

THE NORTH DAKOTA OLMSTEAD COMMISSION
MEETING MINUTES
JULY 19, 2022 1:00 p.m.
Job Service North Dakota, Bismarck and Virtual via Teams

Members Present: Ryan Norrell, Senator Judy Lee, Carlotta McCleary, Representative Alisa Mitskog, Scott Burlingame, Carrie Varner (for Julianne Horntvedt), and Veronica Zietz.

Members Absent: Wally Goulet, Honorable Bruce Romanick, and Siobhan Deppa.

Others Present: Dan Gulya, Mandy Dendy and Carrie Berland of the ND Protection and Advocacy Project; Jessica Thomasson, Tina Bay, Dr. Paul Kolstoe, Monica Haugen, and Heather Brandt from DHS, Donene Feist with Family Voices of ND, Kirsten Dvorak from the ND Autism Spectrum Disorder Advocacy Coalition, Trevor Vannett, Brittany Armstrong Hanson of the ND State Council on Developmental Disabilities, Scott Burtsfield of VTC, April Johnson, Carl Young, Angela Dinius from NDACP, David Klein, Taylor Restad from the Grand Forks Housing Authority, and Rebecca Quinn.

Co-Chair Norrell called the meeting to order at 1:07 p.m.

The agenda was approved as typed.

Approval of Meeting Minutes:

MOTION: A motion was made by Mr. Burlingame and seconded by Ms. McCleary that the April 22, 2022, meeting minutes be approved as typed. The motion passed.

ASD Population at LSTC:

On May 27, 2022, DHS received a series of questions as follow up to the April 2022 presentation to the Olmstead Commission. All LSTC admissions have behavioral health diagnoses. For the people admitted to LSTC since 2019, one each year has been directly from the family home otherwise all others were served by DD Providers.

Length of stay for new admissions:

	Admissions	Discharges	Remaining	Length of Stay
2019	5	4	1	0.9, 1.2, 1.9 and 2.6 years
2020	16	6	10	0.04 to 1.0 years
2021	9	2	7	0.1 to 0.9 years
2022	6	0	6	N/A

Crisis admissions data:

	Admissions	Length of Stay
2019	7	All: 3 – 5 days
2020	4	3: 3 – 5 days; 1: 24 days
2021	2	1: 3 days; 1: 43 days
2022	1	N/A

Readmission data:

	Readmissions	Length of Stay
2019	1	3 years
2020	4	8 days, 22 days, 8 months, 3.5 years
2021	4	7 months, 1 year, 4 years, and 6.5 years
2022	2	1 year and 8.8 years

Reasons for Admission or Readmission:

- Harm to Self – 25%
- Harm to Others – 82%
- Harm to Property – 4% (property harm in 1 case was over \$20,000)
- Elopement – 6%
- Sexual Offending – 9%

Ms. Zietz asked for clarification on why the total population is staying about 70 when admissions appear to be low, and people are not staying as long.

Ms. Thomasson commented that it's less about top line number because of discharges, transitions, and diversions. The data is rarely static, so we're trying to figure out a better way to communicate that because often the number that is shared is the top line number.

Senator Lee asked if the LSTC census includes people who are living homes in the community? Or do the numbers only include those that might be in the more dormitory-like setting? The LSTC is the only facility in the United States which the feds have recognized as being a residential facility in an institutional setting. These homes are on the campus and it's in a residential neighborhood, Grafton City Park is across the street.

Ms. Thomasson replied these numbers are only looking at the intermediate care facility (ICF). There are eight people who use residential habilitation, or what you describe as more of the home setting. These additional eight people are not included in the numbers that are provided and would be in addition to the 64 that are in the intermediate care facility setting.

Mr. Burlingame observed that the total population hovers around 70 people. He asked, what's the population in comparison to the people that are getting home and community-based services?

Ms. Bay noted DHS is providing home and community-based waiver services to about 5,500 people at any given point in time.

Consumer population data:

Group	HCBS I/DD	LSTC
Autism/Pervasive developmental/Asperger Diagnosis	1,229	33
Total Population Receiving Services	6,734	70
Percentage of People with ASD Receiving Services	18.2%	47%

1915i Medicaid State Plan Amendment:

Monica Haugen is the 1915(i) Program Administrator with the Behavioral Health Division. She spoke on the 1915(i) eligibility requirements. Services are geared to youth/families and adults. The individual needs to be enrolled in Medicaid or Medicaid expansion and have a household income at or below 150% of the federal poverty level. Also, the individual has to have a qualifying SUD, mental health, or brain injury diagnosis and a WHODAS score of 25 or above. The last requirement is that the individual lives in a setting that's compliant with the federal home and community-based services (HCBS) settings rule, which essentially means not an institutional residence.

Services offered under 1915(i) are intended to be robust. Care coordination is required for everyone in 1915(i), because that is the person who helps connect the individual with other 1915(i) services that they may need or want. Additional services include peer support, family peer support, respite, training and support for unpaid caregivers, non-medical transportation, housing support, supported education, pre-vocational training, supported employment, and benefits planning. Community transition service is the one service that's available for folks who don't meet all of the eligibility requirements. It would be for individuals who are currently living in an institutional setting, hoping to transition with a discharge plan in place. The idea is once they made that transition into home and community-based setting, that we would be able to fully enroll them for 1915(i) and wrap those services around them to help them stay safe and maintain their independence. 1915(i) was designed to fill the gaps that were existing in the mental/behavioral health service delivery system. It was designed to supplement other services.

Ms. Brandt from DHS presented information on permanent supportive housing. These are administered as grant agreements with the Department of Human Services. These incorporate braided funding into 1915(i), which is a best practice for expanding those dollars and making sure that we can serve as many people as possible.

There's often misunderstanding about permanent supportive housing, people often think that it's a temporary stop until people can move into a different type of housing. This service tries to be person-centered, which means people can live in permanent supported housing for their entire life. Currently the state contracts include Prairie Harvest Mental Health, Grand Forks Housing Authority, Fargo Housing Authority, and Burleigh County Housing Authority.

Strategic Planning:

Mr. Gulya provided a review of strategic planning efforts. Scott, Wally, Veronica, and Dan have met a few times and right now we have language for set of annual goals which needs to be finalized and pushed out to everybody for approval.

Olmstead Stakeholder Advisory Group:

Mr. Gulya mentioned previously the formation of an Olmstead Stakeholder Advisory Group or an Advisory Council. He provided information on council formation. It would be predominantly a group of people with lived experience;

others that may be considered would be providers, human service personnel, or others that bring expertise or that are germane to service provisions. Ideally at least 50% of participants would have lived experience to provide that perspective to the Olmstead Commission.

MOTION: Ms. McCleary made a motion to form an Olmstead Stakeholder Advisory Group. Ms. Zietz seconded the motion. Discussion included direction to Mr. Gulya to develop guidelines and related materials for this group. The motion passed.

Olmstead Commission Town Hall:

Mr. Gulya brought up the idea of hosting a town hall in an effort to promote awareness of what the Olmstead Commission does and what the Olmstead Commission is. It may work to incorporate this effort into the ALL/YESS Day of Advocacy Conference on August 30.

Ms. Zietz noted that she would like to see Mr. Goulet as a chairperson for this group participate as he has been really involved in the Commission and would be a good representative. Ms. McCleary volunteered to work on this if it fits in the schedule. Mr. Gulya would like to have volunteers because the event may come down to scheduling. Additional events will be set that up for later in the fall.

Olmstead Workforce Survey:

The commission has a fully signed contract thanks to Ms. Horntvedt's diligent work. Mr. Gulya is in contact with the people from UND and will be discussing the survey instrument soon. He has also been in contact with the NDACP, the provider association which has agreed to assist in facilitating contact with the various agencies and employees. This will allow the Commission to examine what's driving retention and turnover.

Olmstead Plan Contract with TAC:

Mr. Gulya noted we are awaiting a signed contract with TAC to complete a revision of the Olmstead Commission.

Future Meeting Dates:

The next meeting will tentatively be scheduled for October 18, 2022.