

## Olmstead Plan Public Comment Guide: Transition

Public comment is an opportunity to give feedback on goal drafts related to transition services. This includes waiver services, segregated settings, and people with disabilities leaving segregated settings.

Some goal topics include people with disabilities moving into integrated settings, Anoka Metro Regional Treatment Center (AMRTC), Forensic Mental Health Program (FMHP), abuse and neglect, restraint and seclusion, and locked facilities.

The full draft of the Olmstead Plan and the full text of goals can be found on the Olmstead Implementation Office [public comment period webpage](#).

### Draft goals for transition include:

#### **Transition Goal 1: Fewer people will stay at Anoka Metro Regional Treatment Center (AMRTC) when they don't need hospital-level care.**

- Lead agency: Direct Care and Treatment (DCT)
- This goal is about people who stay at AMRTC after staff deem them ready to return to the community.

#### **Transition Goal 2: Participants in the Forensic Mental Health Program (FMHP) are assessed promptly to determine when their mental health needs have been met and they are safe and ready for discharge.**

- Lead agency: DCT
- This goal is about the amount of time from when someone is admitted to FMHP to when they are ready for discharge.

#### **Transition Goal 3: More people will receive supportive services in community-based settings.**

- Lead agency: DCT
- This goal is about people who are: in a hospital, jail, or detox center; on a waitlist for a locked DCT facility; and eligible for services in a residential Community-Based Services (CBS) program.

The goal is for people who might receive services in a locked facility to receive them in a community setting instead. This is called being “diverted” from a locked setting.

#### **Transition Goal 4: More people will move from segregated mental health treatment facilities to more integrated facilities.**

- Lead agency: DCT
- This goal is about people who are currently receiving services in a locked DCT facility. The goal is for more people to move from these facilities to less restrictive Community-Based Services programs.

#### **Transition Goal 5: More people with disabilities will move from segregated settings to integrated housing of their choice, where they sign a lease and receive rent support.**

- Lead agencies: Department of Human Services (DHS) and Minnesota Housing, supported by Department of Corrections (DOC)
- This goal is about people who live in segregated settings who move to more integrated housing that they choose, sign a lease for their housing, and receive rent support from certain housing programs such as Bridges, Bridges RTC, and Section 811.

#### **Transition Goal 6: People who receive home- and community-based services will experience less use of restrictive procedures.**

- Lead agency: DHS
- This goal is about reducing the use of restrictive procedures for people who receive waiver services and other disability services. These services include:
  - services provided by group homes and other community residential settings
  - services provided in someone’s home
  - homemaker services
  - crisis respite services
  - day services, and
  - some employment services.
- The goal tracks the number of reports made through Behavior Intervention Report Forms (BIRFs). Law requires disability service providers to submit BIRFs to DHS when they use restrictive procedures.

#### **Transition Data Goal 1: More people will have access to peer support services.**

- Lead agencies: DCT and DHS

- Part one of this goal will be to collect data that is not currently tracked. When a baseline is established, the agencies will add a measurable goal to the Olmstead Plan.
- DCT and DHS want to develop a goal about peer supports. The goal will be for DCT to offer peer support to all people in DCT facilities. All people who want those services will receive them.

### **Transition Data Goal 2: More incarcerated individuals with disabilities will access correctional facility programs.**

- Lead agency: DOC
- Part one of this goal will be to collect data that is not currently tracked. When a baseline is established, the agency will add a measurable goal to the Olmstead Plan.
- The DOC wants to ensure individuals with disabilities have equal access to programs in correctional facilities. DOC programs include activities and/or instruction that help people stay productive, learn skills and knowledge, continue their education, or support their mental or behavioral health.

### **Transition Data Goal 3: Fewer Minnesotans with disabilities will go out-of-state to receive services.**

- Lead agency: DHS
- Part one of this goal will be to collect data that is not currently tracked. When a baseline is established, the agency will add a measurable goal to the Olmstead Plan.
- The goal will measure the number of people who got services outside of Minnesota due to the direct support professional shortage. DHS will track this through a survey.

### **Transition Data Goal 4: Minnesotans with disabilities will have timely access to services.**

- Lead agency: DHS
- Part one of this goal will be to collect data that is not currently tracked. When a baseline is established, the agency will add a measurable goal to the Olmstead Plan.
- DHS wants to write goals about how quickly people get access to disability services. The goal will have three parts:
  - For new waiver recipients - It will measure the number of days between: requesting an assessment and getting the assessment, getting the assessment and getting a service plan, getting a service plan and receiving the service.
  - For people who are using waiver services – It will measure: the percentage of waiver recipients who got a reassessment within guidelines, and the percentage of authorized services provided within the past 12 months.

- For people who started receiving these services within the past year: personal care, homemaker, home health aide, habilitation services - It will track: the average time from when someone is approved for the service and starts receiving the service; the percentage of authorized service hours provided within the past 12 months.

### **Transition Data Goal 5: Direct support professionals and people with disabilities will shape the future of Minnesota's Medicaid program.**

- Lead agency: DHS
- Part one of this goal will be to collect data that is not currently tracked. When a baseline is established, the agency will add a measurable goal to the Olmstead Plan.
- Minnesota is in the process of redesigning advisory councils to come into compliance with federal regulation (Access Rule). It is reforming the Medicaid Advisory Council and establishing an Interested Party Advisory Council. DHS wants to write a goal about ensuring that people with disabilities, providers of direct support services (DSPs), and others reliant upon the Medicaid system have a strong influence in shaping the future of Minnesota's Medicaid program in both councils.

### **Transition Data Goal 6: People with disabilities are protected from increases in the use of mechanical restraint.**

- Lead agency: DHS
- Part one of this goal will be to collect data that is not currently tracked. When a baseline is established, the agency will add a measurable goal to the Olmstead Plan.

### **Transition Data Goal 7: More people with disabilities will move from segregated settings to integrated settings.**

- Lead agency: DHS
- Part one of this goal will be to collect data that is not currently tracked. When a baseline is established, the agency will add a measurable goal to the Olmstead Plan.
- DHS wants to write a goal about people moving from segregated to integrated settings. The segregated settings will include correctional facilities, nursing facilities, hospitals, Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD), and Institutes for Mental Disease (IMD). The goal will focus on ensuring people have supports and resources to be housed, stable, and included in their communities.

## Discussion Questions:

- What would make these goals more effective to improve the lives of Minnesotans with disabilities?
- What would make these goals more effective to better integrate Minnesotans with disabilities in community life?
- What's missing from these goals?