

State of Minnesota Department of Human Services County Grant Contract

RECITALS

THIS GRANT CONTRACT, and amendments and supplements thereto, is between State of Minnesota, acting through its Department of Human Services, Mental Health Division (hereinafter STATE) and the county of Aitkin, address 204 1st Street NW, Aitkin, Minnesota 56431 (hereinafter COUNTY), witnesseth that:

WHEREAS, the STATE, pursuant to Minnesota Statutes, section 256.01, subdivision 2(a)(6) and 245.461 to 245.486 (the "Minnesota Comprehensive Adult Mental Health Act") is empowered to enter into grant contracts to create and ensure a unified, accountable, comprehensive adult mental health system, and

WHEREAS pursuant to the Minnesota Comprehensive Adult Mental Health Act, County and State will collaborate to provide supports and services that:

- (1) recognize the right of adults with mental illness to control their own lives as fully as possible;
- (2) promote the independence and safety of adults with mental illness;
- (3) reduce chronicity of mental illness;
- (4) eliminate abuse of adults with mental illness;
- (5) provide services designed to:
 - (i) increase the level of functioning of adults with mental illness or restore them to a previously held higher level of functioning;
 - (ii) stabilize adults with mental illness;
 - (iii) prevent the development and deepening of mental illness;
 - (iv) support and assist adults in resolving mental health problems that impede their functioning;
 - (v) promote higher and more satisfying levels of emotional functioning; and
 - (vi) promote sound mental health; and
- (6) provide a quality of service that is effective, efficient, appropriate, and consistent with contemporary professional standards in the field of mental health.

NOW, THEREFORE, it is agreed:

1. COUNTY'S RESPONSIBILITIES. COUNTY shall:

- 1.1 Work to achieve the mission statement described in the Minnesota Comprehensive Adult Mental Health Act by performing the tasks and duties described in County's Approved Mental Health Plan, hereby incorporated as Attachment A (Parts 1, 2 and 5) to this grant contract.
- 1.2 Ensure all revenue received by COUNTY, it's contracted, or subcontracted providers shall be managed according to Minnesota Rules chapter 9535.1740, subp.3.
- 1.3 Have written policy and procedures governing their accounting and operational procedures.
- 1.4 Ensure that all contracts entered into under this agreement are written to comply with Minn. Stat. 245.466, subd. 3, and 256.0112.
- 1.5 Have a transition plan that complies with Minn. Stat. 245.466 subd. 3a.
- 1.6 Include persons with mental illness and tribal organizations of the county/region in the development, implementation, and evaluation of all Adult Mental Health Plans.
- 1.7 Ensure that Adult Mental Health Initiative projects are planned and administered according to Minn. Stat. 245.4661.
- 1.8 Ensure that Community Support Plan services are planned and administered according to Minn. Stat. 245.4712, subd. 1.
- 1.9 Ensure their contracted providers bill eligible insurance before accessing Adult Mental Health grant funding.
- 1.10 Complete all required data reporting and ensure their contracted providers are completing all required data reporting.

2. CONSIDERATION AND TERMS OF PAYMENT.

2.1 Consideration. Consideration for all services performed and goods or materials supplied by COUNTY pursuant to this grant contract shall be paid by the STATE as follows:

(a.) Compensation. COUNTY will be paid in accordance with Attachment B (Grant Application Summary), "Budget" to this grant contract. For the first year of the grant contract, STATE will not compensate COUNTY for any expenses in excess of the total first year budget amount. COUNTY's expenses are determined on a cash basis which recognizes the expense when it is paid by the COUNTY.

All expenditures must be for services, or items necessary for the delivery of those services. "Capital" purchases are prohibited. Exceptions to the prohibition of capital purchases may be granted, in writing, on a case-by-case basis.

Capital purchases are defined as something which has a useful life of more than one year and a per-unit acquisition cost which exceeds \$10,000 and is 1) land, buildings (facilities), equipment, and intellectual

property (including software) whether acquired by purchase, construction, manufacture, lease-purchase, exchange, or through capital leases; or 2) additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations of the items listed above that materially increase their value or useful life (not ordinary repairs and maintenance).

The COUNTY must seek permission from the STATE, using a Budget Revision Form, of a significant change in a BRASS code expenditure. A significant change is defined as a 50% deviation of any BRASS code expenditure on the Budget in Attachment B.

(b.) Reimbursement. Reimbursement for travel and subsistence expenses actually and necessarily incurred by COUNTY'S performance of this grant contract shall be no greater amount than provided in the current Commissioner's Plan (which is incorporated by reference) promulgated by the Commissioner of Minnesota Management and Budget. COUNTY shall not be reimbursed for travel and subsistence expense incurred outside the State of Minnesota unless it has received prior written approval for such out of state travel from the STATE.

(c.) Total obligation. The total obligation of the STATE for all compensation and reimbursements to COUNTY shall not exceed one hundred ten thousand and eight hundred thirty six dollars (\$110,836).

(d.) For compensation payable under this grant contract, which is subject to withholding under state or federal law, appropriate amounts will be deducted and withheld by the State as required.

2.2. Terms of Payment

(a.) Compensation shall be one cash advance in an amount determined by the STATE which is equal to one quarter's anticipated expenditures followed by quarterly cost reimbursement based on the previous quarter's expenses as documented by receipts, invoices, travel vouchers, and time sheets.

If actual expenditures of the COUNTY are less than provided in the approved program line item budget at the end of the grant contract's term, the STATE shall reduce the final payment so as not to exceed expenditures. COUNTY will not be eligible for an advance more often than once every two years.

(b.) County requires an advance because County is paid on a quarterly basis under this grant contract. County does not have sufficient reserves to cover costs that it incurs during that time frame.

(c.) Payments shall be made by the STATE promptly after COUNTY'S presentation of invoices for services performed and acceptance of such services by the STATE'S authorized agent pursuant to Clause 7. Invoices shall be submitted using the DHS-2895 Form process, as described in the most recent bulletin of the *DHS Summarizes Mental Health Grant Fiscal Reporting Requirements* bulletin and *Changes to DHS BRASS Manual for Calendar Years 2016-2017*. Expenditures shall be reported on the quarterly SEAGR report (DHS-2557) and on the BRASS-Based Grant Fiscal Report (DHS-2895). The COUNTY must use the DHS-2895 form specific to their grant. Invoice submission through the 2895 process shall act as a certification by the County that the expenses reported are allowable.

3. CONDITIONS OF PAYMENT. All services provided by COUNTY pursuant to this grant contract shall be performed to the reasonable satisfaction of the STATE, and in accord with all applicable federal, state, and local laws, ordinances, rules and regulations. COUNTY shall not receive payment for work found by the STATE to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.

4. PAYMENT RECOUPMENT. The COUNTY must reimburse the STATE upon demand or the STATE may deduct from future payments under this grant contract any amounts paid by the STATE, under this or any previous grant contract, for which invoices and progress reports have not been received, or for which the COUNTY'S books, records or other documents are not sufficient to clearly substantiate that those amounts were used by the COUNTY to perform grant services and in accordance with Minn. Stat. 245.483.

5. TERMS OF GRANT CONTRACT. This grant contract shall be effective on January 1, 2017, or upon the date that the final required signature is obtained by the STATE, pursuant to Minnesota Statutes, section 16C.05, subdivision 2, whichever occurs later, and shall remain in effect through December 31, 2018, or until all obligations set forth in this grant contract have been satisfactorily fulfilled, whichever occurs first. COUNTY understands that NO work should begin under this grant contract until ALL required signatures have been obtained. STATE will notify COUNTY when all required signatures have been obtained. The COUNTY shall have a continuing obligation, after said grant period, to comply with the following provisions of grant clauses: 10. Liability; 11. State Audits; 12. Information Privacy and Security; 13. Intellectual Property Rights; and 17. Jurisdiction and Venue.

6. CANCELLATION.

6.1. For Cause or Convenience. This grant contract may be cancelled by the STATE or COUNTY at any time, with or without cause, upon thirty (30) days written notice to the other party. In the event of such a cancellation, COUNTY shall be entitled to payment, determined on a pro rata basis, for work or services satisfactorily performed. The STATE has the right to suspend or terminate this grant contract immediately when the STATE deems the health or welfare of the service recipients is endangered, when the STATE has reasonable cause to believe that the COUNTY has breached a material term of the grant contract, or when COUNTY'S non-compliance with the terms of the grant contract may jeopardize federal financial participation.

6.2. Insufficient Funds. The STATE may immediately terminate this grant contract if it does not obtain funding from the Minnesota Legislature, or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination will be by written notice to the COUNTY. The STATE is not obligated to pay for any services that are provided after notice and effective date of termination. However, the COUNTY will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The STATE will not be assessed any penalty if the grant contract is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. The STATE

must provide the COUNTY notice of the lack of funding within fifteen (15) days of the STATE's receiving that notice.

6.3. Breach. Notwithstanding clause 6.1., upon STATE's knowledge of a curable material breach of the grant contract by COUNTY, STATE shall provide COUNTY written notice of the breach and thirty (30) days to cure the breach. If COUNTY does not cure the breach within the time allowed, COUNTY will be in default of this grant contract and STATE may cancel the grant contract immediately thereafter. If COUNTY has breached a material term of this grant contract and cure is not possible, STATE may immediately terminate this grant contract.

7. AUTHORIZED REPRESENTATIVES and RESPONSIBLE AUTHORITY.

7.1. State. The STATE'S authorized representative for the purposes of administration of this grant contract is Gary Travis or his/her successor. Such representative, acting on behalf of the STATE, shall have final authority for acceptance of COUNTY'S services and if such services are accepted as satisfactory, shall so certify on each invoice submitted pursuant to Clause 2.2. All notices required under this grant contract shall be made to the Authorized Representative. If the STATE's Authorized Representative changes at any time during this grant contract, STATE will notify COUNTY in a reasonable amount of time.

7.2. County. The COUNTY's Authorized Representative is Kathleen Ryan or his/her successor. If the COUNTY's Authorized Representative changes at any time during this grant contract, the COUNTY must immediately notify the STATE. All notices required under this grant contract shall be made to the Authorized Representative.

8. ASSIGNMENT. COUNTY will not assign, transfer or subcontract any rights or obligations under this grant contract without the prior written consent of the STATE, except to the extent a subcontract is explicitly listed in Attachment A, the Approved Mental Health Plan.

9. AMENDMENTS. Any amendments to this grant contract shall be in writing, and shall be executed by the same parties who executed the original grant contract, or their successors in office.

10. LIABILITY. To the extent provided for in Minnesota Statutes, section 466.01 to 466.15, the COUNTY agrees to be responsible for any and all claims or causes of action arising from the performance of this grant contract by COUNTY or COUNTY'S agents or employees. This clause shall not be construed to bar any legal remedies COUNTY may have for the STATE'S failure to fulfill its obligations pursuant to this grant.

11. STATE AUDITS. Under Minnesota Statutes, section 16C.05, subdivision 5, the books, records, documents, and accounting procedures and practices of the COUNTY and its employees, agents, or subcontractors relevant to this grant contract shall be made available and subject to examination by the STATE, including the contracting Agency/Division, Legislative Auditor, and State Auditor for a minimum of six years from the end of this grant contract.

12. INFORMATION PRIVACY AND SECURITY.

- A. It is expressly agreed that STATE will not be disclosing or providing information protected under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, (the "Data Practices Act") as "not public data" on individuals to COUNTY under this grant contract. "Not public data" means any data that is classified as confidential, private, nonpublic, or protected nonpublic by statute, federal law or temporary classification. Minn. Stat. § 13.02, subd. 8a.
- B. It is expressly agreed that COUNTY will not create, receive, maintain, or transmit "protected health information", as defined in the Health Insurance Portability Accountability Act ("HIPAA"), 45 C.F.R. § 160.103, on behalf of STATE for a function or activity regulated by 45 C.F.R. 160 or 164. Accordingly, COUNTY is not a "business associate" of STATE, as defined in HIPAA, 45 C.F.R. § 160.103 as a result of, or in connection with, this grant contract. Therefore, COUNTY is not required to comply with the privacy provisions of HIPAA as a result of, or for purposes of, performing under this grant contract. If COUNTY has responsibilities to comply with the Data Practices Act or HIPAA for reasons other than this grant contract, COUNTY will be responsible for its own compliance.

13. Intellectual Property Rights.

Definitions. Works means all inventions, improvements, discoveries (whether or not patentable or copyrightable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the COUNTY, its employees, agents, and subcontractors, either individually or jointly with others in the performance of the grant contract. Works includes "Documents." Documents are the originals of any data bases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the COUNTY, its employees, agents, or subcontractors, in the performance of this grant contract.

Ownership. The STATE owns all rights, title, and interest in all of the intellectual property, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents created and paid for under this grant contract. The Works and Documents will be the exclusive property of the STATE and all such Works and Documents must be immediately returned to the STATE by the COUNTY upon request of STATE. To the extent possible, those Works eligible for copyright protection under the United States Copyright Act will be deemed to be "works made for hire." If using STATE data, COUNTY must cite the data, or make clear by referencing that STATE is the source. For clarity, COUNTY may maintain copies of records and Works and Documents it creates under this grant contract.

Responsibilities.

Assignment of Rights. Whenever any Works or Documents (whether or not patentable) are made or conceived for the first time or actually or constructively reduced to practice by the COUNTY, including its

employees and subcontractors, and are created and paid for under this grant contract, the COUNTY will assign all right, title, and interest it may have in the Works and the Documents to the STATE.

Filing and recording of ownership interests. The COUNTY must, at the request of the STATE, execute all papers and perform all other acts necessary to transfer or record the STATE'S ownership interest in the Works and Documents created and paid for under this grant contract. The COUNTY must perform all acts, and take all steps necessary to ensure that all intellectual property rights in these Works and Documents are the sole property of the STATE, and that neither COUNTY nor its employees, agents, or subcontractors retain any interest in and to these Works and Documents.

Duty not to Infringe on intellectual property rights of others. The COUNTY represents and warrants that the Works and Documents created and paid for under this grant contract do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 10, the COUNTY is liable for any and all claims or causes of action arising brought against the STATE to the extent that it is based on a claim that all or part of these Works or Documents infringe upon the intellectual property rights of others. The COUNTY will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney fees. This remedy of the STATE will be in addition to and not exclusive of other remedies provided by law.

14. WORKERS' COMPENSATION. The COUNTY certifies that it is in compliance with Minnesota Statute, section 176.181, subdivision 2, pertaining to workers' compensation insurance coverage. The COUNTY'S employees and agents will not be considered employees of the STATE. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees or agents and any claims made by any third party as a consequence of any act or omission on the part of these employees or agents are in no way the STATE'S obligation or responsibility.

15. VOTER REGISTRATION REQUIREMENT. COUNTY certifies that it will comply with Minnesota Statutes, section 201.162 by providing voter registration services for its employees and for the public served by the COUNTY.

16. OWNERSHIP OF EQUIPMENT. The STATE shall have the right to require transfer of all equipment purchased with grant funds (including title) to the STATE or to an eligible non-STATE party named by the STATE. This right will normally be exercised by the STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

17. JURISDICTION AND VENUE. This grant contract, and amendments and supplements thereto, shall be governed by the laws of the State of Minnesota. Venue for all legal proceedings arising out of this grant contract, or breach thereof, shall be in the state or federal court with competent jurisdiction in Ramsey County, Minnesota.

18. WAIVER. If either party fails to enforce any provision of this grant contract, that failure does not waive the provision or the party's right to enforce it.

19. CONTRACT COMPLETE. This grant contract, and its attachments, contains all negotiations and agreements between the STATE and the COUNTY. No other understanding regarding this grant contract, whether written or oral may be used to bind either party.

20. OTHER PROVISIONS.

20.1. COUNTY agrees that no religious based counseling shall take place under the auspices of this grant contract.

20.2. If the COUNTY has an independent audit, a copy of the audit shall be submitted to the STATE.

20.3. COUNTY must comply with all applicable requirements of the Open Meeting Law in Minnesota Statutes chapter 13D.

20.4. COUNTY must comply with, and ensure that its subcontractors comply with, the Minnesota Office of Grants Management policies, including specifically policies 08-06, 08-10, and 08-13.

20.5. Payment to Subcontractors. (If applicable) As required by Minnesota Statutes, section 471.425, the COUNTY must pay all subcontractors, according to the terms of the contract or, if no contract terms apply, within the standard payment period unless the COUNTY in good faith disputes the obligation. Standard payment period is defined in Minnesota Statutes, section 471.425, subdivision 2.

IN WITNESS WHEREOF, the parties have caused this grant contract to be duly executed intending to be bound thereby.

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minnesota Statutes, chapter 16A and section 16C.05.

By: _____

Date: _____

Grant No: _____

2. COUNTY

Signatory is authorized by applicable articles, by-laws, resolutions, or ordinances to sign on behalf of the County.

By: _____

Title: _____

Date: _____

I certify that the signatories for the County have lawful authority, by virtue of the by-laws or a resolution, to bind the County to the terms of this grant contract.

(Attorney for County)

By: _____

Title: _____

Date: _____

3. STATE AGENCY

By (with delegated authority): _____

Title: _____

Date: _____

Distribution:

Agency - Original (fully executed) grant contract

County

State Authorized Representative

Grant Application Summary

2895 BRASS Code Summary for:

Aitkin

Funding Totals

	CSP	AMHI	Moose Lake	TOTAL
TOTAL REQUESTED	\$ 110,836	\$ -	\$ -	\$ 110,836
TOTAL ALLOCATION	\$ 110,836	\$ -	\$ -	\$ 110,836
DIFFERENCE	\$ -	\$ -	\$ -	\$ -

Requested Funding By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	TOTAL
402	\$ 72,418	\$ -	\$ -	\$ 72,418
403	\$ 6,000	\$ -	\$ -	\$ 6,000
408	\$ 5,800	\$ -	\$ -	\$ 5,800
416	\$ 1,500	\$ -	\$ -	\$ 1,500
418	\$ -	\$ -	\$ -	\$ -
420	\$ -	\$ -	\$ -	\$ -
431	\$ -	\$ -	\$ -	\$ -
434	\$ 5,000	\$ -	\$ -	\$ 5,000
436	\$ -	\$ -	\$ -	\$ -
437	\$ -	\$ -	\$ -	\$ -
438	\$ -	\$ -	\$ -	\$ -
443	\$ -	\$ -	\$ -	\$ -
446	\$ -	\$ -	\$ -	\$ -
451	\$ -	\$ -	\$ -	\$ -
452	\$ -	\$ -	\$ -	\$ -
454	\$ -	\$ -	\$ -	\$ -
468	\$ -	\$ -	\$ -	\$ -
469	\$ -	\$ -	\$ -	\$ -
474	\$ -	\$ -	\$ -	\$ -
491	\$ 5,400	\$ -	\$ -	\$ 5,400
493	\$ 14,718	\$ -	\$ -	\$ 14,718

Estimated Persons Served By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	TOTAL
402	30	0	0	30
403	20	0	0	20
408	19	0	0	19
416	1	0	0	1
418	0	0	0	0
420	0	0	0	0
431	0	0	0	0
434	20	0	0	20
436	0	0	0	0
437	0	0	0	0
438	0	0	0	0

443	0	0	0	0
446	0	0	0	0
451	0	0	0	0
452	0	0	0	0
454	0	0	0	0
468	0	0	0	0
469	0	0	0	0
474	0	0	0	0
491	20	0	0	20
493	25	0	0	25

Estimated Spending by Person Served By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	OVERALL
402	\$ 2,413.93	\$ -	\$ -	\$ 2,413.93
403	\$ 300.00	\$ -	\$ -	\$ 300.00
408	\$ 305.26	\$ -	\$ -	\$ 305.26
416	\$ 1,500.00	\$ -	\$ -	\$ 1,500.00
418	\$ -	\$ -	\$ -	\$ -
420	\$ -	\$ -	\$ -	\$ -
431	\$ -	\$ -	\$ -	\$ -
434	\$ 250.00	\$ -	\$ -	\$ 250.00
436	\$ -	\$ -	\$ -	\$ -
437	\$ -	\$ -	\$ -	\$ -
438	\$ -	\$ -	\$ -	\$ -
443	\$ -	\$ -	\$ -	\$ -
446	\$ -	\$ -	\$ -	\$ -
451	\$ -	\$ -	\$ -	\$ -
452	\$ -	\$ -	\$ -	\$ -
454	\$ -	\$ -	\$ -	\$ -
468	\$ -	\$ -	\$ -	\$ -
469	\$ -	\$ -	\$ -	\$ -
474	\$ -	\$ -	\$ -	\$ -
491	\$ 270.00	\$ -	\$ -	\$ 270.00
493	\$ 588.72	\$ -	\$ -	\$ 588.72

Part 1: APPLICANT INFORMATION

[Click here for Part 1: Applicant Information instructions.](#)

Please scroll all the way to the bottom of this page to ensure all sections are completed. You will see "Click here to return to top" at end of the page.

County/Tribal Nation Information

County/Tribal Nation Code	1 - Aitkin
County/Tribal Nation	Aitkin
Entity, who will be signing contract, if different than above:	

Joint Application Information

Is this a joint application?	No
Please list non-fiscal host counties:	
If yes, what type of arrangement do you have with the counties?	
If "Other", what is that arrangement?	

Application Contact

First Name:	Kathleen
Last Name:	Ryan
Agency:	Aitkin Co. Health & Human Services
Phone Number:	218-927-7295
Extension:	
Email:	kryan@co.aitkin.mn.us

Fiscal Agent Contact

Is this information the same as the application contact person?	Yes
First Name:	Kathleen
Last Name:	Ryan
Agency:	Aitkin Co. Health & Human Services
Phone Number:	218-927-7295
Extension:	0
Email:	kryan@co.aitkin.mn.us

Award Notice/Authorized Representative Mailing Information

Is this information the same as the fiscal agent contact person?	Yes-same as fiscal agent
Authorized Representative First Name:	Kathleen
Authorized Representative Last Name:	Ryan
Email:	kryan@co.aitkin.mn.us
Title:	Fiscal Supervisor
Address Line 1:	204 1st Street NW
Address Line 2 (if needed):	
City:	Aitkin
Zip Code:	56431
Grant Allocations	
Your CSP award :	\$ 110,836.00
Will this application provide CSP data ?	Yes
Your AMHI award :	\$ -
Will this application provide AMHI data ?	No
Will this application provide Moose Lake Alternative award ?	\$ -
Your Moose Lake Alternative award :	No
How were stakeholders, including any local advisory council, involved in developing, implementing and evaluating this plan?	3
CSP Waiver Questions:	
Does the county/tribal nation board request a waiver from provision of adult mental health day treatment services?	Yes
If waiver requested because (please indicate yes/no after each reason):	
An alternative plan of care exists through the county/tribe's community support services for clients who would otherwise need day treatment	No
Day treatment, if included, would be duplicative of other components of the community support services	No

County demographics and geography makes provision of day treatment services cost ineffective and infeasible	Yes
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Please further explain the reasons selected above:

AMHI Regional Homeless Assessment Plan:

Instructions: Review any data or information available about persons who are homeless in the AMHI region. The information may include any of the following, the Project for Assistance in Transition from Homelessness (PATH) data, HUD Point-in-Time (PIT) Homeless Persons count data, Wilder Research Statewide Homeless Study data, regional specific data, and information from providers of homeless services and housing.

Identify from the previous grant plan the AMHI Regional Homeless Assessment Plan up to three objectives and measures for addressing the needs of person with SMI who are homeless, as well as any progress or revisions for the objectives and measures.

Objective 1:

Describe the goal of objective:

Define the measure for objective:

Describe the progress on achieving, and any revisions to this objective:

Objective 2:

Describe the goal of objective:

Define the measure for objective:

Describe the progress on achieving, and any revisions to this objective:

Objective 3:

Describe the goal of objective:

Define the measure for objective:

Describe the progress on achieving, and any revisions to this objective:

[Click here to return to top.](#)

Part 2: CSP GRANT FUNDING APPLICATION

[Click here for Part 2: CSP Grant Funding Application instructions.](#)

If you have any questions about this process or technical questions about this form, please contact Cortney Jones by phone at (651)431-4206 or email at cortney.jones@state.mn.us.

CSP GRANT FUNDING APPLICATION			
Total Funds Requested	\$110,836.00		
Total Funds Allocated	\$110,836.00		
Difference:	\$0.00		
Additional Questions:			
What amount of your funds would go towards the fiscal host fee?	\$0.00		
<p><i>What is a fiscal host fee? DHS considers a fiscal host fee the money given to a County/Tribal Nation to cover accounting, data, and other administrative requirements/costs of receiving and meeting the requirements of the CSP/AMHI grants . Money given to providers as part of a contract that cover administrative costs are not fiscal host fees, nor is money paid to a county to cover administrative costs of implementation of actual services. More information is available in the instructions, you may find a link at the top of this tab.</i></p>			
BRASS CODE	Question Text	Answer	Totals
BRASS Code 402x Community Education and Prevention			
402	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:

402	Provider 1 name:	Lakes and Pines, LLC	\$72,418
402	Amount budgeted for this provider (by BRASS code)	\$72,418	Total Est. Persons Served by these dollars:
402	# of persons to be served by this provider (CY17-18):	30	30
402	Provider 2 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		\$ 72,418.00
402	Provider 4 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 5 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 6 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 7 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 8 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 9 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 10 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

BRASS Code 403x Client Outreach

403	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
403	Provider 1 name:	Aitkin Co. Health & Human Svc	\$6,000
403	Amount budgeted for this provider (by BRASS code)	\$6,000	Total Est. Persons Served by these dollars:
403	# of persons to be served by this provider (CY17-18):	20	20
403	Provider 2 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
403	Amount budgeted for this provider (by BRASS code)		\$ 6,000.00
403	# of persons to be served by this provider (CY17-18):		
403	Provider 4 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 5 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 6 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 7 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 8 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 9 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 10 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
BRASS Code 408x Adult Outpatient Diagnostic			
408	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	3	Total Budgeted for this BRASS code:
408	Provider 1 name:	Northern Psychiatric Assoc.	\$5,800
408	Amount budgeted for this provider (by BRASS code)	\$3,000	Total Est. Persons Served by these dollars:
408	# of persons to be served by this provider (CY17-18):	15	19
408	Provider 2 name:	Family Assessment Services	
408	Amount budgeted for this provider (by BRASS code)	\$300	
408	# of persons to be served by this provider (CY17-18):	2	
408	Provider 3 name:	Forensic Evaluation Services LLC	Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
408	Amount budgeted for this provider (by BRASS code)	\$2,500	
408	# of persons to be served by this provider (CY17-18):	2	\$ 5,800.00
408	Provider 4 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 5 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 6 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 7 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 8 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 9 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

408	Amount budgeted for this provider (by BRASS code)	
408	# of persons to be served by this provider (CY17-18):	
408	Provider 10 name:	
408	Amount budgeted for this provider (by BRASS code)	
408	# of persons to be served by this provider (CY17-18):	

BRASS Code 416x Transportation

416	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
416	Provider 1 name:	Occupational Development Center Inc.	\$1,500
416	Amount budgeted for this provider (by BRASS code)	\$1,500	Total Est. Persons Served by these dollars:
416	# of persons to be served by this provider (CY17-18):	1	1
416	Provider 2 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		\$ 1,500.00
416	Provider 4 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 5 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 6 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 7 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 8 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

416	Amount budgeted for this provider (by BRASS code)	
416	# of persons to be served by this provider (CY17-18):	
416	Provider 9 name:	
416	Amount budgeted for this provider (by BRASS code)	
416	# of persons to be served by this provider (CY17-18):	
416	Provider 10 name:	
416	Amount budgeted for this provider (by BRASS code)	
416	# of persons to be served by this provider (CY17-18):	

BRASS Code 418x Client Flex Funds

418	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
418	Provider 1 name:		\$0
418	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
418	# of persons to be served by this provider (CY17-18):		0
418	Provider 2 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
418	Amount budgeted for this provider (by BRASS code)		\$ -
418	# of persons to be served by this provider (CY17-18):		
418	Provider 4 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 5 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 6 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 7 name:		
418	Amount budgeted for this provider (by BRASS code)		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this](#)

418	# of persons to be served by this provider (CY17-18):		will bring you back to this sheet when you are finished.
418	Provider 8 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 9 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 10 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		

BRASS Code 420x Peer Support Services

420	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
420	Provider 1 name:		\$0
420	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
420	# of persons to be served by this provider (CY17-18):		0
420	Provider 2 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
420	Amount budgeted for this provider (by BRASS code)		\$ -
420	# of persons to be served by this provider (CY17-18):		
420	Provider 4 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 5 name:		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this row.
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 6 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		

420	Provider 7 name:		Go to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 8 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 9 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 10 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		

BRASS Code 431x Adult Mobile Crisis Services			
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431	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
431	Provider 1 name:		\$0
431	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
431	# of persons to be served by this provider (CY17-18):		0
431	Provider 2 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
431	Amount budgeted for this provider (by BRASS code)		\$ -
431	# of persons to be served by this provider (CY17-18):		
431	Provider 4 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 5 name:		
431	Amount budgeted for this provider (by BRASS code)		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You
431	# of persons to be served by this provider (CY17-18):		
431	Provider 6 name:		

431	Amount budgeted for this provider (by BRASS code)		ENTER PROVIDERS 11-20, 104 must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
431	# of persons to be served by this provider (CY17-18):		
431	Provider 7 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 8 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 9 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 10 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		

BRASS Code 434x Other Community Support Program Services

434	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
434	Provider 1 name:	Aitkin Co. Health & Human Svc	\$5,000
434	Amount budgeted for this provider (by BRASS code)	\$5,000	Total Est. Persons Served by these dollars:
434	# of persons to be served by this provider (CY17-18):	20	20
434	Provider 2 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
434	Amount budgeted for this provider (by BRASS code)		\$ 5,000.00
434	# of persons to be served by this provider (CY17-18):		
434	Provider 4 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 5 name:		

434	Amount budgeted for this provider (by BRASS code)		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
434	# of persons to be served by this provider (CY17-18):		
434	Provider 6 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 7 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 8 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 9 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 10 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		

BRASS Code 436x Adult Residential Crisis Stabilization

436	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
436	Provider 1 name:		\$0
436	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
436	# of persons to be served by this provider (CY17-18):		0
436	Provider 2 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
436	Amount budgeted for this provider (by BRASS code)		\$
436	# of persons to be served by this provider (CY17-18):		-
436	Provider 4 name:		
436	Amount budgeted for this provider (by BRASS code)		

436	# of persons to be served by this provider (CY17-18):		
436	Provider 5 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
436	Provider 6 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 7 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 8 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 9 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 10 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		

BRASS Code 437x Supported Employment			
437	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
437	Provider 1 name:		\$0
437	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
437	# of persons to be served by this provider (CY17-18):		0
437	Provider 2 name:		
437	Amount budgeted for this provider (by BRASS code)		
437	# of persons to be served by this provider (CY17-18):		
437	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
437	Amount budgeted for this provider (by BRASS code)		
437	# of persons to be served by this provider (CY17-18):		\$ -

437	Provider 4 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 5 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 6 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 7 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 8 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 9 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 10 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

BRASS Code 438x Assertive Community Treatment (ACT)		
438	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0
438	Provider 1 name:	\$0
438	Amount budgeted for this provider (by BRASS code)	Total Est. Persons Served by these dollars:
438	# of persons to be served by this provider (CY17-18):	
438	Provider 2 name:	
438	Amount budgeted for this provider (by BRASS code)	
438	# of persons to be served by this provider (CY17-18):	
438	Provider 3 name:	Total Budgeted Plus Allocation

438	Amount budgeted for this provider (by BRASS code)		of Fiscal Host Fee (\$):
438	# of persons to be served by this provider (CY17-18):		\$ -
438	Provider 4 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 5 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 6 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 7 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 8 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 9 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 10 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

BRASS Code 443x Housing Subsidy			
443	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
443	Provider 1 name:		\$0
443	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
443	# of persons to be served by this provider (CY17-18):		0
443	Provider 2 name:		
443	Amount budgeted for this provider (by BRASS code)		

443	# of persons to be served by this provider (CY17-18):		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
443	Provider 3 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		\$ -
443	Provider 4 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 5 name:		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 6 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 7 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 8 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 9 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 10 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
BRASS Code 446x Basic Living/Social Skills and Community			
446	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
446	Provider 1 name:		\$0
446	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
446	# of persons to be served by this provider (CY17-18):		0

446	Provider 2 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		\$ -
446	Provider 4 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 5 name:		<p>More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.</p>
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 6 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 7 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 8 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 9 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 10 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
BRASS Code 451x Emergency Response Services			
451	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
451	Provider 1 name:		\$0

451	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
451	# of persons to be served by this provider (CY17-18):		0
451	Provider 2 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
451	Amount budgeted for this provider (by BRASS code)		\$ -
451	# of persons to be served by this provider (CY17-18):		
451	Provider 4 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 5 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 6 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 7 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 8 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 9 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 10 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

BRASS Code 452x Adult Outpatient Psychotherapy

452	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
452	Provider 1 name:		\$0
452	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
452	# of persons to be served by this provider (CY17-18):		0
452	Provider 2 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
452	Amount budgeted for this provider (by BRASS code)		\$ -
452	# of persons to be served by this provider (CY17-18):		
452	Provider 4 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 5 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 6 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 7 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 8 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 9 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 10 name:		
452	Amount budgeted for this provider (by BRASS code)		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

452 # of persons to be served by this provider (CY17-18):

BRASS Code 454x Adult Outpatient Medication Management

454	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
454	<i>Provider 1 name:</i>		\$0
454	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
454	# of persons to be served by this provider (CY17-18):		0
454	<i>Provider 2 name:</i>		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	<i>Provider 3 name:</i>		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
454	Amount budgeted for this provider (by BRASS code)		\$ -
454	# of persons to be served by this provider (CY17-18):		
454	<i>Provider 4 name:</i>		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	<i>Provider 5 name:</i>		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	<i>Provider 6 name:</i>		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	<i>Provider 7 name:</i>		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	<i>Provider 8 name:</i>		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	<i>Provider 9 name:</i>		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

454	Provider 10 name:	
454	Amount budgeted for this provider (by BRASS code)	
454	# of persons to be served by this provider (CY17-18):	

BRASS Code 468x Adult Day Treatment
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468	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
468	Provider 1 name:		\$0
468	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
468	# of persons to be served by this provider (CY17-18):		0
468	Provider 2 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		\$ -
468	Provider 4 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 5 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 6 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 7 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 8 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 9 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 9 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

468	Amount budgeted for this provider (by BRASS code)	
468	# of persons to be served by this provider (CY17-18):	
468	Provider 10 name:	
468	Amount budgeted for this provider (by BRASS code)	
468	# of persons to be served by this provider (CY17-18):	

BRASS Code 469x Partial Hospitalization

469	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
469	Provider 1 name:		\$0
469	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
469	# of persons to be served by this provider (CY17-18):		0
469	Provider 2 name:		
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
469	Amount budgeted for this provider (by BRASS code)		\$ -
469	# of persons to be served by this provider (CY17-18):		
469	Provider 4 name:		
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 5 name:		<p>More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.</p>
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 6 name:		
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 7 name:		
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 8 name:		
469	Amount budgeted for this provider (by BRASS code)		

469	# of persons to be served by this provider (CY17-18):	
469	Provider 9 name:	
469	Amount budgeted for this provider (by BRASS code)	
469	# of persons to be served by this provider (CY17-18):	
469	Provider 10 name:	
469	Amount budgeted for this provider (by BRASS code)	
469	# of persons to be served by this provider (CY17-18):	

BRASS Code 474x Adult Residential Treatment

474	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
474	Provider 1 name:		\$0
474	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
474	# of persons to be served by this provider (CY17-18):		0
474	Provider 2 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
474	Amount budgeted for this provider (by BRASS code)		\$ -
474	# of persons to be served by this provider (CY17-18):		
474	Provider 4 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 5 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 6 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 7 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

474	Provider 8 name:		sheet when you are finished.
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 9 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 10 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		

BRASS Code 491x Adult Rule 79 Case Management
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491	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
491	Provider 1 name:	Northern Psychiatric Assoc.	\$5,400
491	Amount budgeted for this provider (by BRASS code)	\$5,400	Total Est. Persons Served by these dollars:
491	# of persons to be served by this provider (CY17-18):	20	20
491	Provider 2 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
491	Amount budgeted for this provider (by BRASS code)		\$ 5,400.00
491	# of persons to be served by this provider (CY17-18):		
491	Provider 4 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 5 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 6 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 7 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 7 name:		

More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet

491	Amount budgeted for this provider (by BRASS code)		Lab. A link on the next sheet will bring you back to this sheet when you are finished.
491	# of persons to be served by this provider (CY17-18):		
491	Provider 8 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 9 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 10 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		

BRASS Code 493x Adult General Case Management			
493	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
493	Provider 1 name:	Aitkin Co. Health & Human Svc	\$14,718
493	Amount budgeted for this provider (by BRASS code)	\$14,718	Total Est. Persons Served by these dollars:
493	# of persons to be served by this provider (CY17-18):	25	25
493	Provider 2 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
493	Amount budgeted for this provider (by BRASS code)		\$ 14,718.00
493	# of persons to be served by this provider (CY17-18):		
493	Provider 4 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 5 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 6 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 6 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You](#)

493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 7 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 8 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 9 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 10 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):



[Sheet Providers 11-20, 104](#)
must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

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Part 5: BARRIERS & SERVICES BY BRASS CODE

[Click here for Part 5: Barriers & Services by BRASS Code instructions.](#)

Types of services Provided By BRASS Code

Instructions: For the select BRASS codes below, please indicate which services will be funded by CSP and AMHI dollars. By default all answers are no. If you allocated funds to a BRASS code please select "yes, grant dollars were used for this service," and then change any applicable services provided under that code from a no to a yes. *If BRASS code is dark grey, then no CSP/AMHI/Moose Lake Alternative funding was allocated.*

[Complete this section last and please scroll all the way to the bottom -- while some sections may be grey based upon your previous answers, there will be sections to complete.](#)

402x - Prevention Services

1:1 Staff Time for Questions	Yes - grant dollars were used for this service
Advertisements & PR Campaigns	No - grant dollars were not used for this service
Community Events, Classes, Workshops	Yes - grant dollars were used for this service
Community literature & Printed Materials	No - grant dollars were not used for this service
Community Support Groups	No - grant dollars were not used for this service
Local Advisory Council Activities	No - grant dollars were not used for this service
Staff Training	No - grant dollars were not used for this service
Stakeholder Networking Activities	Yes - grant dollars were used for this service
Website	No - grant dollars were not used for this service
Other (please list):	

403x - Outreach Services

ACCESS and other homeless outreach programs	No - grant dollars were not used for this service
Adult Inreach worker	No - grant dollars were not used for this service
Adult Outreach Worker/Staff Member	Yes - grant dollars were used for this service

Health fairs/local health center activities	No - grant dollars were not used for this service
Incarcerated Individual Outreach	Yes - grant dollars were used for this service
MH Intake and Triage	Yes - grant dollars were used for this service
Needs & Eligibility Assessments	No - grant dollars were not used for this service
Outreach Events & Activities	No - grant dollars were not used for this service
Partnership Referrals for CSP services	No - grant dollars were not used for this service
Targeted Advertising to SMI Individuals	No - grant dollars were not used for this service
	No - grant dollars were not used for this service
Other (please list):	
416x - Transportation	
Bus Passes	No - grant dollars were not used for this service
Car Insurance Payments	No - grant dollars were not used for this service
Car Repairs	No - grant dollars were not used for this service
Contract Ride Business/Service	Yes - grant dollars were used for this service
Crisis Transportation	No - grant dollars were not used for this service
Gas Vouchers	No - grant dollars were not used for this service
Protected Transport	No - grant dollars were not used for this service
Staff Drivers	No - grant dollars were not used for this service
Taxi Vouchers	No - grant dollars were not used for this service
Volunteer Drivers	No - grant dollars were not used for this service
Other (please list):	
418x - Flexible Funding	
Auto & Home Repair	No - grant dollars were not used for this service
Clothing	No - grant dollars were not used for this service
Food & Household Supplies	No - grant dollars were not used for this service
Homecare Services	No - grant dollars were not used for this service
LAC Stipends	No - grant dollars were not used for this service

Medications	No - grant dollars were not used for this service
Telephones	No - grant dollars were not used for this service
Transportation	No - grant dollars were not used for this service
Utilities	No - grant dollars were not used for this service
Life Skill Classes (parenting, fitness, food, CNA)	No - grant dollars were not used for this service
Misc Medical/Dental Expenses	No - grant dollars were not used for this service
Other Misc Living Expenses	No - grant dollars were not used for this service
Other (please list):	
434x - Other CSP Services	
Chemical Wellness Programs	No - grant dollars were not used for this service
Clubhouse/Drop-in Centers	No - grant dollars were not used for this service
Community Education Programs & Scholarships	Yes - grant dollars were used for this service
Employment Support Services	No - grant dollars were not used for this service
Group & Community Social Activities	Yes - grant dollars were used for this service
Guardian/Conservatorship Services	No - grant dollars were not used for this service
Housekeeping for CADJ ineligible	No - grant dollars were not used for this service
Housing Support Services	No - grant dollars were not used for this service
Independent living skills training	Yes - grant dollars were used for this service
Jail Transitional Services	Yes - grant dollars were used for this service
Medication Monitoring	No - grant dollars were not used for this service
Phone Assistance Programs	No - grant dollars were not used for this service
Pre-Hospitalization Screening	No - grant dollars were not used for this service
Public Benefit Application Support	No - grant dollars were not used for this service
Rule 20 Discharge Planning	No - grant dollars were not used for this service
Socialization Skill Building	Yes - grant dollars were used for this service
Wellness & In-home Visits, Daily Living Assist.	Yes - grant dollars were used for this service
Other (please list):	

443x - Housing	
Rent/mortgage assistance	No - grant dollars were not used for this service
Damage Deposits	No - grant dollars were not used for this service
Utility Assistance and Deposits	No - grant dollars were not used for this service
Moving expenses	No - grant dollars were not used for this service
Household furnishing	No - grant dollars were not used for this service
Household supplies (not furnishing)	No - grant dollars were not used for this service
Rental application fees	No - grant dollars were not used for this service
Storage Units	No - grant dollars were not used for this service
Transitional/Emergency Housing Assistance	No - grant dollars were not used for this service
Other (please list):	
438x - Assertive Community Treatment	
Does your county, AMHI/consortium, or tribe still receive supplemental ACT grant dollars (SAG?)	No
If yes, what amount per year?	
Previous to 2016, SAG dollars were used on which of the following expenses:	
Vocational rehabilitation	No - grant dollars were not used for this service
Discretionary funds	No - grant dollars were not used for this service
If discretionary funds yes, please describe:	
Petty Cash Requests	No - grant dollars were not used for this service
If Petty Cash requests yes, please describe:	
Other (please list):	
Meeting Population Needs & Overcoming Barriers	

For each of the following BRASS Codes, how will funding under this BRASS code improve the availability of needed services and/or overcome barriers to service? Please be specific as possible. *BRASS codes that are shaded gray have no CSP/AMHI/Moose Lake Alternative funding.*

<p>402x Community Education and Prevention</p>	<p>We are targeting adults who are suspected to have a Mental Illness or currently have a Mental Health diagnosis. The adults are identified by individuals who are working within programs that only focus on children and therefore do not support adults. Once identified, the adults are educated about problems associated with mental illness, chemical dependency, and other social problems. The goals are to increase the understanding and acceptance of these problems, increase awareness of the availability of resources and services, and improve skills in dealing with the high-risk situations. Information regarding Mental Illness and treatment options are shared and assistance is given so the adults are able to access the resources needed. Adults are able to access the resources that will teach them the skills needed to deal with high-risk situations and to prevent their mental illness from deepening. Many community resources are available to help support individuals with mental illness. These community resources do not always stand out on their own, but with help, individuals are able to connect with the community resources and increase their skills.</p>
<p>403x Client Outreach</p>	<p>Aitkin County case managers will work with clients inside the jail and surrounding community to share information regarding mental health. Case managers will be involved with community events that help share resources.</p>
<p>408x Adult Outpatient Diagnostic Assessment/Psychological Testing</p>	<p>Aitkin County partners with Northern Psychiatry Associates to provide Mental Health assessments to clients in need. Assessments that are not covered by insurance are covered by mental health grant funds and county levy.</p>

416x Transportation	Transporation is provided to clients to help access work supports and other services that are needed to maintain independence and quality of life.
418x Client Flex Funds	
420x Peer Support Services	
431x Adult Mobile Crisis Services	
434x Other Community Support Program Services	Aitkin County case managers will work with clients inside the jail and surrounding community to connect with providers/services so they can obtain and maintain their independence.
436x Adult Residential Crisis Stabilization	
437x Supported Employment	

438x Assertive Community Treatment (ACT)	
443x Housing Subsidy	
446x Basic Living/Social Skills and Community Intervention	
451x Emergency Response Services	
452x Adult Outpatient Psychotherapy	
454x Adult Outpatient Medication Management	
468x Adult Day Treatment	

469x Partial Hospitalization	
474x Adult Residential Treatment	
491x Adult Rule 79 (Minnesota Rules, parts 9520.0900 to 9520.0926) Case Management	Clinical Supervision helps case managers maintain their qualifications to provide Rule 79 case management. Clinical Supervision adds to the quality in the case management services that clients are receiving.
493x Adult General Case Management	Aitkin County provides general case management services to clients who are not eligible to receive Rule 79 case management services. By providing general case management, many of these clients are able to live independently and work within the community.
Identifying Areas for Additional DHS Assistance	
Are there additional types of assistance DHS could provide to facilitate the provision of services or overcoming existing barriers? Please be as specific as possible.	
Aitkin County could benefit from continued support with transportation, community supports, and mental health crisis stabilization programs. Due to Aitkin County being located in a rural area we often find it difficult to provide these services to clients, or allowing clients to have a choice within providers.	
<u>Click here to return to top.</u>	