Minnesota’s Olmstead Plan at DHS:  
Moving Forward  
2016 first quarter update

January through March of 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.

**Person-centered, Informed Choice and Transition protocol**

- In March, DHS implemented the Person-Centered, Informed Choice and Transition protocol. This protocol establishes new standards for service planning for people with disabilities who received our services. The protocol meets person-centered requirements from the Centers for Medicare and Medicaid Services, the Olmstead Plan, the Jensen Settlement Agreement, Minnesota Statute 245D and the Positive Supports Rule. Significant work remains and continues on a fast track, including communications with lead agencies and the people who use these services, as well as training, monitoring and measurement.

**Waiver services**

- The Community Access for Disability Inclusion (CADI) waiver wait list continues to shrink and is on track to be eliminated by October 2016. CADI waivers are an alternative to institutionalization that promotes health, independence, safety and integration for people who would otherwise require a nursing facility.
- The first annual Waiting List Funding Report was submitted to the Legislature in March. Targets for wait list reductions were established for each county for people waiting for the Developmental Disabilities Waiver. Additionally, new criteria for determining urgency of need started in December.

Making sure human services are “person-centered” is critical to offering people effective and appropriate services.
Community partners

- By creating incentives and developing service targets with counties and providers, DHS has created more opportunity for people with disabilities to be included in their communities. These include:
  - Additional Section 811 housing vouchers
  - Increased capacity for in-home and out-of-home crisis respite services
  - Housing Access Services, which helps people with disabilities who use state plan and/or home and community based waiver services move to homes of their own. Housing access coordination will soon be covered by all of the disability waivers for reimbursement through Medicaid, in addition to state funded grants
  - Local planning grants for counties to develop more housing and service options
  - Consultation and technical assistance on assistive technology to support more independent living
  - Financial services for people with mental illness to obtain and sustain housing
  - An interactive web site—Housing Benefits 101—to help people understand their options and navigate the complexities of housing subsidies and other supports
  - Data-based targets for counties to increase competitive employment outcomes

- Mobile crisis services is now available across the state. More than $13.6 million grants were awarded to local service providers bringing mobile mental health services to all 87 counties. Mobile crisis services are teams of mental health professionals who provide psychiatric services to adults and children within their own homes and at other places outside of a clinic. Mobile crisis services reduce the need for more restrictive psychiatric hospitalizations, with four out of five people who receive the service avoiding a trip to the hospital. The goal is to offer mobile mental health services 24/7 in every county by 2018.

- Housing with supports dollars will be distributed to help individuals with serious mental illness with maintaining housing. Currently contracts are being negotiated and will be implemented by June 30, 2016. For 2017, a request for proposal will be released in July, with special attention paid to soliciting groups with providers who are culturally competent from diverse ethnic groups.

- Requests for proposal have gone out for Psychiatric Residential Treatment. These treatment facilities will serve young people with serious emotional disturbance, many of whom have previously been sent out of state to meet their extensive psychiatric needs. Starting in July of 2017, one hundred and fifty beds will begin to open to serve these special needs children and adolescents. This will allow families to have a wider range of options, and having children remain nearby and in state allows for additional choices for the involvement of families in care.

New services such as Psychiatric Residential Treatment means more choices for more families
Helping more individuals return to the community

- The Minnesota Security Hospital partners with the three “Whatever It Takes” community provider grant recipients to create more opportunities to successfully transition to the community. These three community providers are currently helping 89 individuals to manage their transitions and building community capacity to support people with complex needs.

- DHS has helped a significant number of people move to communities of their choice. For example, the Transition to Community Initiative was established to reduce the time that individuals remain at Anoka Metro Regional Treatment Center or the Minnesota Security Hospital after they no longer need the services provided there. By providing additional funding to cover community-based services and to address the unique discharge barriers faced by some people, Transition to Community promotes recovery, allows individuals to move to integrated settings of their choice, and opens up beds at both facilities for others who need them.

Data

- DHS developed a process for gathering and reporting valid, reliable and verifiable data for Olmstead Plan goals. The Olmstead Implementation Office created a reporting plan and schedule that was submitted to the Court.

Increasing choice by connecting veteran’s to services

Thursday, March 31, 2016, DHS and the Minnesota Department of Veteran's Affairs (MDVA) announced a partnership to offer SOAR services for veterans. SOAR—SSI/SSDI, Outreach Access and Recovery—is a program for people who are experiencing homelessness or are at-risk for homelessness, and have a mental illness, co-occurring substance use disorder or other disability.

Trained advocates help individuals apply for Supplemental Security Income and Social Security disability benefits. Supplemental Security Income—or SSI—and Social Security Disability Income—SSDI—are federal benefits that can be a critical step toward ending homelessness and promoting recovery. For example, SOAR Advocates assist individuals at Anoka Regional Treatment Center so that when they are discharged, they have SSI/SSDI benefits and additional housing options. Previously, 20 SOAR providers throughout Minnesota helped people achieve their dream of independence. With MDVA now offering SOAR, homeless or at-risk veterans will have a SOAR advocate to help them secure housing of their choice.
Ryan’s story: Following passion to a job

Many people with disabilities can work and want to work. However, a Cornell University survey found that the employment participation rate for Minnesotans with disabilities was just 54 percent of the rate in the general population.

The Minnesota Olmstead Plan includes strategies to reduce this disparity. Its vision is “People with disabilities will have choices for competitive, meaningful and sustained employment in the most integrated settings.” The Minnesota Department of Human Services and its partners in the disability community are collaborating to make that vision a reality.

“Work is Possible” workshops, sponsored by the Minnesota Association for People Supporting Employment First, are one such collaboration. At the workshops, families are given information, tools and hope to make competitive employment a reality. The workshops include a DHS demonstration of Disability Benefits 101, a web-based resource for learning about and planning for how people can keep public benefits while working at competitive wages.

One attendee, Lori Richardson, was supporting her son Ryan in trying to find a job without success. After learning more about online resources, hearing stories from other families and self-advocates and receiving encouragement from workshop sponsors, Lori and Ryan had the tools to chart a path to employment. The training also inspired them to consider alternatives not available in their community.

Ryan’s interests and strengths were identified. These were translated into an action plan matching his strong passion for airplanes and reflecting his support needs and ideal employment conditions.

On his own, Ryan learned about a job fair organized by Sun Country Airlines. Company recruiters at the fair hired him immediately because of his knowledge and passion. He now cleans the airline’s jets and is part of a team of employees who share his interests. Lori says Ryan is “living his dream every single day.”

For more information and the complete Olmstead Plan, visit www.dhs.state.mn.us/olmstead
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