

North Dakota Olmstead Plan 2010 Update

*Most of this following information was originally compiled and provided in May 2010 in response to a request received from the Burton Blatt Institute.
REVISED July 2010*

North Dakota has met or is in the process to working to meet the goals outlined in its Olmstead Plan. The state considers this plan a working document involving ongoing effort.

Goal 1.0: North Dakota will have the infrastructure necessary to provide to people with disabilities community services and supports that are accessible, effective, responsive, safe, and continuously improving given the resources available to the state and the need to maintain a range of services to accommodate individuals with varying needs and preferences.

Infrastructure Accomplishments:

- Some regional human service centers have worked with partnering organizations to **add community crisis beds, transitional living facility beds, and residential treatment beds** to increase the state's capacity to serve people with serious mental illness or substance addictions in their communities.
- **Adult and Adolescent Drug Courts** have been established in some regions by community partnerships to provide outpatient treatment options for people involved in the court system.
- The Fargo regional human service center has implemented an **evidence-based Integrated Dual Disorder Treatment program** with intensive case management services for people with co-occurring mental health and substance abuse disorders.
- In March 2010, the Integrated Dual Disorder Treatment (IDDT) program in Fargo implemented a pilot project using an evidence-based model of **supported employment**. It provides rapid job search and other employment specific services, and personalized benefits counseling to help consumers find competitive employment. Core principles include a zero exclusion policy, and consumer preferences are important. By June 2010, 27 consumers were involved in the pilot.
- The N.D. Department of Human Services has **conducted training and adopted the recovery model and person-centered treatment planning model** at all regional human service centers.
- All regional human service centers have **implemented other best practice models** including Matrix Substance Abuse Treatment Model, Structured Psychotherapy for Adolescents Responding to Chronic Stress and the Trauma Focused Cognitive Behavioral Therapy Model.
- N.D. has established a **peer support program** for people with mental illness to support recovery.
- The Fargo regional human service center is participating with other local partners in a **jail/court diversion project** with alternative sentence options for eligible individuals with mental health disorders.
- The Fargo regional human service center is a partner in **supporting** an apartment complex that uses a "**housing first**" **model of care for the chronically homeless population**. The center is committing funding and has awarded a contract with a non-profit to provide 24/7 staffing.
- The Olmstead stipend the Mental Health and Substance Abuse Services Division receives continues to provide flexible funds to meet the needs of transition age youth.
- Olmstead Commission participants have completed work to **educate lawmakers about guardianship services** and issues.
- N.D. has **waivers** that support care in less restrictive settings including: Developmental Disabilities Waivers (self-directed supports and traditional waiver), a Home and Community-Based Services Waiver, a Technology Dependent Waiver, and a Children's Medically Fragile Waiver. The state recently received federal approval on its Children's Hospice Waiver and is currently awaiting approval on an Autism Spectrum Disorder Waiver for Children.

- N.D. continues to **develop its capacity to meet the needs of persons with traumatic brain injuries** (TBI). The Head Injury Association of ND has been re-established. The 2009 Legislature appropriated funds to provide public awareness and education, peer mentoring, and informal advocacy and counseling supports to individuals with TBI and their family members. Social and recreational services and pre-vocational skills training and mentoring services have also been established. Human Services is also working to implement a TBI screening tool into the admission process at the regional human service centers.
- **Extended care case management services** are available to individuals 18 years and older with serious mental illness. Services include, but are not limited to, case management, case aide, needs-based array of residential options, community support, medical management, and acute/clinical services as deemed necessary. N.D. uses a person-centered approach with consumers participating in their individualized recovery plans.

2009-2011 Developments in N.D. Dept of Human Services' Budget to Support Community-Based Services that strengthen the community "infrastructure"

- **6% increase** for all providers for each year of the biennium
- Funds for **developmental disabilities service providers** to increase employee salaries
- Increased **administrative reimbursement for Individualized Supported Living Arrangements and Family Care Option III providers**
- Decoupled the **Personal Needs Allowance** for people with developmental disabilities from the allowance for nursing facility residents and increased it to \$85/month
- Added funding for community providers for **Intense medical needs** for adults with developmental disabilities in residential settings and **children being cared for in their homes**
- Funds a new **Autism Spectrum Disorder Waiver** for children age five and younger
- Funds a **new dementia care services program** to provide care consultation and training for people who have Alzheimer's disease/related dementias and their caregivers to help people remain in their homes
- Provides additional funding to providers serving **severely medically fragile and behaviorally challenged** individuals receiving services in the community
- Approved funding for **non-medical transportation** to help people participating in two state-funded home and community-based services programs to go to the grocery store, pharmacy, Laundromat, or other needed services. To qualify, people must be unable to provide their own transportation and not have access to transportation through an informal network.
- Approved payment for **Extended Personal Care**, which is hands-on care of a medical nature that is specific to the needs of an eligible individual and will enable the individual to live at home
- Added "**Level C personal care services**" so Medicaid clients meeting the nursing facility or ICF/MR level of care criteria can receive up to 10 hours of personal care services per day
- Funds **family personal care services** to aid families and help keep adults in their homes
- Increased funding for **congregate and home delivered meals** for older persons
- Updated the **sliding fee scale** for a state-funded home and community-based service program

Goal 2.0: Establish a system to provide comprehensive information and education so people with disabilities can make informed choices about the living options available to them and to prevent or divert people from being institutionalized or segregated.

Information and Education Accomplishments:

- In 2009, N.D. received a federal grant to establish a **pilot Aging & Disability Resource Center** in Region 7 (a 10-county area). The ADRC expects to begin conducting public awareness and **education about care and support options**, and to **offer options counseling services to older adults and adults with physical disabilities** in the region's most populous county by July 2010.

- Grant funds will also be used to help N.D. **enhance the Aging & Disability Resource LINK Web site** so people can assess their own needs and identify services.
 - Key partners include the N.D. Department of Human Services – divisions and regional human service centers, the Center for Independent Living, county social service offices, and other service providers.
- The **public awareness subcommittee** of the *Money Follows the Person* grant continues to work to increase public awareness of long term care options.
 - N.D. has an **online searchable database to help connect seniors and people with disabilities to qualified service providers** (independent contractors) who provide in-home care.
 - N.D. Department of Human Services provided one-day **training** on state services and programs to the **Spirit Lake Nation’s Community Navigators** who help people access services in a culturally competent way.
 - Department staff shared information about home and community-based services during their **Older Americans Act Public Input Hearings**, which were attended by almost 600 people.

Goal 3.0: Administer a system for coordinated services to individuals with disabilities in the most integrated setting appropriate to the needs of the individual.

Coordination of Services Accomplishments:

- N.D. provides **case management services** to qualifying individuals with developmental disabilities, serious mental illness, and the elderly and people with disabilities who qualify for Medicaid home and community-based services waiver. Case managers help connect people to services.
- **Communication** has been improved between the institutions, the Medical Services Division (Medicaid) and its home and community-based services unit, and public (human service centers) and private community service providers, which helps people experience smoother transitions between services and levels of care.
- N.D. is making progress on efforts to prevent individuals residing in communities from being institutionalized. The N.D. Department of Human Services and its Developmental Center have **established the Consultation, Assistance, Resources, Evaluation and Services Team (CARES Team)**.
 - Specially-trained behavioral analysts are available to travel to ND communities to provide **crisis intervention services** and prevent individuals with developmental disabilities from being admitted to institutional settings.
 - To help maintain people in the community the Developmental Center also has behavioral specialists who are based at the human service centers in four regions. They provide **ongoing routine support to community providers** to help them serve people with developmental disabilities in the community.
 - The Acute Care staff who serve people with serious mental illness at the Department’s eight regional human service centers, **pre-screen admissions to the State Hospital**, and work to align needed services and supports to maintain people in community settings.

Helping People Move Out of Institutions:

North Dakota continues to support community living options for people with disabilities. Awareness about care options in the community continues to grow.

The N.D. Department of Human Services operates two state institutions: the **Developmental Center** and the **North Dakota State Hospital**. The following section describes recent transition accomplishments. Individuals typically transition to independent living situations with supports, their

homes, or to other residential and community settings. Placements vary by individual needs and community resources.

- The **number of people with developmental disabilities (DD) residing at the Developmental Center has decreased by 23 percent** from 149 adults in 2001 to 114 adults in 2010.
 - Through the federal *Money Follows the Person (MFP) grant*, the N.D. Department of Human Services and grant partners have helped 13 individuals move from the Developmental Center (5) and community Intermediate Care Facilities (8) to home and community-based services since 2008.
 - 3 of the 13 individuals have completed their 365 days of MFP eligibility and are now receiving services through the state's Development Disabilities Waiver.
 - The Center has also recently **transitioned 3 other residents to a house** on the grounds and has established an individualized supportive living arrangement service.
 - Over time, the Center has transformed empty buildings into privately owned apartments, a child care center, and office space for businesses and agencies.
 - A **Transition Task Force** that includes Department staff, providers, advocates, and family members continues to work to set goals and to identify resources needed to serve more people in non-institutional settings.
 - This summer, ND's Transition Task Force is **working to discharge a total of 22 individuals from the two institutions** and to effectively **support about 44 individuals who are graduating from school-based services** to community-services.
 - North Dakota continues work to establish appropriate, individualized, community placement plans for every individual with developmental disabilities residing in the institution.
- The **North Dakota State Hospital's average daily census** for its traditional population (individuals with serious mental illness or addiction) was 162 in 2001 and is about 132 today. This is a **reduction of 18.5 percent**.
 - NOTE: The State Hospital is the primary inpatient treatment provider for the Williston, Dickinson, Devils Lake, and Jamestown regions of state, which include about 22 of the state's 53 counties.
 - Work continues with private hospitals to ensure availability of services in local communities when possible.
 - In addition, there is a **statewide shortage of psychiatrists and clinical psychologists** – especially professionals who specialize in pediatric treatment. This affects inpatient capacity in Fargo, N.D., and also impacts access to some community-based treatment services.
 - N.D. is using some telemedicine to help address this.

Institutional Diversion:

- All **admissions to the two institutions** are **pre-screened** prior to admission to ensure that institutional treatment is required. Whenever possible, individuals are assisted in community-based services first.
- Staff from the pilot **Aging and Disability Resource Center** plan to work with hospital discharge planners and nursing facilities to promote diversion. They will coordinate with the *Money Follows the Person* grant.

Nursing Homes:

- **16** individuals (6 older adults and 10 persons with a physical disability) have transitioned from nursing facilities in N.D. with help from the *Money Follows the Person* grant.
 - 15 were residing in nursing homes prior to transition, and 1 was in a hospital
 - 5 individuals went to their own homes and the rest went to apartments
 - 1 individual went back to the nursing facility

- 4 no longer qualify for time-limited, grant-funded supports, but are now receiving services through the Medicaid home and community-based services waiver, Medicaid State Plan services, state-funded services, or county-funded services
- The Department's key partner, the Centers for Independent Living (CILs), transitioned an additional 8-10 individuals from nursing facility care who did not qualify for *Money Follows the Person* services.

Intermediate Care Facilities (ICF) for People with Developmental Disabilities:

- In addition to the transitions from the state institution, the Developmental Center, the *Money Follows the Person* work has resulted in the Centers for Independent Living helping 6 people move from private ICFs to apartments with supportive services.