

Minutes
ND Olmstead Commission Meeting
July 29, 2010, 1 p.m.
Red River Room, State Capitol

Present: Carol K. Olson (Co-chair) Department of Human Services; Representative Merle Boucher; Virginia Esslinger, ARC volunteer and parent via conference call; Susan Helgeland, Mental Health America of North Dakota

Absent: Tami Wahl (Co-chair) Governor's Office; Janis Cheney, AARP; Scott Davis, Indian Affairs Commission; Representative Gary Kreidt; Senator Judy Lee; Pam Sharp, OMB; Teresa Larsen, Protection and Advocacy; Coleen Stockert, representing public at large; Representative from the Centers for Independent Living.

Others Present: JoAnne Hoesel, DHS Mental Health & Substance Abuse (MHSA) Division; Nancy McKenzie, DHS State Regional Human Service Center Director; Bob Puyer (Ad Hoc Member) consumer; Tove Mandigo, DHS Executive Office; Heather Steffl, DHS Executive Office; Wendy LaMontagne, DHS MHSA; Susan Wagner, DHS MHSA; Russell Cusack, DHS Vocational Rehabilitation; Karen Tescher, DHS Medical Services Long Term Care Continuum; Cherry Schmidt, DHS West Central Human Service Center

Co-chair Carol K. Olson called the meeting to order.

WELCOME (Carol K. Olson)

Introductions were made. Those present were informed that while there was a lack of quorum, it was important to meet and receive reports and updates.

SUBCOMMITTEE/WORK GROUP REPORT

Heather Steffl notified members that the Subcommittee Work Group Report would be moved to a future meeting as Linda Wright was unable to attend and report.

TRANSITION-AGE YOUTH PILOT PROGRAM UPDATE (Wendy LaMontagne)

LaMontagne, the administrator of children's mental health services for the N.D. Department of Human Services (DHS) gave an update on the Transition Age Youth Pilot Program and provided a handout.

She reported that the pilot program started January 2010 at North Central Human Service Center in Minot with funding from the Transformation Transfer Initiative Grant awarded by the National Association of State Mental Health Program Directors and the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The grant provided \$110,500 for transition flex funds and technical assistance support. The pilot project has a transition coordinator position and provides wrap-around case management services for those 14-24 who do not have case management through other DHS programs and services. This involves working one-on-one with individuals to wrap needed community services around the person to achieve their goals. Eligibility criteria have been established and the program works closely with community partnerships.

- Roll out statewide July 1, 2011.
- Have a transition coordinator in each regional human service center.
- Originated with HB 1044 in 2009 – requiring DHS to write administrative rules. Policies and procedures are being developed with pilot.
- Preliminary outcomes are on handout; 11 youth served to date at the pilot project.
- Expended \$8,000 for services such as rent deposits. Most funds help secure safe, suitable housing to prevent homelessness. Clients often come to our attention when there is a crisis.
- Work with clients to help them get their GED to help employment prospects.
- There are over 53 collateral contacts throughout the month. Referrals are coming and the word is getting out. Agencies are connecting their clients to this.

Joanne Hoesel, DHS Mental Health & Substance Abuses Services Division Director said the departments eight regional human service centers (HSC) did not create new positions, but are using existing FTEs to provide this important service. They use existing staff who have an interest in serving this population (youth in transition to adult services) and who can shift job duties. HSC directors are committed to this. Case managers who work with people with serious mental illness are already serving some youth.

LaMontagne was asked how many of the 11 have been able to find employment or are receiving help and actively looking.

- Answer: Each has been employed or is currently looking for employment. One is unable to work because she is pregnant, but will provide that support when appropriate. Some go through several jobs because mental health concerns or transportation obstacles and other obstacles occur.

In response to questions, Ms. LaMontagne reported that:

- Each has a life plan.
- Family supports tend to be missing or unhealthy.
- Partnerships care coordinators provide a lot of transportation support including purchasing one youth a bike. One walked or jogged everywhere and preferred that to taxi vouchers.
- Will connect the expecting client with child care assistance and other public assistance to support her return to work. As for baby supplies, those items are in the scope of this project. Child will be transitioning with mom and is part of our work too.
- HSC staffs tend to find needed donations. NCHSC has given the coordinator a closet for donations. The community brings things.

Hoesel said funders of grant are watching this. It is unique because funding is flexible. Every state has difficulty with this age of individuals because of their barriers and challenges.

LaMontagne reported that in spring 2011 the funders have a meeting for grantees and have asked ND to bring a few youth participants with staff. Youth will also present at a panel during the upcoming Conference of Social Welfare.

COMMUNITY-BASED MENTAL HEALTH SERVICES DEVELOPMENTS (Nancy McKenzie)

McKenzie, Regional Human Service Center Director for DHS, gave an update.

- The human service centers are a community safety net for vulnerable people and offer crisis, treatment, support and aftercare services.
- They continue to implement evidence-based practices and to monitor them. Each has a community coordinating council – community partners who share common concerns about the population we serve together. They work with hospitals, law enforcement, and private providers to identify issues, to identify who is doing what and to address unmet needs and to plan.
- They contract with local providers to maintain people in their homes and communities. If a higher level of care is needed, they contract with hospitals and crisis bed providers. This winter and spring DHS met with mental health partners to focus on hospital and crisis needs. Met in Bismarck and Fargo and three work groups were assigned – one dealt with inpatient care as uncompensated care is growing. One hospital mental health unit closed. Group met and made recommendation for a standard purchase of service agreement for hospitals instead of regional contracts. They also supported one daily rate.
- Another group looked at crisis response and case management. Wait times for case management are currently good. Backlogs impact all providers. Looking at how to address after-hour services and active community outreach.
- Third group focused on access and capacity in community-based services. Recommendations for community-based crisis and residential services will be factored into DHS budget. Also discussed how to expand telemedicine to improve access. New issue of integrating behavioral health care with primary health care. Work groups brought forth good recommendations that DHS is looking at as build the agency budget.

Community developments:

- Williston – Good work underway with HUD to gain additional housing vouchers. DHS clients lose housing because they can't afford it. Trying to address shortages for people with disabilities. Looking at 80 additional housing vouchers in cities; eight additional apartments may open.
- Devils Lake/Lake Region Human Service Center (HSC) – First anniversary of adolescent drug court program. DHS provides the treatment services. About 16 youth served. Has a sober house residence funded and operated by a private individual. It has 6 people residing there and may grow to 16. This is a type of housing options that wasn't there before.
- Grand Forks HSC – Contract dollars used with community private entity to add 8 supported housing beds for people with mental illness – open for about 1.5 years. The goal is to help people to transition to own housing.
- Fargo/Southeast HSC - 2009 legislature appropriated funds for contract staff in the Cooper House program. Uses a "housing first" model for people at risk of

homelessness and serves 30+ people with a capacity for 42. The 24-7 staff might be a little thin, but that is being assessed now. SEHSC is designating 8 beds in the 15-bed crisis unit for adult addiction treatment to allow an additional level of care. Know from stakeholder input that we need to continue looking at ways to strengthen residential treatment beds.

- DHS is prioritizing the needs based on capacity issues identified at its public stakeholder meetings and through other work groups.

McKenzie was asked if Cooper House and Gladys Ray-type programs would be expanded in other regions of the state. The MHAND representative reported that Fargo had no deaths last winter; before there was no place to go. MHAND, she said, will keep advocating for this.

McKenzie said community groups working on own plans have looked at the models, but she didn't know if anyone is looking to develop it now.

DHS was asked if Williston had closed their mental health unit and if DHS thought the uniform contracting agreement will help with access.

- Answer – Yes. The suggestions came from the providers. It is a DHS priority to address capacity for inpatient substance abuse and mental health services. Same priority DHS had last session. DHS is submitting a hold-even budget, but this will be a top priority along with standardization in reimbursement.

DHS was asked how inpatient needs were being met for Williston and Dickinson.

- Answer – Bismarck and Minot hospital contracts have been amended and the State Hospital makes those admissions priority areas along with Jamestown and Devils Lake. Locals are looking at their own crisis bed capacity in Dickinson

DHS was asked about the impact of transient population in oil counties.

- Answer – Not as much of an impact as thought. Biggest impact has been housing and jobs.
- DHS uses tele-psychiatry at Badlands HSC; it is reimbursable. Have person on-site with client during session and is offered to clients who agree to get their services that way.
- Will see that expanding in the future. Tele-pharmacy is also an area under consideration. Will explore grant opportunities.

MHAND representative reported that their organization is developing a curriculum with a Native American cultural competency piece and Bremer is supporting that. Geared toward rural people, it will help people identify symptoms of mental illness. Some providers have indicated interest in participating in the curriculum and hope to implement it in 4-5 facilities in 2011. MHAND will share it with DHS.

DHS clarified that the mental health and substance abuse inpatient contract wouldn't deal with Medicaid eligible people, but rather is for those HSC clients without means to pay.

MEDICAL SERVICES DIVISION UPDATE (Karen Tescher)

Tescher, Assistant Director of Long Term Care Continuum Services, gave an update on the state's Medicaid waivers.

- The **Children's Hospice Waiver** was approved by Centers for Medicare and Medicaid Services (CMS) and became available July 1, 2010. It benefits children with life limiting diagnoses who are age 21 and younger (limit: 30 per year). Must be Medicaid eligible, but only look at child's income. Qualify for hospice and can continue to receive curative treatment services. Services include case management from a nurse, home health aide for respite, nurse services. There was a gap in services. As a child's condition changes, more nursing can come into the home. Therapy and counseling are available to child and family. Grief counseling is also available. To access services they contact the DHS program manager who will help them with criteria. Program manager is meeting with hospice agencies and answering questions.
- **Autism Spectrum Disorder Waiver** has been submitted to CMS for approval (pending). It is for children birth – 5th birthday. Provides service options to help caregivers maximize the child's develop and prevent out-of-home placements. Will allow some additional services to be in the home. Main objectives include: statewide eligibility assessment team, verify diagnosis and work with local care team and be a resource for recommendation. Offers person-centered service plan to meet unique needs of the child. Family training is part of it along with trained in-home supports. Financial support for equipment and environmental modifications is also included. Licensed developmental disabilities provider will facilitate the development of the personal support plan. Families will make decisions about who comes into their home and how resources will be used. Up to 30 children can be served. Early identification and intervention are beneficial.

DHS representative was asked if this will promote earlier diagnoses.

- Answer: Yes. There are few people with this expertise in ND; this will help develop the expertise and service delivery.

DHS was asked if the eligibility was similar to the other waiver. In previous waiver only consider the child's income.

- Answer: No. This uses the more traditional eligibility. Go through developmental disability eligibility and then Medicaid.

Tescher gave an update on the **Money Follows the Person** (MFP) grant activities.

- She said 36 individuals have transitioned since 2008. This includes 16 from the Developmental Center or community ICF group home (2008 -3; 2009 -4; 2010 – 9) Three have completed MFP eligibility (12 months of services) and are now receiving services through regular DD waiver. Can get up to \$3000 of supplemental dollars to help setting up households (furniture, etc.)
- She said 20 older adults have transitioned from nursing facilities and 8 have completed their 12-months of MFP services. They also receive \$3000.

- Continue to work on the housing area – finding affordable housing. MFP is working with Fargo housing authority for housing vouchers. GF and Minot have also applied for the additional vouchers. Provide help for non-elderly persons with a disability.
- Direct service worker training – DHS is always trying to recruit Qualified Services Providers (QSPs) to provide in-home services to people with disabilities. Are working with U of Minn. resource center and they have provided technical assistance with workforce pipeline. Working on two web-based training - a realistic job preview showing the job of being a direct service worker working with people with developmental disabilities or being a QSP.
- Healthcare Reform Act extended MFP demonstration through 2016 – have four more years to expend funding with services ending no later than 2019. Funding amended – added more funding to this initiative. In addition, the number of institutional days was reduced to a 90 day residency requirement. As a result, are receiving more referrals.

DHS was asked if this changed the number of people ND plans to transition.

- Answer: Originally planned to transition 110 people, but reduced to 82. Now it will be amended again due to these latest changes.
- Another development – **MDS Section Q** – the required assessment done when people seek to be admitted to nursing homes. Section Q asks about interest in going home. If answer “yes,” the facility will contact a Local Contact Agency (LCA) to talk to the resident about available options. Will work with MFP to help appropriate people move back to community.
- MFP targets the population in nursing facilities and developmental disability facilities.

ARC representative was glad to hear about something addressing housing, which has been identified as a challenge. There may be environmental requirements in the housing. We have concerns about available work force too.

- MFP has contracted with the Centers for Independent Living (CIL) to do transition coordination. Provide information and assistance to residents of institutions and help line up supplemental services. CILs are paid when someone transitions (may expend many hours before reimbursed).
- DHS said that question has come up in conversations with CMS and has been identified in other states too.

DHS representative was asked if DHS is coordinating with Minot State on the QSP program.

- Answer: Minot State is involved in MFP meetings and discussions.

ARC representative asked if as a person is transitioned from the Developmental Center there is contact made with the community where the person originated from or do the CILs look statewide where services are available?

- Answer: Go to where the person wants to move to, but also look at availability of services to meet the person’s needs. There is a statewide referral process and

sometimes there is some negotiation to match desires with needs and available services and it depends on the level of need of the person transitioning.

Observation was made that in small communities there is natural support and people take care of them.

OLMSTEAD PLAN UPDATE

Carol Olson referred attendees to the handout summarizing Olmstead-related accomplishments that have occurred in ND since 2008. She said the state's written Olmstead Plan needs to be updated and requested those present consider volunteering to work on updating the document. Federal officials (DOJ) are stepping up enforcement activities in some states, she said. There are lawsuits in 17 states and many are due to waiting lists for community services. They are not accepting the budget issues as a valid reason for not pursuing community services. She referred to the State Medicaid Director's letter on the President Obama's Community Living Initiative.

Hoesel volunteered that she had heard there were 70,000 people on wait list for developmental disabilities waiver services in Texas.

ARC representative asked if as work on the DHS budget continues there could be some sort of funding mechanism to help communities establish housing for people with disabilities transitioning out of institutions. Look at dual costs too because the fixed costs of people at the Developmental Center will be higher as more people are transitioned.

Olson asked if the ARC could provide DHS with a draft of what a housing funding mechanism might look like.

ARC representative said she would take that back to her organization.

Olson reminded those present that housing has not been in DHS' budget, but in the meantime there are other avenues available for this.

The Developmental Disabilities load fund was mentioned. However, the ARC representative talked of establishing a "smart house" equipped with technology available to provide support for people with disabilities. ARC of Dickinson owns a house and is looking for grant funding to fix one up like that.

Another idea being explored is 211 service and the potential for at-risk people to register for well-being checks. 211 would make calls to people identified at-risk.

AGING & DISABILITY RESOURCE CENTER (ADRC) UPDATE (Cherry Schmidt)

Cherry Schmidt, DHS Regional Aging Services Program Administrator at West Central Human Service Center in Bismarck gave an update on the Aging and Disability Resource Center Pilot located at the Bismarck center.

- DHS received a grant in late 2009 to pilot ADRC in the 10-county Bismarck region to empower older adults to make choices and help them access services.

- An ADRC is not a building. It is an approach to providing services using existing resources.
- This is a person-centered approach and there should be “no-wrong door” – as we build partnerships. If you want information from the senior center – they will introduce you to the ADRC and help connect you to options counseling if needed.
- We have a small state and good services in place. We need look at where people naturally show up and to link these points together to provide support and help people access services. It is about working together better.
- The pilot project has an agreement with Burleigh County Social Services to hire staff and a project director, Lynette Hinkley, has been hired. The options counselor Katie, an LSW, started on Monday.
- We held our first options counseling training.
- At WCHSC all employees in the Aging Services Unit have been cross-trained. Call the ADRC number, no matter who the caller gets, the caller can talk about what they need and want.
- The pilot also invited the Aging Services Staff from NCHSC to participate in a second training adding motivational interview training and person-centered planning.
- The pilot is working on accomplishing our grant’s work plan objectives.
- DHS strategic plan directs the ADRC to coordinate training for outreach services – as roll out options counseling to other regional human service centers. Will use Title III outreach services that link people to services – adding options counseling that provides more in-depth help to plan for changing needs. Right now the system responds to crises. We want to help people plan so they can stay in the community longer and avoid crisis situations.
- Beginning January 2011, Minot human service center staff will begin providing options counseling instead of outreach. By 2013, this service will be available statewide (using existing staff resources). The ADRC pilot will assist with training and materials for the HSC staff.
- The human service centers have been designated as LCA for MDS Section Q (*see earlier report by Tescher*). This Federal requirement will provide options counseling to nursing home residents who want to return to the community, and it starts Oct. 1 statewide. Family caregiver support coordinators and other Aging Services Staff have been assigned.
- ADRC pilot had a technical assistance call with Lewin Group on July 21 and learned we are now considered a “fully functioning ADRC.” Got pretty good marks on our report card call. Federal government is looking very seriously at ADRCs that this is how we are going to be doing business. They expressed positive regard for North Dakota’s State Plan on Aging saying it reflects a good understanding of development of ADRC statewide.

Schmidt was asked if these new developments will help someone discharged from a hospital on a Friday afternoon who needs extensive care.

- Answer: As the LCA role develops there is an expectation that we begin to link with medical systems to provide options counseling. The challenge is determining how to do this without interrupting discharge planners’ work. We are

charged with developing a system to address that and the short discharge planning time.

MISC.

Olson said a summary of work group efforts will be requested and once received, will be sent to members. She thanked commission members who participated and expressed appreciation for the informational reports presented and the input and questions raised by commission members and other attendees at the public meeting.

FUTURE MEETING

Olson said she hoped a fall meeting could be held before the legislative session, but had concerns about quorum issues and would consult with co-chair Tami Wahl regarding commission participation and representation by persons interested in the provision of services in the least restrictive setting for people with disabilities.