



Minnesota's Public Behavioral Health Services System: Overview

2017 Minnesota Learning Days Conference

April 4-5, 2017

River's Edge Convention Center in St. Cloud, MN

Minnesota's Public Behavioral Health Services System: Overview

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Community Supports Administration Minnesota Department of Human Services

Minnesota Department of Human Services/Chemical and Mental Health Services Administration

- We believe...
- In the healing power of extraordinary care and the value of empowerment, hope and happiness. We believe in dedication to service excellence through eradicating stigma, improving access to care, establishing high quality standards of care, integrating health care, reducing the costs of care, promoting wellness and reducing the severe consequences of mental illness and addiction.
- We believe...
- Recovery from mental illness is a personal journey of healing to attain satisfaction in life, in work, in a home and in close relationships. The guiding principles of recovery (hope, personal choice and a comprehensive view of the whole person) support a service system that promotes mental health.

Minnesota Department of Human Services/Chemical and Mental Health Services Administration

- We believe...
- Mental health matters at every stage of life and requires an integrated continuum of services ranging from prevention to recovery. We are committed to creating consistent quality, access and accountability for these services through comprehensive diagnostic assessments and evidence-based treatments that consider children's characteristics, circumstances and culture. These efforts will result in better outcomes and reduce health care disparities among children.
- We believe...
- That addiction is a treatable disease and that the interests of society are best served by providing persons who are dependent upon alcohol or other drugs with a comprehensive range of rehabilitative and social services that should:
 - Be voluntary when possible.
 - Be based on an individual's treatment needs.
 - Include family members at the earliest possible phase of the treatment process.
 - Include a continuum of care that provides support for long-term recovery.

Minnesota's Olmstead Plan

The Olmstead Plan is a broad series of key activities our state must accomplish to ensure people with disabilities are living, learning, working, and enjoying life in the most integrated setting. The Plan will help achieve a better Minnesota for all Minnesotans, because it will help Minnesotans with disabilities have the opportunity, both now and in the future to:

- Live close to their family and friends
- Live more independently
- Engage in productive employment
- Participate in community life.

Public Mental Health Services

- Over 240,000 Minnesotans received public mental health services during 2016.
- Over 159,000 were over the age of 18 and over 81,000 were under 18 years of age
- Increasingly, DHS is contracting with managed care organizations (MCO)s to manage mental health services for enrollees
- 76% of those who received public mental health services were enrolled in an (MCO) with 24% enrolled Fee-For-Service (FFS)

Mental Health Foundation

- County-operated and State Supervised
- In 1987, the Legislature passed the Minnesota Comprehensive Mental Health Act.
- The act directed the state commissioner of human services to “create and ensure a unified, accountable, comprehensive mental health service system.”
- It states that each county board of commissions “must develop fully each of the treatment services and management activities.”
- The act sets priorities for service development following the act’s passage; the top priorities were “locally available emergency services” and locally available services to all person with serious and persistent mental illness and all persons with acute mental illness.
- The commissioner of human services was charged with supervising and coordinating the development of local services by county boards.

Statute and Rule Authority

Statutes

- 245- Adult and Child Mental Health Act
- 256B- Medical Assistance for a Needy Persons

Rule

- Rule 29 community mental health centers and clinics 9520.0750-9520.0870
- Rule 36 adult mental health residential facilities 9520.0500-950670
- Rule 47 outpatient mental health services 9505.0170-9505.0260
- Rule 79 mental health case management 9520.0900-9520.0926

There are other statutes and rules that impact mental health, but these are the most commonly referenced.

Mental Health Funding

- Adult Mental Health Grants
 - Helps to fill gaps in service array
 - Can pay for uninsured/underinsured
- Federal (Medicaid) and the State matching funds.
- County Levy dollars
- Federal Block grant dollars
- Other Grants
- Private pay

Medicaid

- Medical Assistance (MA) is Minnesota's Medicaid program for people with low income.
- Most people who have MA receive their health care through a health plan (Managed Care Organization –MCO). Individuals may have an option to choose between MCOs depending on their county.
- People who do not receive their health care through an MCO, receive their health care fee-for-service (FFS). FFS is where a provider bills the state for services provided to the individual.
- MA is Minnesota's largest health care program. It serves children and families, pregnant women, adults without children, seniors, and people who are blind or have a disability.

Managed Care Organizations (MCO)s

- The state of Minnesota contracts its MA health plans with 5 MCOs and 3 County Based Purchasers. County Based Purchasers are a single county or counties that pool resources together to provide a health plan for those in their county of counties who qualify.
- The 5 MCOs are Blue Plus, HealthPartners, Hennepin Health/Metropolitan Health Plan, Medica, and Ucare.
- The 3 County Based Purchasers are Itasca Medical Care(IMCare), PrimeWest Health, and South Country Health Alliance (SCHA).

Managed Care Organization Plans

Families and Children (FC)

- Families and Children is often referred to as prepaid medical assistance program (PMAP)
- PMAP is a managed care program for people with low-income.

Special Needs Basic Care (SNBC)

- Special Needs BasicCare (SNBC) is a voluntary managed care program for people with disabilities ages 18 through 64 who have Medical Assistance (MA). Enrollees may have a care coordinator or navigator to help them get health care and support services. Some SNBC health plans coordinate with other payers, including Medicare Parts A, B and D for enrollees who have that coverage. Some plans are contracted with the Centers for Medicare & Medicaid Services (CMS) to integrate Medicare and Medicaid (Medical Assistance) benefit sets.

Managed Care Organization Plans (Seniors)

Minnesota Senior Health Options (MSHO)

- Minnesota Senior Health Options (MSHO) combines separate health care programs and support systems into one package. MSHO members are assigned a care coordinator who helps them get their health care and related support services.
- For people who are eligible for Medical Assistance and have Medicare Parts A and B.

Minnesota SeniorCare Plus (MSC+)

- MSC+ is a managed care program for seniors with low income.

Mental Health Services



ARMHS—Adult Rehabilitative Mental Health Services

IRTS—Intensive Residential Treatment Services

ACT—Youth Assertive Community Treatment

CTSS—Children’s Therapeutic Support Services

PRTF— Psychiatric Residential Treatment Facility

Inpatient Hospital Services

- Hospitals fall under Minnesota Dept. of Health (MDH) and Feds for laws and oversight.
 - Community
 - State pays for a '45 day bed program ('contract' beds) in some community hospitals (11 systems, 16 hospitals)
 - Allows individuals who still need inpatient care to stay longer in community hospitals and hospitals are paid a higher rate.
 - Direct Care and Treatment (DCT) (formally State Operated Services)
 - Minnesota Security Hospital (MSH) – St. Peter
 - Anoka Metro Regional Treatment Center (AMRTC)- Anoka
 - Community Behavioral Health Hospitals (CBHH's)

Transition to Community Initiative

- The 2013 Legislature approved \$8.2 million in new funding to facilitate more timely discharges from Anoka Metro Regional Treatment Center (AMRTC) or Minnesota Security Hospital (MSH)-St. Peter to more integrated, community-based settings as soon as this is clinically appropriate for the individual.

Crisis or Emergency Services

- **Crisis Response Services** - Crisis Response Services are targeted to respond to the needs of people experiencing a mental health crisis or emergency and include Crisis Assessment, Crisis Intervention, and Crisis Stabilization (residential or in-home). The services are intended to assist the recipient in regaining functioning to the level he/she had prior to the mental health emergency.
- **Mobile Teams**
 - 24/7 by 2018
 - Expand across whole state by 2018
- **Crisis Residential Providers**
 - Twenty providers
 - Approx. 121 beds
- **Crisis Stabilization**
 - All Crisis services can include peers.

Rehab Services

- In 2002 - MN DHS Mental Health Division started to use the MA Rehabilitation Waiver.
- MA would now cover certain services previously deemed “non-medical” in nature but essential to mental health care.
- MA reimbursement for essential mental health services recognizes the need for a continuum of care such as cancer, diabetes, etc.

Intensive Residential Treatment (IRTS)

- **Intensive Residential Treatment (IRTS)** - 16 bed 24 hour intensive treatment settings have been designed for those persons with a serious mental illness who can either be diverted from inpatient psychiatric care or require a 24 hour setting following discharge from crisis services or acute care settings. Treatment is provided in the setting and is expected to be short term with the goal of transitioning the person to a more independent community-based setting with services
- **Variance:** describes the licensing requirements that providers seeking Medical Assistance (MA) reimbursement must adhere to. These requirements reflect the merging of current Rule 36 (Minnesota Rules 9520.0500 to 9520.0690) and the legislation which allowed for Intensive Residential Rehabilitative Mental Health Services and Residential Crisis Stabilization Services (M.S. 256B.0622 and 256B.0624 respectively).
- **Residential Crisis Services (RCS)** -(lives under the IRTS variance)

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT)

- **Assertive Community Treatment** is an evidence-based practice. It consists of a multidisciplinary treatment team with a low client to case manager ratio; shared caseloads among clinicians (rather than individual caseloads); direct provision of services, rather than brokering services to other providers; 24/7/365 emergency coverage, and close attention to illness management and recovery, supportive employment and integrated dual disorder treatment. Services are provided in the community, rather than at the clinic with high frequency of contact with clients. About 22 teams serving about 2,200 recipients.
- **Forensic Assertive Community Treatment** is an adaptation of assertive community treatment (ACT) for persons involved with the criminal justice system

Adult Rehabilitative Mental Health Services (ARMHS)

- **Adult Rehabilitative Mental Health Services (ARMHS)** are designed to enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment and to regain independent living and community skills when these abilities are impaired by the symptoms of mental illness.

Outpatient Rule (Rule 47) Services

- Covers the following service types
- Diagnostic Assessment
- Psychotherapy
- Med management
- Adult day treatment (paid under rehab)
- Dialectical Behavior Therapy (DBT) (paid under rehab)
- Partial Hospitalization (paid under rehab)
- Explanation of Findings

Individual Placement and Support (IPS) or Supported Employment (SE) and Integrated Dual Disorder Treatment (IDDT)

- **Individual Placement and Support (IPS) or Supported Employment (SE)** - Supported employment (SE), an evidence-based practice, helps people with serious mental illness find competitive employment of their choice with individual and long-term supports. Individual Placement and Support (IPS) is a term that may be used interchangeably with SE. For people with serious mental illness, supported employment outcomes are consistently superior to those of other vocational programs such as sheltered workshops.
- **Integrated Dual Disorder Treatment (IDDT)** - Integrated Dual Diagnosis Treatment is an evidence-based practice for adults who have co-occurring mental illness and substance abuse. Instead of parallel or sequential treatment, Integrated Dual Disorders Treatment occurs when a person receives combined treatment for mental illness and substance use from the same clinician or treatment team in the same setting. It helps people develop hope, knowledge, skills and the support they need to manage their problems and to pursue meaningful life goals.;

Illness Management and Recovery (IMR) and Dialectical Behavior Therapy (DBT)

- **Illness Management and Recovery** is an evidence-based practice that strongly emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives in order to move forward with their lives. IMR can be provided in an individual or group format and generally lasts between three and six months. In the sessions, practitioners work collaboratively with people, offering a variety of information, strategies, and skills that people can use to further their own recovery.
- **Dialectical Behavior Therapy Services** - DBT is an empirically based psychotherapeutic self-and rehabilitative treatment for individuals with chronic suicidality, intentional harm behavior, borderline personality disorder (BPD) and other impulse control related disorders. Dialectical Behavior Therapy is a treatment which modifies cognitive behavioral therapy with the inclusion of acceptance and dialectical theory. The treatment uses cognitive and behavioral principles and consists of two primary treatment components; individual psychotherapy and skills training in a group setting.

Supported Housing and Homeless Services/Resources

- **Supported Housing** - Housing is a basic need that supports and facilitates a person's health, mental health, and recovery. Persons with serious mental illness often have difficulty accessing affordable housing. Supportive services are designed to help the consumer retain housing and can include such supports as working with landlords, helping the person maintain the housing, developing a crisis assistance plan. Minnesota is one of only a few states that includes a housing mission statement in its Comprehensive Adult Mental Health Act.
- **Homeless Services/Resources** - Homelessness is a critical issue for persons with SMI that destabilizes their lives, health, mental health, and recovery. Homelessness interferes with all areas of a person's life including access to housing, services, financial and healthcare benefits, and the mental health resources needed to aid their treatment, rehabilitation and recovery. The Projects for Transition from Homelessness across the state are designed to case find adults with SMI who are homeless and to connect them to available community-based services.

Peer Support Services

- **Peer Support Services** – Peer support services are provided by a Certified Peer Specialist who works as a member of the service team to address the recipient’s feelings of stigma, social isolation, personal loss, and systemic power dynamics that can be common when coping with serious mental illness and accessing mental health services. This is accomplished through a mutual shared experience of utilizing mental health services and includes, but is not limited to, modeling wellness and demonstrating personal responsibility, self-advocacy and hopefulness through appropriate sharing of the recovery journey. and hopefulness through appropriate sharing of the recovery journey.

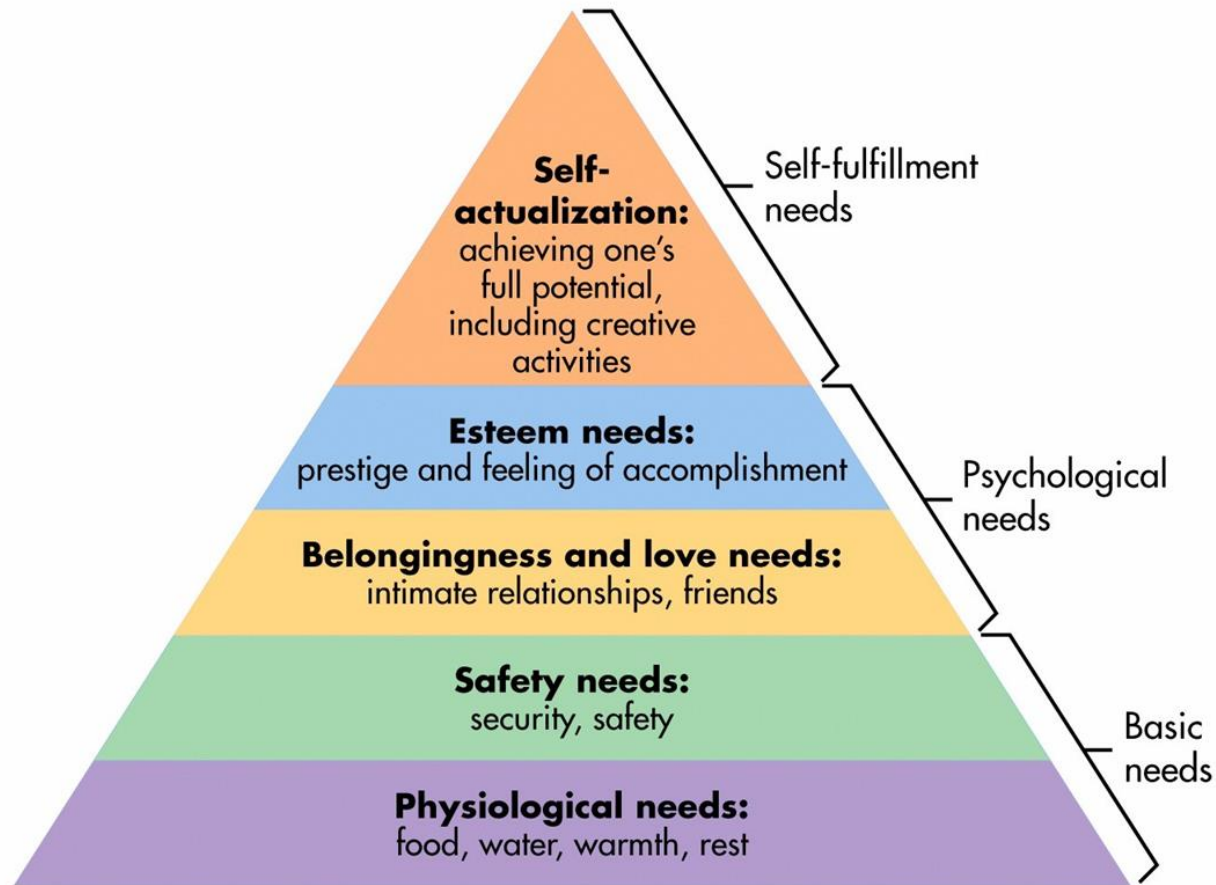
New Initiatives and Planning

- Behavioral Health Homes (BHH)s
- Certified Community Behavioral Health Clinics (CCBHC)s
- First Episode Psychosis (FEP)
- Forensic Assertive Community Treatment (FACT)
- Person-centered planning – Olmsted and transitions planning

Potential Barriers to Service

- Housing
- Transportation
- Social Stigma
- Accessibility (especially in great MN communities)
- Negative prior experiences
- Shortage of providers

Maslow's Hierarchy of Needs



Children's Mental Health Services

- Comprehensive Children's Mental Health Act 1989
- State administered and county delivery system
- Counties have a responsibility to develop a local system of children's mental health services
- Prepaid Medical Assistance Program – DHS contracts with health plan to deliver children's mental health Medicaid Services

Children's Mental Health Services Funding Sources

- Federal Medicaid and State shares the cost
- Minnesota has a robust set of children's mental health Medicaid services
- State legislative funded children's mental health grants
- Federal block grant funds

Children's Mental Health Services Eligibility Determination

- Some services require no mental health diagnosis, such as prevention services
- Some services require a mental health diagnosis as a emotional disturbance, such as rehabilitation services
- Some services require a designation of severe emotional disturbance as defined in the Children's Mental Health Act (i.e., case management and residential treatment)

Children's Mental Health Continuum of Services and Supports (Prevention)

Services to all children with or without mental issues

- Early children hood screenings:
 - Public schools - Head Start (0-5)
 - Public health - Follow Along Program (0-3)
 - Child and Teen Check Up
 - Public Health Home Visits
 - Text4Life

Children's Mental Health Early Intervention Services

Services for children at risk for mental health issues but do not qualify for a diagnosis

- Mental health screening
 - Juvenile justice and child welfare (POSIT & MAYSI -2)
- Crisis Response Services
- School-Based Diversion Model for Students with Co-Occurring Disorders

Children's Mental Health Interventions Services

Services for children with mental health issues who qualify for a mental health diagnosis and function within their community

- Outpatient Mental Health Services
 - Psychotherapy
 - Psychological testing
 - Explanation of Findings
 - Neuropsychological services
 - Mental health medication management

Children's Mental Health Interventions Services

Children's Therapeutic Services and Supports

- Psychotherapy
 - Skills Training
 - Crisis Assistance
 - Mental Health Behavioral Aide
 - Mental Health Plan Development
-
- First Episode Psychosis Services

Children's Mental Health Intensive Intervention Services

Services for children with severe mental health issues who qualify for a mental health diagnosis and don't not function well in their community.

- Children's Partial Hospitalization Program
- Youth Assertive Community Treatment
- Intensive Treatment Services in Foster Care
- Respite Care
- Mental Health Targeted Case Management

Children's Mental Health Residential/Inpatient Services

Services for children with severe mental health issues who qualify for a mental health diagnosis and do not function well in their community and in a 24 hour treatment program

- Inpatient Psychiatric Hospitalization
- Child and Adolescent Behavioral Health Services
- Psychiatric Residential Treatment Facilities
- Children's Mental Health Residential Treatment

Children's Mental Health Grant Services

- School-based mental health services reach children in normal everyday environments to:
 - Increase accessibility for children and youth who are uninsured or underinsured
 - Improve clinical and functional outcomes for children and youth with a mental health diagnosis
 - Improve identification of mental health issue for children and youth

Children's Mental Health Grant Services (Cont)

Why Schools?

- Untreated mental health issues are a significant barrier to learning and educational success
- Schools reduce barriers such as:
 - Financial/insurance, childcare, transportation, employment concerns, mistrust/stigma, waiting list/intake process and stress

Children's Mental Health Grant Services (cont)

Facts

- \$45.4 million in grants to 36 agencies starting 2014
- As of June 2014, services in 71 counties and 645 schools (\$7.2 million annually)
- By 2018 grants are expected to serve 779 schools in 83 of Minnesota's 87 counties (\$9.2 million annually 2015-2018)
- More than half of students will receive mental health services for the first time

Children's Mental Health Grant Services (cont)

Early Childhood Mental Health

- Identifying difficulties early before age five
- Providing families with the proper assessments and interventions can make a differences for many years
- Promoting evidence-based practices

Children's Mental Health Grant Services (Cont)

Child Welfare and Juvenile Justice Mental Health Screenings

- Grants to counties to screen children receiving child protection services, out-of-home placement or parental rights terminated
- Child found to be delinquent, in juvenile detention and certain children a in trouble with the law
- Approved screening tools for child welfare and juvenile justice populations

Children's Mental Health Grant Services (Cont)

Respite Care

- Grants to counties
- Provide or contract for respite care services to provide temporary care for children with mental health needs
- Gives families and caregivers a break while offering a safe environment and/or activities for children

Minnesota Model of School-Based Diversion for Students with Co-Occurring Disorders

- Practice of pushing kids out of school and toward the juvenile and criminal justice systems has become known as the “school-to-prison pipeline” policy issue
- The school-to-prison pipeline issue is a critical national and state public policy concern that requires analysis and solutions for children and their families

Minnesota Model Background

- Policies and practice that force at-risk students out of the classroom and into the juvenile justice system has negative consequences, especially for students of color, the poor and those with disabilities
- Excessive practices result in suspensions, expulsions and arrests of tens of millions of public schools students nationwide

MN Model Background

- Perhaps the most troubling form of exclusionary discipline is school-base arrest
- School violence is lowest level since 1992 but in-school arrests are increasingly common phenomenon
- School discipline has been found to be more punitive and severe for youth of color

MN Model Background (cont)

- A suspension can be life altering
- It is the number-one predictor whether children will drop out of school
- Far too many situations where teachers are being assaulted at school
- Provide relevant tools to educators and communities that will avoid frequent use of harmful discipline

MN Model Background

Vision of Minnesota's Model is hope and support to keep students in school and out of the juvenile justice system

- Leading and partnering with others to plan and implement the model
- Evaluate the model to ensure access to co-occurring treatment services
- Reduce disparities in the juvenile justice system

MN Model Background (cont)

- Assist schools and partners to become more selective about making referrals to the juvenile justice system and develop school and community based alternatives for addressing student behavioral incidents
- Provide a blueprint for shared decision-making, new partnerships and alternatives that keep students in school and out of the juvenile justice system

MN Model Background (cont)

- Schools frame behavioral incidents in lay language rather than criminal language
- Creates a decriminalized language to describe adolescent behavior
- Schools must create and agree on a list of behaviors
- Consult with law enforcement or legal council to distinguish non-serious and serious student incidents

Mental Health Resources

DHS Partners and Providers Webpage for Adult Mental Health

- <http://mn.gov/dhs/partners-and-providers/program-overviews/adult-mental-health/>

DHS Partners and Providers Webpage for Children's Mental Health

- http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=000162

Minnesota Health Care Programs (MHCP) Manual

Substance Abuse and Mental Health Services Administration System of Care Grant

- Improve behavioral health outcomes for children and youth with serious emotional disturbances and their families
- Up to 12 million dollars for 4 years
- Develop new and enhanced services, a no wrong door approach and a state agency coordinated approach
- Minnesota Department's of Human Services, Corrections, Health and Education, 36 counties and Fond du Lac

Substance Abuse and Mental Health Services Administration System of Care Grant

- Lack of continuity of services for children and youth who move between multiple systems, including child welfare, juvenile justice, mental health and education
- Where children enter the system often defines available services and associated funding
- Lack of early and system identification and intensive treatment services for children and families

Substance Abuse and Mental Health Services Administration System of Care Grant (Cont)

- Develop a better structure to promote interagency collaboration and service delivery at state level
- Develop a policy framework and finance reform to reduce barriers
- Access to intensive treatment services and supports at any point of entry to the system

Children's Mental Health Goals

- Increase access and improve statewide continuum of care to meet the needs of children with mental health needs and their families
- Develop and enforce standards to improve quality and consistency of care statewide
- Work to eliminate mental health and wellness disparities statewide
- Develop capacity to measure mental health outcomes to increase accountability of Minnesota's children and families

Children's Mental Health Mission

“Promote Mental Wellness and Resiliency for all Minnesota’s Children and Families”

Alcohol & Drug Abuse Division

- Single state authority on Alcohol & Drug Abuse (MS 254A.03)
- Administers the Consolidated Chemical Dependency Treatment Fund (CCDTF) which finances addiction treatment for eligible public pay clients
- Develops rules and statute language for all licensed treatment facilities
- Establishes policy and criteria for the licensing of addiction treatment programs in MN

Alcohol & Drug Abuse Division

- Our mission is to develop and maintain an effective substance use disorder service system in Minnesota which encourages and supports research-informed practices; expands the use of successful treatment models, and systematically monitors outcomes.
- In essence, “To prevent and reduce human suffering due to substance abuse and addiction.”

Alcohol & Drug Abuse Division (cont)

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- In essence, “To prevent and reduce human suffering due to substance abuse and addiction.”

Addiction Defined

- 1.: the quality or state of being addicted
- 2.: compulsive need for and use of a habit-forming substance (as heroin, nicotine, or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal; broadly : persistent compulsive use of a substance known by the user to be harmful

Addiction Facts

- It is a chronic medical illness which can be successfully treated.
- For many, physiological dependence may develop. Ongoing use of substances can produce lasting changes in brain chemistry and function. These changes can result in behavioral consequences, including the compulsion to use despite negative consequences.
- The DSM-V recognizes that substance use disorder exists on a continuum and that “use” can be problematic– and needing intervention-- without a prerequisite of physical dependence.

In other words:

- Problematic use can result in impaired function in any life area. Screening for substance use problems should be a universal procedure administered to every client.
- substance use problems will sabotage your best efforts to help clients improve their lives.
- Do not rely on the client to provide an accurate assessment of substance use or consequences.
- Screen, screen, screen.

Screening for substance abuse

- Can be done in 5 – 10 minutes using reliable valid screening tools (Global Assessment of Individual Needs—Short Screen, Substance Abuse Treatment Scale-Revised)
- A positive score simply means a comprehensive assessment needs to be completed to determine potential diagnosis
- Comprehensive assessment can be completed by a mental health professional or a substance abuse professional

Getting clients/patients into Treatment

- First stop—county/tribal social services - Rule 25 assessor (see list).
- The placing authority will determine financial and clinical eligibility for treatment
- Placement is based on individual client needs.

“Rule 25”

- MN Rule which sets requirements for public pay treatment services—clinical criteria for assessment and placement of clients (AR 9530.6600 to 9530.6660)
- Assessment mandate for access to publicly paid treatment (9530.6615)
- Determines level of care and any special considerations for the client
- Administered by counties, tribes, and state contracted pre-paid health plans

About treatment services

- No single approach is appropriate for everyone
- Treatment services include inpatient facilities, outpatient programs, outpatient with room and board, medication assisted therapy, detoxification centers, integrated treatment for dual disorders, and Alcoholics Anonymous or other support groups.
- Length of stay determined by referral source and provider collaboratively, based on clinical factors
- Treatment is not a one-time event, but, rather part of a continuum of care

Please remember:

- As with all chronic illnesses, people experience peaks and valleys
- A relapse (return to use) is not a failure; but, rather, a comma of the journey toward recovery
- Recovery can only be defined by the person working on it

CCDTF Rule 25 Referral Numbers

Updated December 2, 2015

COUNTY	REFERRAL #	REFERRAL #
Aitkin	(218) 927-7200	800/328-3744
Anoka	(763) 422-7078	
Becker	(218) 847-5628	X5312
Beltrami	(218) 333-8300	
Benton	(320) 968-5087	
Big Stone	(320) 839-2555	x12
Blue Earth	(507) 304-4319	
Brown	(507) 354-8246	
Carlton	(218) 879-4511	888/818-4511
Carlton- Indian Persons	(218) 879-1227	
Carver	(952) 361-1600	
Cass	(218) 547-1340	
Chippewa	(320) 269-6401	
Chisago	(651) 213-5247	
Clay	(218) 299-7121	800/757-3880
Clearwater	(218) 694-6164	
Cook	(218) 387-3601	
Cottonwood	(507) 831-1891	
Crow Wing	(218) 824-1140	
Dakota	(651) 554-6000	
Dodge	(507) 635-6170	
Douglas	(320) 762-2302	
Faribault	(507) 526-3265	
Fillmore	(507) 765-2175	
Freebom	(507) 377-5484	
Goodhue	(651) 385-6180	
Grant	(218) 685-8200	
Hennepin	(612) 348-4111	
Houston	(507) 725-5811	x1288
Hubbard	(218) 732-1451	
Isanti	(763) 689-1711	
Itasca	(218) 327-3000	
Jackson	(507) 847-4000	
Kanabec	(320) 679-6350	
Kandiyohi	(320) 231-7800	x2452
Kittson	(218) 843-2689	
Koochiching	(218) 283-7000	
Lac Qui Parle	(320) 598-7594	
Lake	(218) 834-7309	
Lake of the Woods	(218) 634-2642	
Le Sueur	(507) 357-8281	
Lincoln	(507) 694-1452	x101
Lyon	(507) 537-6747	
McLeod	(320) 864-3144	800/247-1756
Mahnomen	(218) 935-2568	

COUNTY	REFERRAL #	REFERRAL #
Marshall	(218) 745-5124	
Martin	(507) 238-4757	
Meeker	(320) 693-5300	
Mille Lacs	(320) 983-8208	
Morrison	(320) 632-2951	
Mower	(507) 437-2827	507/383-1175
Murray	(507) 295-5213	
Nicollet	(507) 387-4556	
Nobles	(507) 372-2157	
Norman	(218) 784-5400	
Olmsted	(507) 328-6400	
Ottertail	(218) 998-8150	
Pennington	(218) 681-2880	
Pine	(320) 358-4065	
Pipestone	(507) 825-6720	
Polk	(218) 281-3127	
Pope	(320) 634-5027	
Ramsey	(651) 266-4008	
Red Lake	(218) 253-4131	
Redwood	(507) 637-4050	
Renville	(320) 523-2202	
Rice	(507) 332-6115	
Rock	(507) 449-1246	
Roseau	(218) 463-2411	
St. Louis (South)	(218) 726-2083	
St. Louis (North)	(218) 262-6045	
Scott	(952) 445-7751	
Sherburne	(763) 241-2600	
Sibley	(507) 237-4000	
Stearns	(320) 656-6000	800/450-3663
Steele	(507) 444-7500	
Stevens	(320) 589-7400	
Swift	(320) 843-3160	
Todd	(320) 732-4500	888/838-4066
Traverse	(320) 563-8255	
Wabasha	(651) 565-3351	
Wadena	(218) 631-7605	
Waseca	(507) 835-0551	
Washington	(651) 430-6561	
Watonwan	(507) 375-3294	888/299-5941
Wilkin	(218) 643-0499	
Winona	(507) 457-6200	
Wright	(763) 682-8929	
Yellow Medicine	(320) 564-2211	

Resources

Alcohol & Drug Abuse Division 651-431-2460

- DHS.ADAD@state.mn.org

American Society of Addiction Medicine

- www.asam.org

The Drug Guide

- www.drugfree.org/drug-guide

The Substance Abuse and Mental Health Services Administration

- www.samhsa.org

Minnesota Help Information

- www.Minnesotahelp.info
- National Institute on Drug Abuse

Thank you!

Mental Health and Alcohol and Drug Division