

Date: July 12, 2011

To: Special Master, Honorable Kathleen Blatz

From: Grantees of Minnesota DHS: Alcohol and Drug Abuse Division who provide treatment support and recovery maintenance services to pregnant and parenting women, including their children, ages 0-17.

RE: Petition for services federal block grant funds for treatment support & recovery maintenance services to be identified as critical, core function

Introduction

The treatment support and recovery maintenance of Minnesota's vulnerable pregnant and parenting women with children ages 0-17 who are actively seeking and achieving recovery from chemical dependency is a critical, core function of the State of Minnesota. Minnesota's recovering families are striving to stay together and live lives free from alcohol and chemicals. These critical services not only impact the health and safety of Minnesotans today, but also facilitate the opportunity for children to grow and thrive in healthy ways and become productive citizens, leaders, and parents of the future.

Grantees of Minnesota Department of Health and Human Services: Alcohol and Drug Abuse Division who provide treatment support and recovery maintenance services for women who are pregnant or parenting and their children are petitioning the court on behalf of 1000 families, including over 2000 children.

Our Request is that federal block grant Treatment Support and Recovery Maintenance services to pregnant and parenting women with chemical dependency should be identified as critical core function and funded during state shutdown because they are core services addressing the life, health and safety of Minnesota citizens. The families we serve have significant mental health issues, advance stage chemical dependency, child protection issues, criminal histories, and histories of chronic family homelessness.

My name is Heidi Kammer, Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) Governor for Region 11 (Hennepin County) and Division Director for Recovery Resource Center, a division of RESOURCE in Minneapolis. We present on behalf of The Wayside House (St. Louis Park), Rum River Health Services (Princeton), Journey Home/CentraCare (St. Cloud), Project Clean Start, and Recovery Resource Center (Minneapolis); however, most importantly we advocate and speak for the families in our care.

Witnesses include:

-Jonathan Lofgren, President of Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)

-Natonya M, Alumni of Mothers Achieving Recovery for Family Unity, a service of Recovery Resource Center, a division of RESOURCE

Key Arguments

Two key arguments in support of our request are:

A) Health and Safety pregnant and parenting women, their children, their unborn children, the family unit, and the community. Many women will choose not to access treatment services if they are unable to make arrangements or gain services for their children. Treatment and recovery maintenance services for women cannot function without these supportive services, forcing women and families to not receive the needed care to stabilize their families.

B) Supremacy Clause: Judge Gearin has ordered that the shutdown may not interfere with the flow of federal dollars to their intended recipients as required by the Supremacy Clause of the United States Constitution. To give meaning to that order, funding and services for pregnant and parenting women with chemical dependency and their children ages 0-17 must be deemed critical and essential.

1. Public Safety & Public Health

Grantees are petitioning the court on behalf of over 1000 families, including over (2000 children) in need of treatment support and recovery maintenance services that are essential for the health and safety of the family impacted by advanced stage chemical dependency.

- A. Previous Rulings: Judge Gearin identified "critical core functions" to include "Maintenance of public safety and immediate public health concerns". Furthermore, chemical dependency treatment services via CCDTF, mental health services, and services to homeless have been identified as critical.
- B. The vulnerability of the target population: Chemically dependent pregnant and parenting women with their children are vulnerable. Families served are below 100% of federal poverty guidelines. Programs ensure family treatment support and recovery maintenance services to chemically dependent mothers and their children, who are at most significant risk for poor health and social, emotional, and cognitive issues. Without these services families are highly vulnerable to be torn apart and separated. When mothers relapse, there is significant risk for abuse and neglect of children, unborn children being born addicted to alcohol and/or drugs, and increased risk for criminal behavior, which all create imminent public health and safety risks. In one service agency alone, 13 families impacting nearly 30 children would be homeless without continued funding.
- C. The Impact of Services on Health and Safety: The intent/goal of the treatment support and recovery maintenance funds/ services for pregnant and parenting women is to improve access to treatment, support treatment completion, and increase involvement in post-treatment and recovery maintenance activities. These funded services help women and families:
 - escape active addiction;
 - remain alcohol and drug free;

- leave family homelessness, abuse, and neglect;
 - ensure the basic needs of the family are met (food, transportation, housing)
 - stabilize mental health of mother and children
 - deliver drug-free babies;
 - care for and effectively parent their dependent children ages 0-17;
 - stay out of the criminal justice system;
 - find long term stable housing and
 - promote a recovery-oriented environment by providing strength-based supplemental treatment and continuing care services.
- D. Compare and Contrast: The exhibit provided was developed by current participant KaShana on behalf of all families entitled "Protect the health and safety of our children, families, and the community". The left side of the exhibit demonstrates the deep impact on health and safety of the mother, children, unborn children, overall family and community. The right side of the exhibit demonstrates the impact on health and safety for Minnesota with services allowed to remain in tact.
- E. Witness: Natonya M, Alumni of Mothers Achieving Recovery for Family Unity, a service of Recovery Resource Center, a division of RESOURCE will provide testimony about:

“How treatment support and recovery maintenance services help me deliver a drug-free, healthy baby”

2. Supremacy Clause

As noted previously, Judge Gearin has ordered that the shutdown may not interfere with the flow of federal dollars to their intended recipients as required by the Supremacy Clause of the United States Constitution. To give meaning to that order, funding and services for pregnant and parenting women with chemical dependency and their children ages 0-17 must be deemed critical and essential.

- A. Approximately \$24,000,000 annually is made available to Minnesota from the federal government for alcohol and other drug prevention and treatment. This represents about 20% of the total state budget available for prevention, treatment, and support services. Over \$4 million of the federal block grant from the United States Department of Health & Human Services Center for Substance Abuse Treatment is dedicated to treatment services for pregnant women and women with dependent children. (Reference: FFY 2011 Substance Abuse Prevention & Treatment Block Grant Spending Plan (Draft), Minnesota Department of Human Services: Alcohol & Drug Services Division (September 2010).
- B. The criteria for determining how to spend the federal block grant are partially dictated by federal law. Federal requirements include that the state must spend an amount of funds from the total block grant for the treatment services for pregnant women and women with dependent children that equals or exceeds expenditures in FFY 94 (the Minnesota target is \$4,356,132); According to this, DHS: Alcohol and Drug Abuse Division fund projects to improve access, treatment, supplemental services, continuing care, and community

support services for pregnant women and women with dependent children. This area of effort grows in importance as counties and tribes recognize the role substance abuse plays in difficult Temporary Aid to Families and Child Welfare cases. Block grant funds will be used to provide supplemental services. Examples of these services include housing, prenatal care, child care, transportation, housing and emergency subsidies; parenting skills training; services to facilitate the transition from incarceration back into the family and community; to assist chemically dependent women with resources to resolve their financial problems, develop budgeting skills, and to improve their employability. Federal requirements also indicate that in no event are funds to be used to supplant other state and local funds. (Title 45, parts 96.46, and 96.120 to 96.137 of the Code of Federal Regulations)

- C. 45 CFR Part 96.131 – Treatment Services for Pregnant Women – requires that treatment providers ensure timely access to treatment services for pregnant women. Pregnant women are provided preference in admission to treatment centers as provided by 96.131, and are provided interim services as necessary and as required by law; [Sec. 1927(a)(b)] Furthermore, programs receiving funding for services to pregnant women and women with dependent children must also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:
- The family is treated as a unit and, therefore, admits both women and their children into treatment services, if appropriate.
 - Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
 - Primary pediatric care, including immunization, for their children;
 - Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
 - Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and
 - Sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs (e) (1) through (4).

These core and critical services are delivered by the grantees indicted in this petition.

- D. Witness: Jonathan Lofgren, President of Minnesota Association of Resources for Recovery and Chemical Health (MARRCH) will provide testimony about:

“Treatment Support and Recovery Maintenance Services are critical because...”

Summary

Without the federal block grant services designated to serve chemically dependent pregnant and parenting women and their children, families are highly vulnerable and at severe risk of separation, due to a lack of support and lack of core services that promote the stability of the mother and family. When mothers relapse, there is significant risk for abuse and neglect of

children, unborn children being born addicted to alcohol and/or drugs, and increased risk for criminal behavior, which all create imminent public health and safety risks. Please rule in favor of Minnesota's families striving to stay together and live lives free from alcohol and chemicals. These critical services not only impact the health and safety of Minnesotans today, but also facilitate the opportunity for children to grow and thrive in healthy ways and become productive citizens, leaders, and parents of the future. **The treatment support and recovery maintenance of Minnesota's vulnerable pregnant and parenting women of children ages 0-17 who are actively seeking and achieving recovery from chemical dependency is a critical, core function of the State of Minnesota.**

Respectfully Submitted,
Heidi Kammer MSW, LICSW, LADC, Division Director
Recovery Resource Center, a division of RESOURCE, Inc.
1900 Chicago Avenue South
Minneapolis, MN 55404
612.804.3417 cellular
612.752.8092 phone FAX 612.752.8001
hkammer@resource-mn.org

References:

- Exhibit:** Request for Hearing with Special Master, Honorable Kathleen Blatz
- Exhibit:** "Protect the health and safety of our children, families, and the community"
- Exhibit:** Grantees of Minnesota Department of Health and Human Services Alcohol and Drug Abuse Division who provide recovery services for women with substance use disorders who are pregnant or parenting who have dependent children ages 0-17
- Exhibit:** FFY 2011 Substance Abuse Prevention & Treatment Block Grant Spending Plan (Draft), Minnesota Department of Human Services: Alcohol & Drug Services Division (September 2010)
- Reference:** [45 CFR Part 96.131](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title45/45cfr96_main_02.tpl) -- Treatment Services for Pregnant Women
- Reference:** (Title 45, parts 96.46, and 96.120 to 96.137 of the Code of Federal Regulations) http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title45/45cfr96_main_02.tpl

**FFY 2011
SUBSTANCE ABUSE PREVENTION AND
TREATMENT
BLOCK GRANT SPENDING PLAN**

STATE OF MINNESOTA

DRAFT

**State Fiscal Year 2011 Planned Expenditures
From Funds Designated for
Alcohol and Drug Abuse Programming
Part B of Title XIX of Public Health
Services Act, Public Law 102-321**

**Prepared By:
Alcohol and Drug Abuse Division
Minnesota Department of Human Services
September, 2010**

**Upon request, this information will be made available in an alternative format,
such as Braille, large print, or audiotape.**

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Introduction

Approximately \$24,000,000 annually is made available to Minnesota from the federal government for alcohol and other drug prevention and treatment. This represents about 20% of the total budget available for prevention, treatment, and support services. This spending plan describes how the State of Minnesota intends to allocate the federal block grant money.

The Department of Human Services (DHS) is responsible for ensuring that the funding available for chemical dependency prevention and treatment is used in the most effective and efficient manner, and in a fashion which best serves the citizens of the state. Using the state supervised, county administered human services infrastructure, the focus for decisions about individual treatment are made at a local level in conjunction with the individual service recipient. For prevention and treatment support, the state and local communities work together to target efforts which demonstrate effectiveness in meeting the goals of the state's system. The mission and vision of the Alcohol and Drug Abuse Division of DHS form the foundation of the federal block grant spending plan.

The Mission of the Alcohol and Drug Abuse Division is to develop and maintain an effective chemical health service system in Minnesota that encourages and supports research-informed practices; expands the use of successful models; and systematically monitors outcomes. It is organized into the following sections:

Prevention and Recovery Services: To develop, implement and improve the delivery of statewide prevention services and activities with recognition of the varying needs of our diverse populations, and to administer and monitor grants related to both prevention and recovery support services, all of which are based on research-informed practices with measurable outcomes.

Treatment Services: To develop, implement and improve policies and practices affecting the delivery of addiction treatment services for public patients in Minnesota, with recognition of the varying needs of our diverse populations, so that Minnesota may have an effective and accountable system that is based in research-informed practices, monitors outcomes, and expands the use of successful treatment models.

American Indian Services: To provide programs for American Indians for treatment, prevention, education, community awareness, and training programs. All programs shall be designed to meet the needs identified by the American Indian community, with recognition given to the cultural and social needs of American Indians.

Government Relations and Financial Operations: To manage and provide lead work over the Division's intergovernmental and tribal affairs including legislative initiatives and monitoring adherence to Federal Block Grant requirements, and the administration of the CCDTF by tribes, counties, and managed care organizations. To provide oversight, management, and accountability for Division's fiscal responsibilities.

DHS Guiding Principles

The Minnesota Department of Human Services helps people meet their basic needs by providing or administering health care coverage, economic assistance, and a variety of services for children, people with disabilities and older Minnesotans.

BACKGROUND

Authority

Minnesota Statutes, Chapter 254A designates the Minnesota Department of Human Services (DHS), Alcohol and Drug Abuse Division as the State Authority on Alcohol and Drug Abuse. This legislation sets forth mandates and responsibilities for the Alcohol and Drug Abuse Division, with the overall goal being to reduce alcohol and drug use and the resulting social and economic cost.

Development of this Spending Plan

Public comment on this spending plan was obtained through notice of availability for review and comment in the State Register, and reviews by two state advisory councils: the State Alcohol and Drug Abuse Citizens Advisory Council and the American Indian Advisory Council.

The Alcohol and Drug Abuse Division also consults with areas within DHS, including the Mental Health Division, Children's Services, and Health Care Administration. Other state agencies involved in discussions included the Departments of Health, Public Safety, Corrections, and Education.

Disbursement of Federal Block Grant Funds

The Federal Block Grant Funds allocated to Minnesota are distributed in 1) a side aside to the Consolidated Chemical Dependency Treatment Fund (CCDTF) which funds treatment for eligible individuals and 2) Grants and Contracts which fund prevention, treatment support and recovery service projects in compliance with the Federal Block Grant requirements and to further the mission and vision of the Division.

➤ The Consolidated Chemical Dependency Treatment Fund

The largest single use of the Federal Block Grant funds in Minnesota is for the payment of treatment costs under Minnesota's CCDTF. The CCDTF is a system that pays for chemical dependency treatment for low-income persons who are assessed as needing addiction treatment services. The CCDTF incorporates state and federal dollars administered by counties, tribes and managed care organizations for entitled individuals. The purpose of the CCDTF is to increase the consistency and efficiency of chemical dependency assessment, placement, and treatment for eligible clients. Chemical dependency assessors working on behalf of placing authorities (counties or tribes or MCOs) determine client eligibility. Eligible clients are placed in a licensed program which best fits the clients' chemical dependency and related needs.

➤ Grants and Contracts

Grant and contract awards will be made for most of the remaining funds. These grant and contract awards are made to a variety of agencies, including county human services, American Indian tribes, and public and private non-profit organizations and agencies and in some cases to individuals. The request for proposals (RFP) process is utilized to disseminate grant and contract awards. Proposals are reviewed and awarded based upon the ability of the applicant to demonstrate the following:

- The contribution of the proposed project to a comprehensive and well defined local infrastructure,
- The degree to which collaboration has occurred with others in the service area in the development of the proposal,
- The degree to which the applicant will continue to collaborate during the funding period, and

- The use of strategies and models within the proposal that are based on models which have proven to be effective.

Projects and activities for which there may be more than one capable provider are open to competitive selection procedures every three to four years through a formal Request for Proposals process. Proposals are then reviewed by DHS staff, special technical review committees, the American Indian Advisory Council, and/or the State Alcohol and Other Drug Abuse Citizens Advisory Council. By including all of the above, DHS is able to ensure that people with expertise in prevention, intervention, treatment support and treatment recovery services have evaluated the proposals. Recommendations are forwarded to the Commissioner of DHS.

Accountability is maintained through regular program and financial reporting as specified in the grant award agreement, site visits by DHS staff, feedback from consumers, and peer reviews. Site visits include compliance checks for all applicable federal requirements. For a list of these requirements, see **Federal Funding Requirements** at the end of this document.

FFY 2011 SPENDING PLAN SUMMARY

The following is a summary of the plan for disbursement of funds. This summary shows an upper limit in each category. Because proposals have not yet been solicited and reviewed, DHS reserves the right to adjust specific amounts between categories based upon local need and the merits of proposals. DHS will comply with all federal requirements for minimum expenditures in spending categories.

- **Prevention**

Up to \$6 million will be spent on primary prevention community projects, a state wide prevention resource center, and Synar compliance. This represents 21% of the federal block grant total.

- **American Indian Services**

Approximately \$1.5 million of the SAPT Block Grant funds will be spent on American Indian prevention services.

- **Treatment**

\$9 million in Federal SAPT funds will be spent on direct treatment services through the Consolidated Chemical Dependency Treatment Fund. Of that amount, \$6 million will be spent during SFY 2010 from the FFY 2009 grant award. The remainder will be paid from the FFY 2010 award.

- **American Indian Services**

Approximately \$200,000 of the SAPT Block Grant funds will be spent on urban American Indian treatment services.

- **Women's Services**

A minimum of \$4.36 million will be spent on required women's services in compliance with Block Grant expenditure requirements.

Treatment Support and Recovery Services

Up to \$2.85 million will be spent on treatment support and recovery services. This activity is focused on specific audiences based on DHS/CHD priorities.

- **Evaluation**

Up to \$460,000 will be spent on evaluation. This activity includes evaluation and coordination, health care research, and Synar research. This represents 3% of the federal block grant total.

- **Administration**

Approximately 1.24 million will be spent on administration. This includes staff, systems, and activities related to assuring statewide implementation of chemical dependency prevention and treatment efforts. This represents 5% of the federal block grant total.

THE SPENDING PLAN

Prevention

In order to reduce the prevalence of alcohol and another drug use/abuse among the state's population and increase the age of first use, DHS is utilizing the most current evidence-based prevention strategies and model/ promising programs. Minnesota's goal is to provide effective and efficient prevention programming throughout the state.

Work will occur in the following areas:

- a) Prevention Planning and Implementation Projects.** DHS will fund planning and implementation projects through local coalitions to support communities in planning, developing, and implementing prevention projects specific to their needs. Community projects will include programming focused on, but not limited to, the African American, Native American, Chicano/Latino, and Asian American communities.
- b) State-Wide Prevention Resource Center.** DHS will fund a state-wide prevention resource center to:
- disseminate culturally specific prevention information and implement community organizing to involve community and family members in the Hmong & Latino communities.
 - provide current and accurate prevention information, strategies, and statewide programs by maintaining clearinghouses,
 - provide consultation to communities and schools for planning and implementation of prevention strategies at the local level, and
 -
- c) Regional Prevention Coordinators.** DHS will fund seven (7) regional prevention centers/coordinators to support its regional prevention infrastructure. The 7 Regional Prevention Centers house regional prevention coordinators whose function is to:
- increase local control of prevention activity,
 - promote local collaboration/coordination in the implementation of prevention strategies;
 - identify current prevention efforts & needs,
 - provide training & TA to agencies/prevention professionals,
 - assist in the promotion of SPF prevention framework and goals
- d) Synar Compliance Activity.** DHS will spend block grant funds to contract with outside contractors whom will conduct random unannounced checks at the retailer level to assess compliance with state laws that prohibit sale of tobacco to minors. In addition, DHS will contract with a research entity to conduct a scientific survey of the state to determine enforcement activity in the state relating to tobacco sales to minors, and the numbers and types of penalties assessed to offenders at the local level.
- e) American Indian Prevention.** DHS will use block grant funds to support prevention services designed for American Indian youth and families.
- f) State Systems Development.** DHS will use block grant funds to enhance the development of its prevention system and infrastructure where feasible and appropriate.

g) Coordination and Resource Development. DHS will fund coordination and program development efforts to provide leadership and direction, project planning, grants monitoring, and coordination of prevention efforts. Coordination is provided to assist in planning and coordinating community-based prevention initiatives across the Departments of Human Services, Health, Education, and Public Safety.

Coordination and resource development activity will focus on the following areas:

- Infrastructure Development and Maintenance. Create a regional system for the delivery of primary prevention services to ensure equitable and adequate distribution of funds throughout the state and the provision of technical assistance, training, and ongoing program and resource development. DHS will work to improve and maintain communication with regional and local prevention professionals. A separate prevention plan will be created for Minnesota tribes.
- Workforce development. Work with existing higher education institutions to establish certification and regional training for prevention professionals throughout the state.
- Improve evaluation processes and outcomes. Implement process and outcome data gathering systems in order to measure fidelity of implemented programs and program results in compliance with SAMHSA/CSAP National Outcome Measures.
- Needs Assessment. Develop and maintain an instrument and a process to generate the needs assessment data the state needs for planning on-going primary prevention activities.

Treatment Services

a) Consolidated Chemical Dependency Treatment Fund (CCDTF)

The current projection for CCDTF expenditures in state fiscal year 2011 is \$129.9 million for 32,000 entitled recipients. A portion of the federal block grant, \$9 million, is allocated to the CCDTF. Another 16.14% of the cost is paid by county agencies.

DHS will use block grant funds to develop and implement a system to monitor assessment outcomes and timely access to recommended treatment services to ensure that people are receiving the services they need to ensure that grant recipients and CCDTF placing authorities are operating in compliance with State and Federal regulations.

b) Women Services

DHS will continue to fund projects to improve access, treatment, supplemental services, continuing care, and community support services for pregnant women and women with dependent children. This area of effort grows in importance as counties and tribes recognize the role substance abuse plays in difficult Temporary Aid to Families and Child Welfare cases. Block grant funds will be used to provide supplemental services. Examples of these services include prenatal care, child care, transportation, housing and emergency subsidies; parenting skills training; services to facilitate the transition from incarceration back into the family and community; to assist chemically dependent women with resources to resolve their financial problems, develop budgeting skills, and to improve their employability.

c) Treatment Support and Recovery Services

Data indicates that various diverse populations do not succeed in treatment at the same rate as the general population and that the prevalence of substance abuse is higher for these populations. Therefore, specific efforts will go to supporting models of treatment services that focus on the strengths as well as the needs

of these populations. We recognize that these populations are not mutually exclusive. DHS will focus attention on, but not be limited to, the following populations:

1. **Populations Experiencing Health Disparities.** Minnesota will focus on supporting services for populations and communities found to be experiencing health disparities in the area of alcohol and drug abuse. The purpose of these funds is to improve access to chemical dependency treatment and post treatment services for these target groups. Funded proposals will serve as a part of a comprehensive statewide effort to deliver appropriate treatment and post treatment services to the targeted populations. These services must be of high-quality, culturally relevant, gender-sensitive, and age-appropriate and work to eliminate the disparities of focused audiences.
2. **Chronic Chemically Dependent and Homeless.** DHS will use block grant funds to assist in the provision of continuing care services for chronic and homeless chemically dependent persons and alternatives to institutional placements. Supported activities may include case management, specialized shelters, board and lodging facilities, supported employment, and other alternative programs to assist communities and counties in coordinating services.
3. **Criminal Justice and Chemical Dependent/Abusing Population.** DHS will use block grant funds to assist in the provision of continuing care services for individuals involved in the criminal justice system who have been identified with chemical abuse/dependency problem. Supported activities may include case management, intervention and family unification, re-entry and service coordination to assist communities and counties in coordinating services.
4. **American Indian Continuing Care Services.** DHS will use block grant funds to assist in the provision of continuing care services to the recovering American Indian community in the state.
5. **Recovery Care Organizations.** DHS will use block grant funds to support the development of recovery-oriented systems of care throughout the state of Minnesota where feasible and appropriate.
6. **Block Grant and County Monitoring.** ADAD will monitor CCDTF placement authorities (counties, tribes, and managed care organizations) practices relative to assessment and placement to improve the quality and availability of addiction treatment for chemically dependent Minnesotans and adherence to Block Grant requirements.
7. **Coordination and Resource Development.** DHS will use block grant funds to provide training and technical assistance to counties, tribes, and service providers, monitor contracts and grants funded by DHS and partner with other local entities to enhance the delivery of ATOD prevention and addiction treatment services to Minnesotans.
8. **Co-occurring Service.** ADAD will be supporting the continuation of CMHS CO-SIG activity an additional year.

Evaluation

Funding described in this section will be used to collect, analyze and make available chemical abuse and dependency data from multiple sources. These data will be used to identify gaps in services and to assist communities, tribes, counties, and the Department in planning statewide alcohol and drug abuse services. This includes creating and designing a need assessment process for both primary prevention and treatment needs in the state.

- **Performance Measurement and Quality Improvement.** Funds will be transferred to the Performance Measurement and Quality Improvement (PMQI) Division of DHS for operation of the Drug and Alcohol Normative Evaluation System (DAANES). This system provides regular reports to programs, tribes, and counties on their clients as compared to statewide information. PMQI provides reports of available data on the need for services and current utilization of chemical dependency programs.
- **Synar Compliance.** Funds will also be used to identify retailers and areas in the state to be inspected, collect and analyze Synar inspection data, and generate a report for the annual SAPT application.
- **Primary Prevention Evaluation.** Funds will be used to contract with a evaluation vendor to provide evaluation technical assistance and program evaluation services to local alcohol and other drug abuse prevention programs, seven (7) regional prevention centers/coordinators, and the state wide prevention resource center funded by the Minnesota Department of Human Services.
- **Recovery Care Organizations.** There will be a stand-alone funded evaluation of how this service meets its goals.

Administration

The purpose of funds in this category is to maintain financial planning, budgeting, and control; office management; development of funding, treatment, and placement standards; application review and support services in relation to the block grant. Funding supports DHS salaries, costs associated with the advisory councils, and non-salary support costs such as communications, travel, printing and supplies.

Total FFY 2011 Request \$24,981,718

FEDERAL FUNDING REQUIREMENTS

The criteria for determining how to spend these federal dollars are partially dictated by federal law.

Federal requirements include:

- 20% of the award must be spent on primary prevention strategies to discourage the use of alcohol, drugs and tobacco products; with funds targeted to populations most at risk and to programs that include services geared to reduction of the use of tobacco and alcohol by underage persons;
- prevention projects must use combinations of the six federally specified prevention strategies of information dissemination, education, drug-free alternatives, early problem identification and referral, community based projects, and environmental projects;
- not more than 5% may be used for administering the funds made available under the law;
- the state must spend an amount of funds from the total block grant for the treatment services for pregnant women and women with dependent children that equals or exceeds expenditures in FFY 94 (the Minnesota target is \$4,356,132);
- funds may not be used for inpatient hospital services (unless the daily rate does not exceed the rate of community based programs), for construction, or for the purchase of major medical equipment;
- the state must assure that prevention education and proper medical referrals are provided with respect to TB and HIV;
- the state must have a method for promoting compliance with federal alcohol and drug patient privacy regulations;
- the state must comply with federal charitable choice regulations and make funds available to faith based organizations willing to comply with federal regulations on the same basis as other nonprofit programs;
- funds may not be used for supply of safe injection equipment to chemically dependent people;
- grants from these funds may not be provided to for-profit entities;
- contracts may be awarded to for-profit organizations; and
- In no event are funds to be used to supplant other state and local funds.

[For a full listing of requirements, see Title 45, parts 96.46, and 96.120 to 96.137 of the Code of Federal Regulations]

Appendix A – Table of Planned Expenses

FFY 2011/ SFY 2012 SAPT Block Grant Spending Plan Summary	Program Funds	Coordination and Development	Total Planned Expense	Percent of Total
BG PREVENTION				
Prevention Planning & Implementation	\$2,153,427		\$2,153,427	9%
Regional Prevention Ctrs/Coordinators	\$636,000		\$636,000	3%
State-Wide Prevention Resource Ctr	\$700,000		\$700,000	3%
Synar	\$96,900		\$96,900	0%
American Indian Prevention	\$1,513,340		\$1,513,340	6%
Research & Eval-PMQI		\$93,000	\$93,000	0%
Prevention Administration	\$732,945		\$732,945	3%
Evaluation & Coordination-Prevention		\$30,000	\$30,000	0%
Early Interv-Prevention		\$40,000	\$40,000	0%
BG PREVENTION SUBTOTAL	\$5,832,612	\$163,000	\$5,995,612	24%
BG TREATMENT				
Federal CCDTF	\$9,000,000	\$180,000	\$9,180,000	36%
Maternal/Child Women's Projects	\$4,795,061		\$4,795,061	19%
Treatment Support/Recovery Services				
Co-occurring Disorder	\$40,411		\$40,411	0%
Populations w/ Health Disparities	\$1,685,000		\$1,685,000	7%
Chronic CD and Homeless	\$600,000		\$600,000	2%
Criminal Justice and CD Pop	\$600,000		\$600,000	2%
American Indian Treatment	\$195,557		\$195,557	1%
Native American Curriculum		\$25,000	\$25,000	0%
Cultural Competence Best Practice		\$50,000	\$50,000	0%
Treatment Administration	\$175,991		\$175,991	1%
Eval & Coordination-Treatment		\$130,000	\$130,000	1%
BG TREATMENT SUBTOTAL	\$17,092,020	\$205,000	\$17,297,020	69%
EVALUATION	\$440,000		\$440,000	2%
ADMINISTRATION	\$1,249,086		\$1,249,086	5%
TOTAL AWARD	\$24,613,718	\$368,000	\$24,981,718	100%

EXHIBIT

Grantees of Minnesota Department of Health and Human Services Alcohol and Drug Abuse Division who provide recovery services for women with substance use disorders who are pregnant or parenting who have dependent children ages 0-17

Ellie Skelton, MA, CPRP
Executive Director
The Wayside House, Inc
3705 Park Center Blvd.
St. Louis Park, MN 55416
952-405-7636 Direct Dial
ellies@waysidehouse.org

Jeff Larson
Executive Director
101 18th Avenue North
Princeton, MN 55371
763-389-5080 ext. 101
Fax: 763-631-9117
jl Larson@rumriverhs.org
www.rumriverhs.org

Mikkel Beckmen
Executive Director
St. Stephen's Human Services, Inc.
2211 Clinton Avenue South
Minneapolis Minnesota 55404
#612.870.2278
mbeckmen@ststephensmpls.org

Carol Belling
Director
Journey Home Residential Treatment Program
1485 10th Avenue NE
Sauk Rapids, MN 56379
320-259-9149
bellingc@centracare.com

Terri Blaha Project Clean Start

Heidi Kammer MSW, LICSW, LADC, Division Director
Gary Stevens, Center Director & Vice President of RESOURCE, Inc.
Recovery Resource Center, a division of RESOURCE, Inc.
1900 Chicago Avenue South
Minneapolis, MN 55404
612.752.8092 phone FAX 612.752.8001
hkammer@resource-mn.org