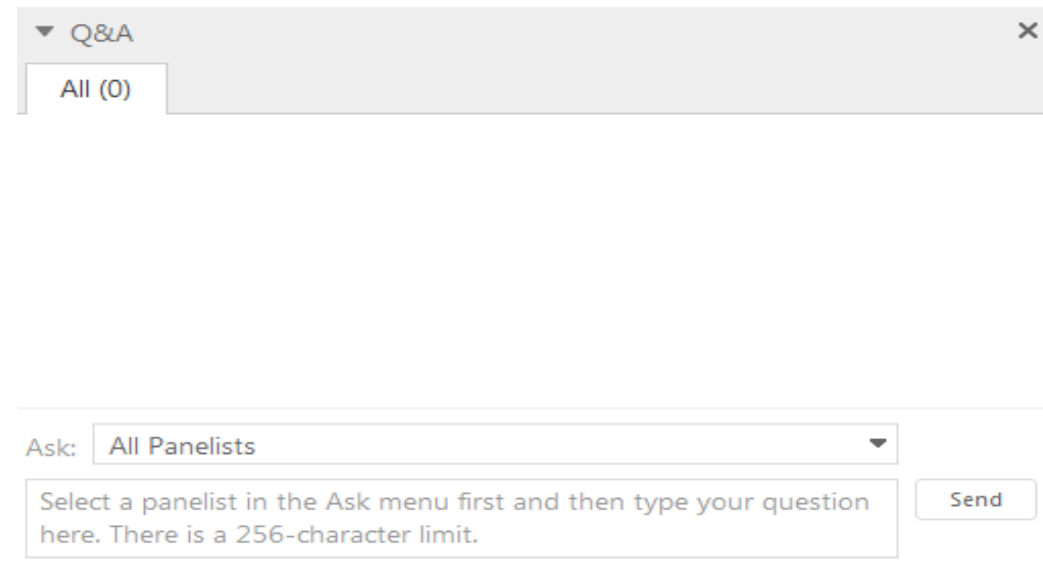




Support Planning Professional Learning Community (SPP LC)

May 30, 2018

To ask a question during the presentation use the Q&A Panel in WebEx



The screenshot shows a window titled "Q&A" with a close button (X) in the top right corner. Below the title bar, there is a tab labeled "All (0)". The main area of the window is empty. At the bottom, there is a section labeled "Ask:" with a dropdown menu currently set to "All Panelists". Below the dropdown is a text input field with the placeholder text "Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit." To the right of the text input field is a "Send" button.

Select “All Panelists”, type your question, and click Send.

Home and Community Based Settings Rule and Individual Rights
Modifications

Announcements

Person and Family-Centered Practices in Mental Health and Co-
occurring Disorders



**DEPARTMENT OF
HUMAN SERVICES**

Home and Community Based Settings Rule and Individual Rights Modifications

Leah Zoladkiewicz, Waiver Policy Consultant, HCBS Programs and Policy

What is the HCBS Settings Rule?

In January 2014 the federal government released the Home and Community Based Services (HCBS) Rule, which says that people receiving publicly paid long-term services and supports must receive those supports in the most integrated setting and have full access to the benefits of community living.

The HCBS rule raises expectations around what is possible for older adults and people with disabilities. It requires assurances that all people have information and experiences with which to make informed decisions. It also requires the services they receive to meet a prescribed set of standards.

HCBS Setting Standards

HCBS standards that apply to all HCBS settings

Setting supports opportunity to seek employment and work in competitive integrated settings

Setting supports engagement in community life

Setting supports control personal resources

Setting supports receiving services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

The person chooses setting from available setting options

Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint

Optimize individual initiative, autonomy and independence in making life choices including daily schedule and with whom to interact

Facilitate individual choice regarding services and supports and who provides them.

Additional Standards that apply to provider-owned or controlled residential settings

The person has a lease or other legally enforceable agreement

Privacy in their bedroom or living unit including lockable doors

Choice of roommates if shared unit

Freedom to furnish and decorate unit

Freedom and support to control schedule and activities including access to food at any time

Able to have visitors at any time

Physically accessible

Modifications of the additional requirements must be:

- Supported by specific assessed need
- Justified and documented in the person-centered service plan

Standards that can be modified

The HCBS settings rule allows the following rights to be modified when people live in settings where they receive customized living, foster care or supported living services:

- Have personal privacy (including the use of the lock on the bedroom door or unit door)
- Take part in activities that he/she chooses and have an individual schedule that includes the person's preferences supported by the service provider
- Have access to food at any time
- Choose his/her own visitors and time of visits

DHS developed an HCBS rights-modification form for case managers/care coordinators, providers and individuals to document and coordinate rights modifications.

To access the form, type the following URL into your browser:
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7176H-ENG>

Or, you can search for it on the main E-Docs webpage by typing in "7176H" in the search field.

- Finalize form- Early/Mid- April
- Develop on-demand video- May
- Launch video and form - June
- Implement- July

If you have questions regarding the use of this form, please email the HCBS team at hcbs.settings@state.mn.us.

- Children's Mental Health Targeted Case Management (CMH-TCM) Transition to Outcome Reporting
 - Data reporting into SSIS or MHIS begins July 1, 2018
 - Questions can be referred to: DHS.MHTCMoutcomes@state.mn.us
- Darrin Helt, Adult Mental Health Consultant

Person and Family-Centered Practices in Mental Health and Co-occurring Disorders

Support Planning Professionals Learning
Community

May 30th, 2018

Susan O'Neil, Chet Tschetter, Jody Van Ness,
Merrie Haskins

Minnesota's Person-Centered and Family-Centered Cultural Context

- Emergence of person and family-centered practices as an expectation
- Response of the mental health community
 - Not part of our traditions
 - Already doing it? What's different?
 - How to apply in the context we have?

Purpose of the Project

- Develop training on person and family-centered practices specific to MH and COD
 - Some online
 - Some in-person
 - Help meet expectations of Olmstead
 - Include voice/perspectives of services users and professionals
 - Include underserved, under-resourced communities.

Project Process

1. Identify/consensus on key practices in MH and COD
2. Develop a skills crosswalk inclusive of:
 - Key practices
 - MH-TCM roles
 - Expectations as listed in the Person-Centered Informed Choice Transition Protocol (PCICTP)
3. Identify current training/resources available
4. Review current efforts and identified needs in MH in MN
5. Share and engage with multiple constituents
6. Develop training that fills the gaps and meets needs.

Five Effects of Person–Centered Practice

1. Grow in relationships
2. Contribute to their community
3. Make choices
4. Are treated with dignity and respect and have a valued social role
5. Share ordinary places and activities

Person-Centered Practices

Efforts, particularly of the professionals involved in a person's life, that share power with individuals and recognize each person as a whole individual with unique strengths, assets, interests, expectations, cultures, and goals.

Person-centered practices are structured in ways to support individuals' comfort and his or her ability to express choice, control, and direction in all aspects of services and supports.

(PCICTP, January 2017)

Stakeholders' Participation and Co-Creation

- Website (pcmh.umn.edu)
- AMHS, AIMHC, DHS-MH Division, Cultural Providers Network
- Co-creation groups
 - December 2017 to Feb 2018
 - 94 participants total attended engagement sessions
 - 7 sessions
 - Participants from all over Minnesota, including: Two Harbors, Mahnomon, Moorhead, Osage, Chatfield
- Community Reviewers
- Community Co-Facilitators

Co-Creation Groups

- Inclusive of professionals, service users, family, other interested participants.
- Structured conversations in a safe environment around definitions and key components of
 - Person and family-centered practices
 - Culture
 - Cultural Humility
- Ranking/prioritizing of identified training needs.

What We've Been Hearing

"I am a licensed therapist. I fell down a rabbit hole trying to figure out the system. Then I thought, I am the "system" and if I can't figure it out how can anyone?"

PLCG -Parent

"Early intervention and inclusion. Large Native American population incarcerated in MN. Providers need training on what cultural humbleness is."

American Indian MHC

Currently very person-focused not necessarily family-focused. Children are tricky- who is in the center?

DHS-Structured conversation

rtc on community living

UNIVERSITY OF MINNESOTA

What We've Been Hearing

"Many of our evidence based practices haven't been validated with our minority cultural communities." "What about evidence-informed?"

African MH Summit

"When we (parents of color) talk about the truth of what's out there, they (the professionals in the system) don't want to hear it."

PCLG-Parent

Recognize the value and worth of cultural, traditional healers and sacred medicine."

Evolved Project Vision Statement

- *Person and family-centered practices honor and support people's abilities, strengths, and personal power.*
- *Each individual, family, and community has the ability to co-create a path that includes health, wellness, recovery, and resilience.*
- *Person and family-centered practices are rooted in cultural humility.*
- *Professional supporters engage these practices to co-create unique paths with each person in the context of their current circumstances, preferred life choices, family/family of choice and/or other natural supporters.*
- *Professional supporters also engage them in their organizations and communities in order to create and sustain positive changes toward these practices.*

Broad Definition of Culture

- Culture, cultural identity, and worldview are multidimensional. They are influenced by aspects such as the following: (not a complete list)
 - language, ethnicity, and heritage;
 - spiritual practices and beliefs,
 - family and community norms;
 - personal attributes such as gender, age, race, abilities, sexual orientation, and gender identity; and
 - personal experiences such as others' responses to personal attributes, economic status, military service, education, trauma-experiences, and geography.

Cultural Humility

Cultural humility acknowledges that culture influences all things and exerts a powerful force on behaviors and beliefs. It acknowledges that all people, communities, organizations, and systems are cultural carriers whether they are conscious of this or not.

Cultural humility acknowledges that the current human service systems unintentionally but powerfully perpetuates a historical and limited set of cultural norms and patterns of inequity. These norms and patterns include a perspective of people and families in these systems as being separate, broken, and needing to be fixed.

Cultural humility makes a commitment to lifelong learning about self and others. It includes a commitment to equalize power imbalances in our work, systems, and communities. It commits to co-creation of communities where all are included, valued, and represented in power.

Practices as Developmental/Ongoing

“I like the use of the word commitment and lifelong. This [Culture’s influence on mental health services] isn’t something that will be fixed and just go away. It’s a lifelong process.”

Co-creation group member –Minneapolis, MN

Project Status

- Completion of co-creation sessions
- Selection of community reviewers
- Completion of review tool (skills crosswalk)
- Consensus review of several training/resources (on Website soon)
- Comprehensive outlines of online training with community reviewers
- Draft outline for one-day “classroom” reviewed
- Application on Website for Community Co-Facilitators

Current Online Lessons

- The Context of Person & Family-Centered Practices in Mental Health Services in Minnesota
- The Path to a New Vision
- Cultural Humility and Cultural Responsiveness
- Support in the Context of Relationships & Social Roles
- Supporting People with Limitations on Rights and Choices
- Individual Professional Practices that Support Person and Family-Centered Approaches
- Organizational Practices that Support Person and Family-Centered Approaches
- Engaging in System and Community Level Changes that Support Person and Family-Centered Approaches.

Current In-Person Training

- Articulate how and why person and family-center practices as central to their work practices and organizational culture.
- Re-energize toward continued positive change and maintenance of what is working.
- Increase confidence to support change within their organizations.
- People have enhanced skills/practice with:
 - Culturally relevant discovery & assessment
 - Coaching and supporting each other/organization
 - Working with families
 - Working within the context of civil commitment or other rights restrictions.

Project Timelines

- Application deadline for Community Co-facilitators:
 - August 24, 2018
- Publication date of online lessons:
 - January 2019
- In-person/ one-day training:
 - January and February 2019
 - To be announced on website in June
- Dates for follow-up webinars:
 - March 2019
 - To be announced on website in June

Project Website: pcmh.umn.edu



Questions?

Thank you & Stay Informed

- Chet Tschetter (RTC/UMN)
tsch0042@umn.edu
- Susan O'Neil (RTC/UMN)
oneil001@umn.edu
- Project Website: pcmh.umn.edu

Where to find help now

- Person Centered Thinking 2-day Trainings
 - <http://rtc3.umn.edu/pctp/training/newdates1.asp?training=1>
- Person Centered Practices Webpage
 - <http://mn.gov/dhs/partners-and-providers/continuing-care/provider-information/person-centered-practices/>
- Olmstead Plan Webpage
 - <http://mn.gov/dhs/general-public/featured-programs-initiatives/olmstead-plan/>
- DHS Training Archive page
 - http://www.dhs.state.mn.us/main/dhs16_143138
- Bulletins
 - http://www.dhs.state.mn.us/main/id_000305
- Lead Agency Review Website
 - <http://www.minnesotahcbs.info/>
- E-List Announcements
 - http://www.dhs.state.mn.us/main/id_000677#
- CBSM Main Page
 - http://www.dhs.state.mn.us/main/id_000402
- Disability Hub MN
 - <http://disabilityhubmn.org/>
- Positive Supports Minnesota
 - <https://mnpssp.org/>

Please take a moment to let us know your thoughts.

- Take our [Survey](#):
- <http://surveys.dhs.state.mn.us/snapwebhost/s.asp?k=152760672987>

Audio from today's session will be available beginning tomorrow morning by dialing:

855-859-2056

Conference ID:

8498496

If you have questions following the session, email to
DSD.ResponseCenter@state.mn.us

Thank you for attending!