wilkin County

(7) Serves both Adults & Children? Yes No

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- (8) List third party payers billed for services in 2009. (Please note that seeking reimbursement from third party payers such as Medicaid, PMAPs, and Private Commercial Insurance is a condition of the grant. Failure to seek reimbursement from these payers, may result in a reduced grant award.)

1. Minnesota Healthcare Programs
2. Private Insurance
3.
4.
5.
6.
7.
8.

d) PROVIDER FOUR: Identifying Information

- (1) Identifying Information:

Provider Name:	
Contact Person for Crisis Services	
Phone Number for Contact Person	- - ext:
Email address for Contact Person	

- (2) Please check the crisis services provided

Mobile Assessment and Intervention	<input type="checkbox"/>
Mobile Crisis Stabilization	<input type="checkbox"/>
Residential Crisis Stabilization	<input type="checkbox"/>
Rapid Access to Psychiatrist/APRN	<input type="checkbox"/>
Health Care Navigator	<input type="checkbox"/>
Other Crisis Services (Please explain below)	<input type="checkbox"/>

- (3) Number of FTEs providing crisis services:

Credentials	FTEs
Mental Health Practitioner	
Mental Health Professional	
Mental Health Worker	
Certified Peer Specialist	

- (4) Hours of Services availability:

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- (5) Are Mobile Services Provided? Yes No

If yes, what is the average response time between initial call and face-to-face contact?

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(6) Describe Service coverage area.

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(7) Serves both Adults & Children? Yes No

(8) List third party payers billed for services in 2009. (Please note that seeking reimbursement from third party payers such as Medicaid, PMAPs, and Private Commercial Insurance is a condition of the grant. Failure to seek reimbursement from these payers, may result in a reduced grant award.)

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4) Revenues

a) Describe the use of each revenue line from the Adult Mental Health Proposed Expenditures (AMHPE) by service using the following outline.

- (1) Explain the activity that will generate the proposed revenue;
- (2) Present calculation for arriving at the proposed revenue amount;
- (3) Specifics of the use of the revenue. If revenue is not expected for a BRASS code, enter N/A.

*BRASS Code	Service Title	Explain the activity that will generate the proposed revenue	Present calculation for arriving at the proposed revenue amount	Specifics of the use of the revenue
434X	Supported employment			
434x	Skills development related to the activities of daily living			
434x	Leisure time activities			
434x	Goal planning			
443X	Housing			
403X	Outreach activities			
434x	Connecting people to resources to meet basic needs			
434x	Benefits assistance			

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*BRASS Code	Service Title	Explain the activity that will generate the proposed revenue	Present calculation for arriving at the proposed revenue amount	Specifics of the use of the revenue
434x	Fostering social support			
434X	Educating about mental illness, treatment, & recovery			
416X	Transportation			
408X	Adult Outpatient Diagn. Assessment			
431X	AMH Crisis Assessment & Intervention		There is no historical data to provide a projected amount, however, BCOW is intending to bill MHCP for all eligible clients/service.	Revenue will be used to support current crisis stabilization unit and expansion of hours of mobile crisis team availability to Clay, Becker and/or Wilkin counties.
436X	Adult Crisis Stabilization		There is no historical data to provide a projected amount, however, BCOW is intending to bill MHCP for all eligible clients/service effective 6/09.	Revenue will be used to support current crisis stabilization unit and expansion of resources to Clay, Becker and/or Wilkin counties.
438X	Assertive Community Treatment			
446X	Basic Living/Social Skills and Community Intervention		ARMHS billing by SOS staff for Otter Tail & Wilkin Counties. There is no historical data at this time to predict revenue amount.	Support of clinical supervision and staff costs.
451X	Emergency Response Services - telephone			
452X	Adult Outpatient			

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*BRASS Code	Service Title	Explain the activity that will generate the proposed revenue	Present calculation for arriving at the proposed revenue amount	Specifics of the use of the revenue
	Psychotherapy			
454X	Adult Outpatient. Medication Mgt.			
468X	Adult Day Treatment			
469X	Partial Hospitalization			
474X	Adult Residential (Rule 36/IRTS)	734876	See 2009 Gull Harbour Budget.	Support IRTS program cost.
491X	Adult Rule 79 Case Management.	26000	Historical data	Support SOS costs including computers, IT support, office space, etc...
493X	Adult General Case Management			

b) Unmet Needs

(1) Has the AMHI gathered the Unmet Needs from each county and tribe that the county boards assembled? Yes No

(a) If yes, please describe in 300 words or less, the plans to meet the unmet needs in the AMHI.

The 4 County (Becker, Clay, Otter Tail & Wilkin County) LAC's met on July 23, 2009 for the purpose of conducting a needs assessment in preparation of the biennial mental health plan. In addition, each County's Adult Local Advisory Council and the BCOW Steering Committee have participated in on-going assessment, data analysis, and feedback to the Counties of unmet needs. These unmet needs are identified as follows:

1. The need to provide more intensive mental health services to persons diagnosed with a serious mental illness. It was a concern of the advisory group that current limitations in funding and eligibility criteria prevents the ability to provide early intervention which could prevent an individual's mental illness from progressing to a serious and persistent mental illness.
2. The need to provide mental health services in the County jails. These mental health services include mental health professional services including diagnostic assessments, therapy and discharge planning.
3. The need to provide a mobile crisis program that provides crisis assessment, intervention and stabilization services and that such services are done in coordination with the CMH mobile crisis program to prevent a disruption of crisis services for young adults experiencing a mental health crisis as well as sharing of mental health practitioner resources in which there is a limited availability in rural Minnesota. In addition, the need has been identified for the mobile crisis program to work in collaboration with the current Crisis Stabilization Unit serving Becker, Clay, Otter Tail and Wilkin Counties.
4. The need to modify the current 1-800 crisis number to provide an efficient

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resource for consumers to utilize in accessing an array of crisis services available in the Becker, Clay, Otter Tail and Wilkin Counties.

(b) If yes, please describe in 300 words or less, the specific changes to be made in CY 2008-2009 services to meet the unmet needs.

1. Funding to support individual mental health jail projects in each County.
2. Combining of the current mobile crisis program with the Children's Mental Health mobile crisis to provide crisis assessment, intervention and stabilization.
3. Transfer of the current 1-800 crisis system to a new provider with the focus of increased efficiency and connectedness with other crisis services/providers for Becker, Clay, Otter Tail and Wilkin Counties.

c) Stakeholder Involvement

Check those stakeholders that were involved in developing, implementing and evaluating this AMHI application:

Check	Type	Number	Brief Description of inputs
<input checked="" type="checkbox"/>	Mental Health Consumer	16	See unmet needs section.
<input type="checkbox"/>	Families		
<input checked="" type="checkbox"/>	Advocates	1	See unmet needs section.
<input checked="" type="checkbox"/>	Local Advisory Council		Representation of Local Advisory Council members for Becker, Clay, Otter Tail & Wilkin Counties are reflected in the stakeholder, provider and AMHD staff numbers.
<input checked="" type="checkbox"/>	Providers	13	See unmet needs section.
<input type="checkbox"/>	Elected official		
<input type="checkbox"/>	Local bargaining unit		
<input checked="" type="checkbox"/>	AMHD Staff	6	See unmet needs section.
<input type="checkbox"/>	Other - specify		

5) Technical Assistance

Indicate what technical assistance you would like to receive from the Department to support your efforts:

a) Adult Mental Health Core Training Topics - suggest topics in the area of mental health that you would like to see covered in the upcoming MH Core Training sessions that are offered the 2nd Monday of each month

	Topic	Describe Audience
1.	LOCUS	Case managers, CSP workers, ARMHS, Aftercare, Mental Health Professionals
2.	Psychiatry Resources-strategies to increase accessibility in rural Minnesota.	Administrative personnel from Counties and mental health providers, health plans, hospitals, clinics, educational institutions.
3.	Integration of mental health and physical health in treatment planning and interventions.	Case Managers, ARMHS, Primary Care Clinics, Administrators.
4.		

5.	
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b) Other Technical Assistance Needed - identify other technical assistance needs you may have.

	Technical Assistance Needed	Whom AMHD should contact, if known
1.	Transition of current crisis responder program into a Mobile crisis program serving adults and children in a model that provides crisis assessment, intervention and stabilization.	Pat Boyer-pat.boyer@co.clay.mn.us, Becky Tripp-btripp@co.wilkin.mn.us, Don Janes-dhjanes@co.becker.mn.us, Jodi Wentland-jwentland@co.otter-tail.mn.us.
2.		
3.		
4.		
5.		

D) Project for Assistance in Transition from Homelessness (PATH)

1) Created under the McKinney Act of 1990, PATH is a federal formula grant program to the 50 States, District of Columbia, Puerto Rico, and four U.S. Territories. PATH funds are used to support service delivery to individuals who are homeless or at risk of becoming homeless and who experience serious mental illnesses and/or co-occurring substance use disorders. The DHS-AMHD PATH program provides a state match to the federal grant funds and then awards the combined funds to the local applicants. Direct PATH services are then provided by a county or contracted vendor. Minnesota currently has 10 PATH projects located in 9 counties. These local projects served a total of 2,136 enrolled PATH clients in 2008.

a) **All current PATH projects must fill in this information for 2010:**

Minnesota BRASS Code	Federal PATH Eligible Service	Proposed number of people to serve in CY2010
403x	1.Outreach services	
434x	2. Screening and diagnostic treatment services	
446x,	3. Rehabilitation services	
434x,	4. Community mental health services	
434x	5. Alcohol and drug treatment services	
402x	6. Staff training	
493x	7. Case management services	
434x	8. Supportive and supervisory services for residential settings	
493x	9. Referrals for primary health services, job training, educational services, and relevant housing services	
443x	10. Housing services (not to exceed 20%) including:	
	Housing minor renovation, expansion, and repair of housing;	
	Planning of housing;	
	The costs associated with matching eligible homeless	

Minnesota BRASS Code	Federal PATH Eligible Service	Proposed number of people to serve in CY2010
	individuals with appropriate housing situations;	
	Technical assistance in applying for housing assistance;	
	Improving the coordination of housing services;	
	Security deposits;	
	One time rental payments to prevent eviction.	

b) New PATH Project

An increase in the federal PATH funding has created an opportunity to develop new PATH services or to expand on existing PATH project. In CY 2010 an additional \$71,000 a year is available to provide outreach, engagement, and mainstreaming for PATH eligible consumers. Interested AMHIs or Counties must submit a project narrative that provides an overview of the new PATH project. This overview should include, but is not limited to, a description of the staffing, hours and location of service, administrative support, and clinical supervision.

Statement of Interest in a PATH Project	
1. Project Narrative	
2. Staffing	
3. Service Hours	
4. Administrative support	
5. Clinical Supervision	
6. Provide a brief description of the application organization receiving path funds	
7. Name of Organization	
8. Name of application organization	
9. A brief summary of the services provided by the organization	
10. Region served by Organization	
11. The total amount of PATH funding funds the organization is requesting for CY 2010	

c) SOAR (SSI/SSDI Outreach, Access and Recovery) Application for PATH Projects

Purpose of project:

To expand PATH projects' current capacity to provide Social Security disability benefit advocacy services. Services will be designed following the federal SOAR (SSI/SSDI Outreach, Access, and Recovery) model. A total of \$250,000 will be made available for one year. Eligible applicants include current PATH projects or new projects approved for PATH funding.

A SOAR/PATH Team would combine outreach, engagement, and limited case management with hands-on, intensive SSI/SSDI application assistance for clients enrolled in a PATH project. The SOAR Team would be a collaborative between a PATH outreach worker, a SOAR-trained SSI Advocacy specialist, a certified mental health professional, local and state human services agencies, and the Social Security Administration (SSA) and Disability Determination Services

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(DDS). PATH outreach workers, SSI Advocacy specialists, and partnering mental health professionals would be expected to work closely throughout the process and develop a system for routine communication regarding the client’s application.

A natural connection exists between the SOAR and PATH programs. PATH is designed to reach the most vulnerable citizens and connect them to mainstream health programs, housing, and support services; applying for Social Security disability benefits is often a key part of this process.

Eligible PATH applicants must complete the SOAR Applications for PATH Projects and SOAR Budget and submit these documents along with this Adult Mental Health Grants Application. Additionally the applicant must complete the SOAR Eligible Service table above.

To request the SOAR Applications for PATH Projects and SOAR Budget form or for questions regarding SOAR contact:

Alison Legler
651-431-3848
alison.legler@state.mn.us

For questions about PATH or the New PATH Project contact:

Gary M. Travis
651-431-2252
gary.m.travis@state.mn.us

BRASS Code	SOAR Eligible Service	Proposed number of people to serve in CY2010
434x	Attend SOAR trainings and events, attend PATH-related trainings and events;	
434x	Use SOAR techniques to assist clients in applying for Social Security Disability benefits, including: interviewing and assessing the client, gathering medical evidence, and completing a full medical summary report;	
434x	Coordinate with PATH outreach worker(s);	
434x	Conduct mental health evaluations for clients to be submitted to DDS as medical evidence;	
434x	Co-sign medical summary reports prepared by the PATH outreach worker.	

E) Rate Setting

As part of the process for maintaining or establishing new rates for CY2010, the following must occur:

- 1) counties/AMHI need to enter into a contract with each of their IRTS, ACT and Crisis Stabilization Residential providers (Copies are due to the state prior to January 1, 2010);
- 2) counties or other state-wide entities who provide ACT, IRTS or cost-based Crisis Stabilization Residential Services (who operate without a county or AMHI contract) need to have signed agreements with the state (Due October 1, 2009);
- 3) each program must be appropriately licensed (IRTS and Crisis Residential Stabilization programs);
- 4) each program must be enrolled as an MA provider; and
- 5) each program must complete and return the assurance document required by the Department (Due October 1, 2009). This form will be distributed in the upcoming weeks.

Throughout this biennium because of the state deficit, the Adult Mental Health Division will not be engaging in the annual rate setting process for all programs. Instead of requiring all programs to submit annual budgets, the Division will consider budget revisions on a case-by-case basis, by exception. The Division is allowing budgets to be revised during the course of the next two years in the following situations:

- 1) costs have changed significantly (either up or down) from the 2009 approved budget;
- 2) utilization and revenues are significantly changed from the approved 2009 budget; and
- 3) counties/AMHIs must be willing to pay any additional non-federal share that may arise through a budget increase.

Programs and counties/AMHIs must submit a rationale for why the budget change is being requested (e.g. critical for program integrity; cost effectiveness). Increased non-direct service, administrative or central office costs will only be considered if they are not in excess of the state average and must be based upon an actual costs that relate directly to the delivery of the ACT, IRTS or Crisis Stabilization service.

Counties may request CY2010 budget revision forms and instructions by contacting the DHS-Adult Mental Health Division. **In order to assure adequate time for review, so that rates may be implemented on January 1, 2010, please submit all required forms by October 15, 2009.** Inquiries and requests related to rate setting should be made to:

Address: John A. Anderson
DHS-Mental Health Division
PO Box 64981
St Paul, Minnesota 55164-0981
Email: John.A.Anderson@state.mn.us
Telephone: (651) 431-2240

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Please complete the following for all your ACT, IRTS and Crisis Stabilization Residential providers:
Assertive Community Treatment

Assertive Community Team (ACT) Program Specific Information					
Provider Entity Name					
Provider Number					
Provider Address					
City		State		Zip Code	-
Administrative Contact Name					
Phone Number		-	-	ext:	
Fax Number		-	-		
Email address					
Team Leader Name					
Phone Number		-	-	ext:	
Fax Number		-	-		
Email address					
County/AMHI Contact Name					
Phone Number		-	-	ext:	
Fax Number		-	-		
Email address					

Intensive Residential Treatment Services or Crisis Stabilization Residential Services Program Specific Information						
Provider Entity Name		Gull Harbour/Rule 36 Limited Partnerships				
Provider Number		1073739496				
Provider Address		1704 Belsly Boulevard				
City	Moorhead	State	MN	Zip Code	56560 -	
Administrative Contact Name		Jeff Bradley				
Phone Number		612 - 385 - 7857 ext:				
Fax Number		763 - 783 - 3677				
Email address		jeff.bradley@mindspring.com				
Treatment Director Name		Shirley Stenerson				
Phone Number		218 - 233 - 8068 ext:				
Email address		smstenerso@aol.com				
Clinical Supervisor Name		Ron Odden				
Phone Number		701 - 799 - 9438 ext:				
Email address		RonMHP@aol.com				
County/AMHI Contact Name		Jodi Wentland				
Phone Number		218 - 998 - 8211 ext:				
Fax Number		218 - 998 - 8213				
Email address		jwentlan@co.otter-tail.mn.us				

F) Feedback on the Application

- 1) Please estimate how many person hours it took the County or AMHI in filling out this application.
24 Hours Minutes
- 2) What would you change in this application for the 2012-2013 Application?

The revised brass codes created challenges in breaking out our costs in a manner that we can then easily track when actual expenditures occurred. Many of our programs provide more than one service. Therefore, to accurately reflect this it resulted in our need to split costs for one program between more than one brass code. This in turn creates challenges when providers are billing so that we can accurately reflect payment from each of the brass codes. The form field protections also did not work very well. In particular, the Performance Outcomes and revenue sections. It created formatting challenges. In addition, we (Becker, Clay, Otter Tail & Wilkin Counties) would have preferred to submit it as one plan for all of our counties as we had done the prior planning session by attaching each counties individual budget/plans to the initiative one. However, the form field protection prohibited our ability to cut and past additional pages into the document (for example, adding budget sheet pages for each

County).

- 3) What did you like the best about this application?

The budget worksheet, however, the automatic calculations did not work. Please note that the totals are inaccurate. The total under column 8 should be \$2,708,723.00.

- 4) What did you like least about this application?

The revised break out of brass codes, in particular 434X.

G) Technical Assistance Contacts (for Adult Mental Health Services)

If you have questions, need technical assistance, or would like further information concerning the following materials, please feel free to contact the appropriate staff member indicated below:

PROGRAM AREA	CONTACT PERSON	PHONE
Adult Mental Health Division P.O. Box 64981 St.Paul, MN 55164-0981		General (Voice) 651-431-2225; Fax 651-431-7418 TTY-MN Relay 711 or 1-800-627-3529
John A Anderson John.A.Anderson@state.mn.us	651-431-2240	AMHD Supervisor - Operations ACT & IRTS Rates; Budget/Grants Manager
Maria Anderson Maria.Anderson@state.mn.us	651-431-2241	Adult Mental Health Program Consultant AMHI – Region 7E and Anoka; Consultation on Adult Mental Health Disaster Planning; Older Adult Planning
Faye Bernstein Faye.Bernstein@state.mn.us	651-431-2230	Adult Mental Health Program Consultant AMHI – South Central Community Based Initiative; Consultation on Day Treatment; Civil Commitment; and Transition Services
Linda Fuhrman Linda.Fuhrman@state.mn.us	651-431-2247	Medical Assistance Mental Health Fiscal Policy
Cynthia Godin Cynthia.Godin@state.mn.us	651-431-2237	Co-occurring State Implementation Grant Project Director; EBP Project Manager
Sharyl Helgeson Sharyl.Helgeson@state.mn.us	651-431-2234	Adult Mental Health Program Consultant AMHI – CommUNITY; Supported Employment; State TBI Grant
Paul Heyl Paul.Heyl@state.mn.us	651-431-4206	Adult Mental Health Program Consultant AMHI - SW18; Illness Management Recovery (IMR); Olmstead Grant
Maggie Jarry Maggie.jarry@state.mn.us	651-431-2518	Adult Mental Health Program Consultant Certified Peer Support
Michael Landgren Michael.Landgren@state.mn.us	651-431-2251	Adult Mental Health Program Consultant AMHI – Hennepin; Consultant to contract bed hospitals;
Hannah Letofsky Hannah.letofsky@state.mn.us	651-431-2235	Training; Support for PASRR, ARMHS, and Crisis Contracts
Ruth Moser Ruth.Moser@state.mn.us	651-431-4373	Adult Mental Health Program Consultant AMHI – NW8 and Region 2; IRTS; Criminal Justice; CIT
Julie Pearson Julie.Pearson@state.mn.us	651-431-4879	Adult Mental Health Program Consultant IDDT; DBT; Rule 29
Lorraine Pierce Lorraine.Pierce@state.mn.us	651-431-2243	Adult Mental Health Program Consultant AMHI - BCOW; Region IV South; and Carver and Scott; Crisis Services
David Schultz Dave.J.Schultz@state.mn.us	651-431-2244	AMHD Program Administrative Supervisor

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Melinda Shamp Melinda.M.Shamp@state.mn.us	651-431-4375	Adult Mental Health Program Consultant AMHI – CREST; ARMHS; MFIP Liaison
Richard Seurer Richard.Seurer@state.mn.us	651-431-2248	Managed Care Federal Block Grant & Plan; Case Management; Medicaid AMH Fiscal/ Operations Policy;
Karen Smith Karen.D.Smith@state.mn.us	651-431-2246	Adult Mental Health Program Consultant Reservations/American Indian Urban Programs
Gary Travis Gary.M.Travis@state.mn.us	651-431-2252	Adult Mental Health Program Consultant AMHI – Region 3 and Region 5+; Bridges; Housing; Homelessness; PATH; Crisis Housing Assistance Fund
Tom Witheridge Thomas.Witheridge@state.mn.us	651-431-2233	Adult Mental Health Program Consultant AMHI – Dakota, Ramsey and Washington; Assertive Community Treatment (ACT); Intensive Community Rehabilitative Services (ICRS)