Minnesota’s Olmstead Plan at DHS:

Enabling a Brighter Future

2016 third quarter update

July through September 2016 saw the continued implementation of Minnesota’s Olmstead Plan and significant accomplishments toward people with disabilities living, learning, working and enjoying life in the most integrated setting. Highlights include:

**CADI waiver waiting list eliminated**
The Community Access to Disability Inclusion (CADI) waiver waiting list was recently eliminated, meeting one of DHS’s goals under the Olmstead Plan.

Claire Wilson, DHS assistant commissioner for the Community Supports Administration, said additional funding from the 2015 Legislature and legislative authority for DHS to manage waiver dollars on a statewide basis helped to increase access to the CADI waiver. She credited the hard work of lead agency and DHS staff in helping people get services they need. This year, DHS projects that 19,854 Minnesotans who are eligible for nursing facility care will instead stay in the community with services through the CADI waiver.

**Housing Access Services**
In order to help people move from provider settings to their own homes, in July, Housing Access Service was expanded across the disabilities waivers, in part due to the success of the state grant-funded Housing Access Services. Since fall 2009, more than 1,700 people have used these services to move from licensed or unlicensed settings to homes of their own that are not owned, leased or controlled by disability services providers. This service will continue to be available through the grant program to people who do not receive waiver services.

“*I am treated with dignity and respect.*

People in my life listen to my wants and wishes.

I am encouraged to explore my dreams.”

—from Page 2: What does person-centered mean for me?

An introduction
What does person-centered mean for me?

Unpacking the term “person-centered” to describe what it means to people resulted in a new brochure: *What does person-centered mean for me? An introduction*. This piece lays out principles to help people with disabilities and their families understand and apply person-centered principles to their planning and services.

The materials were developed through focus groups that included people with disabilities, their families and case managers, in order to better understand how people view and understand person-centered principles.

The messages are built from the perspective of the person at the center of the planning process. They help all involved learn what to expect and bring forward in a person-centered process.

The messages used in this piece form the foundation for building additional tools for people and their families.

Professionals who support them should also find this brochure and future tools helpful when they work with people and their families.

The new guide can be found at the DHS website.

Community-based mental health programs receive funding boost

Forty-one residential crisis services and short-term intensive residential treatment programs received $2.9 million in grants from DHS. These services are critical pieces of the continuum of adult services available to Minnesotans with serious mental illness, many of whom may otherwise need inpatient psychiatric hospitalization or following inpatient hospital services.

HCBS community engagement

Eighteen community meetings were held in 11 communities across the state in the last quarter to provide information about the Home and Community-Based Services (HCBS) rule, informed choice and transition planning. The HCBS rule is a federal rule that further supports people’s rights to make informed choices and decide what is important both to them and for them. It supports Olmstead values such as:

- Employment First
- Planning protocols for the person to make decisions about supports for community living
- Opportunities for community engagement and self-determination

Minnesota has developed a statewide transition plan to make changes needed to put the HCBS rule into effect, improve the quality of people’s lives and services and meet the requirements of the federal HCBS rule.

The Informed Choice toolkit

The Departments of Human Services, Education, and Employment and Economic Development developed and piloted an informed choice process and tools to help professionals explore competitive employment options with the people they serve. The Informed Choice Toolkit and other resources are available through the Disability Benefits 101 website, in the Partners section.
**FACT team**
DHS’s Forensic Assertive Community Treatment (FACT) grantee program continues to enroll individuals released from the Department of Corrections. FACT reduces the need for hospitalizations and revocations leading to the return to a Department of Corrections facility. In addition, FACT helps stabilize and increase the quality of life for individuals served in their community through a specialized multidisciplinary team.

**Positive practices training**
Using positive practices was the subject of a training for early childhood mental health consultants on the Parent Awareness Professional Development System. This training, aimed at Head Start, childcare centers and family childcare providers, is about using positive practices with children, which has been proven to decrease crisis and the use of restrictive procedures.

**Community Competency Restoration Program expansion**
When an individual is accused of committing a crime but is deemed mentally unfit, the State of Minnesota sends that person to a mental health facility to receive treatment before eventually standing trial. Today, many of these individuals are cared for in secure treatment centers or at a hospital level of care at Anoka Metro Regional Treatment Center (AMRTC), though they could be served in a less-intensive setting.

The 2016 Legislature approved the governor’s budget, funding the creation of a new, additional stand-alone Community Competency Restoration Program to treat Minnesotans accused of a crime and in need of competency restoration. The creation of a third Community Competency Restoration Program for individuals that do not need hospital level of care will help reduce the number of individuals at AMRTC not requiring hospital care.

**Person-Centered Organizational Change**
Four agencies that are in year two of the Person-Centered Organizational Change initiative reflected at their October meeting on changes they have experienced over the past 18 months. They are seeing positive outcomes for people that are leading to not only great results but also increased satisfaction. These agencies are reporting qualitative and quantifiable success with their participation, and they are excited to continue and see more agencies get involved.

**Minnesota Security Hospital**
Minnesota Security Hospital (MSH) continues to work towards the mission of Olmstead through identifying individuals who could be served in more integrated settings. As challenging and complex as this goal may be, with some plans taking upwards of two to three years to coordinate, it is definitely leading to great successes.

For example, MSH is transitioning more and more individuals who have spent considerable years at the facility. In July and August, five individuals were transitioned after residing at MSH for 13 to 24 years each. In September, 1 person was transitioned after 34 years.

In the third quarter of 2016,
- July: six people transitioned to more integrated settings
- August: 12 people transitioned to more integrated settings
- September: five people transitioned to more integrated settings

Year to date, MSH has completed 59 transitions to more integrated settings.
Positive supports promote personal empowerment

Minnesota has a “positive supports rule” to improve the quality of life of people who receive DHS-licensed services. It requires providers to avoid use of procedures that may cause pain or humiliation and instead use a person-centered approach and positive support strategies with people they serve. The strategies build on people’s strengths and teach them skills to communicate and to manage their emotions. The goal is always to maintain a person’s dignity and enhance their well-being.

Duluth Regional Care Center (DRCC) has modeled this approach with “Dan,” who has lived in group homes most of his adult life. Since childhood, Dan had worn a soft helmet when he became upset and expressed his frustrations by banging his head on hard objects. When the Duluth agency acquired the group home where Dan was living, staff saw opportunities to help Dan express himself better and to eliminate the helmet.

The process included help with various assessments, planning and training from the Minnesota Department of Human Services and the Speech and Language Department at the University of Minnesota Duluth.

Other simple actions also had positive results.

“You don’t have to have a Ph.D. in behavioral analysis to find ways to change or eliminate concerning behaviors,” said Michelle Hooey, DRCC program manager. “Sometimes the simplest things have the most impact.”

A digestive problem means that after eating, Dan needs to sit up for several minutes, which tests his patience. Now a colorful visual timer helps him understand the passage of time, which reduces anxiety and confusion. Dan can follow a daily routine with a picture calendar showing tooth brushing, range of motion exercises and other things Dan does when he wants to do them. Freedom to pick jeans over khakis, a favorite TV show over a cooking class or sleeping until 11 a.m. on a Saturday leads to a sense of empowerment and satisfaction.

Dan still expresses anger and discontent and may even move toward a wall to try to hit his head. But staff have tools to redirect, to express that they understand his frustration, to help him work through what is bothering him and to offer other choices to make his day the best it can be.

For more information and the complete Olmstead Plan, visit mn.gov/dhs/op/
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