DHS Provides Information on the Minnesota Life Bridge Program

TOPIC
The Minnesota Life Bridge program and its affiliated mobile support services.

PURPOSE
To provide information about the Minnesota Life Bridge referral and transition processes, as well as the mobile support services available to people referred to Minnesota Life Bridge. This Bulletin replaces 16-76-02.

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TERMINOLOGY NOTICE
The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.
I. Background

DHS officially closed the Minnesota Extended Treatment Options (METO) program June 30, 2011 and replaced it with Minnesota Specialty Health System-Cambridge (MSHS-Cambridge). As part of the Jensen Settlement Agreement (described below), DHS agreed to close MSHS-Cambridge. In 2014, services ended on the campus of MSHS-Cambridge. At the same time, Minnesota Life Bridge began providing treatment services to individuals in homes integrated within Minnesota communities.

A. Jensen Settlement Agreement

The Jensen Settlement Agreement is the result of a lawsuit filed against DHS in 2009 alleging that residents of the former Minnesota Extended Treatment Options (METO) program were unlawfully and unconstitutionally secluded and restrained.

The Jensen Settlement Agreement (the “Agreement”) allowed the department and the plaintiffs to resolve the claims in a mutually agreeable manner. The U.S. District Court for the District of Minnesota adopted the Agreement on December 5, 2011. For more information on the Agreement, see the Jensen Settlement page on the DHS website.

B. Minnesota’s Olmstead Plan

As part of the Agreement, the State and DHS agreed to develop an Olmstead Plan. Minnesota’s Olmstead Plan describes a set of key activities the state must do to ensure that all Minnesotans with disabilities live, learn, work, and enjoy life in the most integrated setting of their choosing. The Olmstead Plan website includes additional information about the Olmstead Plan, the Olmstead Subcabinet, and the Olmstead Implementation Office.

II. Program Description

A. Purpose

Minnesota Life Bridge is a residential treatment service for individuals who:

- Have been determined to have a developmental disability according to Minnesota Rules, part 9525.0016, subpart 2, item B; and
- Exhibit severe behavior that presents a risk to public safety, in accordance with the Jensen Settlement Agreement Comprehensive Plan of Action Evaluation Criteria 3 (Doc. No. 283 at 5).

Treatment services are designed to resolve individuals’ behavioral crises and to promote their successful living in the most integrated settings possible in Minnesota communities. Minnesota Life Bridge’s purpose is reflected in its mission statement, “Successful transition to a successful life.”
B. Methods

Services are based on positive supports, person-centered practices, and mental health wellness supports. Program staff are intensively trained to use these strategies to promote individuals’ improved quality of life. Minnesota Life Bridge does not allow the use of mechanical restraint, prone restraint, chemical restraint, seclusion, time out, or any other aversive or deprivation procedures. (For more information see Guidelines for Positive Supports in DHS-Licensed Settings.)

C. Residential Treatment Services

Minnesota Life Bridge provides treatment services in three homes in Minnesota communities. Each of the three homes is licensed as a Community Residential Setting by DHS and provides Supported Living Services under Minnesota’s Home and Community-Based Services Standards (Minnesota Statutes, Chapter 245D).

Residential treatment services are intended to be short-term, lasting no longer than is necessary to stabilize individuals’ behavioral crises and facilitate successful transition to living in homes of their choosing. Additionally, Minnesota Life Bridge offers training and follow-up support to promote individuals’ successful transition. (See the Transition Services section below for more information.)

D. Transition Services

Successful transition from one residential setting to another requires planning and often additional supports for a short time. Because Minnesota Life Bridge residential treatment is intended to be short-term, transition planning begins with individuals the day the individual is admitted.

1. Transition Planning

When an individual is admitted to residential treatment, staff begin working with the individual and his or her identified support network to develop or update the individual’s person-centered plan. This plan is used as a foundation for planning with the individual for successful transition from Minnesota Life Bridge. Unless the individual objects, his or her transition planning team may include:

- The individual
- His or her interested family members
- Case managers
- Support planners (including Minnesota Life Bridge staff)
- Current, past, and future support staff
- At least one person who is in a freely-given, conflict-free relationship with the individual (such as a family member, advocate, or other person who has only the welfare of the individual to consider)

The DHS Person-Centered, Informed Choice, and Transition Protocol requires lead agencies, specifically case managers and support planners, to work together with the person who is moving to complete My Move Plan Summary.
2. Transitional Supports

Minnesota Life Bridge staff work with the individual and his or her support network to ensure that those supporting the person in his or her new home are well prepared. To promote a successful transition, Minnesota Life Bridge staff offer training, consultation, and other follow-up supports as appropriate. These supports may be provided in partnership with CSS mobile supports.

E. Mobile Support Services

To support individuals where they live and minimize life disruptions, mobile supports are engaged to address behavioral crises in individuals’ current settings whenever clinically appropriate and safely possible. Community Support Services (CSS) mobile teams promote positive supports, person-centered practices, and mental health wellness supports. CSS teams also build collaborative support networks to strengthen the integrated community living of individuals with complex behavioral health challenges.

To prevent and resolve behavioral crises, CSS mobile teams provide outreach services including:

- Assessment
- Consultation
- Training
- Augmentative staffing supports
- Engagement and coordination with community resources

CSS mobile teams are located across the state to promote regional responsiveness. Each mobile team includes at least two staff with experience and training in behavior analysis, social work, psychology, nursing, and/or organization development and training. When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in consultation with other mobile team members.

To build collaborative support networks around individuals supported, CSS mobile teams work in coordination with individuals’ teams and community resources to prevent or resolve behavioral crises.

For more information on CSS mobile teams, see the Community Support Services page in the DHS Community-Based Services Manual. See the Referral Process section below for information about engaging mobile supports for individuals referred to Minnesota Life Bridge.

III. Referral Process

A. Initial Referral

To refer an individual to Minnesota Life Bridge:

- Complete the online Community Based Services Program Referral Form, DHS-3912. (Instructions are included on the form.)
- Select Minnesota Life Bridge (MLB) as the program the person is being referred to.
After receiving this initial referral information, the Minnesota Life Bridge Transition Coordinator reviews the referral with the DHS Single Point of Entry Triage Team to develop a coordinated DHS response to assist the individual’s support network to resolve the behavioral crisis in the most integrated setting and manner possible.

For more information on the referral process, see the DHS Community-Based Services manual page on Referral process for Community Based Services (CBS) crisis and residential services.

B. DHS Single Point of Entry

The DHS Single Point of Entry is a process that coordinates crisis resolution responses for individuals with developmental disabilities and related conditions. The Single Point of Entry coordinates responses with individuals’ case managers across DHS, including the Disability Services, Chemical and Mental Health, and Direct Care and Treatment Divisions. The DHS Single Point of Entry Triage Team is staffed by representatives from each of these divisions as well as the Successful Life Project. Triage Team members have complementary expertise in resolving clinical and systems barriers to successful, integrated community living for individuals with disabilities.

After reviewing the initial referral, the DHS Single Point of Entry Triage Team may recommend one or more of the following actions:

- Engaging CSS mobile supports to help resolve the behavioral crisis in the individual’s current home
- Referring individuals to a crisis home for less intensive short-term crisis respite and support
- Engaging other community supports to assist with resolving the behavioral crisis
- Consulting with DHS Disability Services Division staff to help address service system-related barriers to effectively supporting the individual in their current home
- Proceeding with a full referral for admission to Minnesota Life Bridge

C. Minnesota Life Bridge Referral

The Minnesota Life Bridge Transition Coordinator contacts the individual’s case manager to facilitate completion of a full referral for admission to the residential treatment program. To ensure that admission is consistent with Minnesota Life Bridge’s purpose, the Jensen Settlement Agreement, and Minnesota’s Olmstead Plan, the Transition Coordinator requests the following information:

- A summary of the success the individual has had within the community
- A summary of what has happened to indicate that the individual may need to be relocated from the current community setting
- Documentation of the lead agency’s determination of the person’s developmental disability according to Minnesota Rules, part 9525.0016, subpart 2, item B
- Documentation evidencing the individual’s challenging behaviors present a risk to public safety
- The individual’s current:
  - Person-Centered Description or Plan
  - Coordinated Service Support Plan (CSSP)
  - Individual Abuse Prevention Plan (IAPP)
  - Self-Management Assessment (SMA)
  - Incident Reports
  - BIRFS
• Positive Support Transition Plan (PSTP), as appropriate
• Individualized Education Program (IEP), as appropriate

• Relevant assessments, including the most recent:
  • Diagnostic or psychiatric assessments
  • Psychological or neuropsychological assessments
  • Psychosocial or social history assessments
  • Functional behavior assessment

When needed to make an eligibility determination, the Transition Coordinator also may request additional documents that evidence the severity of the individual’s behavior, such as civil commitment petitions and orders, court-ordered assessments, police reports, or other records.

The Transition Coordinator reviews this referral information with the Minnesota Life Bridge referral review team as appropriate. This team may recommend one or more of the following actions:
• Gather further supporting or clarifying information
• Determine whether the individual meets MLB criteria and add individual to the MLB waitlist
• Develop an alternative plan to safely and effectively support the individual in their current home or in another setting

Questions
Contact the Minnesota Life Bridge Transition Coordinator at (651) 431-2017, extension 2, with questions regarding admission to Minnesota Life Bridge.

Americans with Disabilities Act (ADA) Advisory
This information is available in accessible formats for people with disabilities by calling (651) 431-4300 (voice) or toll free at (866) 267-7655, or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.