

DATE: September 8, 2015

LEADER: Ben Maas

TIME: 4:00-6:00 p.m.

RECORDER: Lisa Gjerde

COUNCIL MEMBERS			LIAISON MEMBERS			GUESTS
Name	P	A	Name	P	A	Name
Caroline Beise		√	Alene Chelman	√		Dr. Darlene Zangara, Olmstead
Sam Deweese	√		Melissa Hanson	√		
Lisa Gjerde	√		Gary Norman	√		
Lisa Inman	√					
Sue Kunitz	√					
Becky Maas	√					
Ben Maas	√					
Rod Sawtell	√					
Twyla Sawtell	√					
Becky Sorenson	√					
Eddie Tipton	√					
Virginia Wright	√					

Agenda	Activity/Discussion	Decision/Action/Conclusion
Call to Order	Ben called the meeting to order.	Approved by consensus.
Approve September agenda	Ben made the motion to approve the agenda; Sue seconded.	Approved by consensus.
Approve August minutes	Ben made the motion to approve the August minutes, with one addition regarding the online motion made between meetings to send Lisa G. to the MACMHP conference. Sue seconded.	Approved by consensus.

**Guest Speaker, Dr.
Darlene Zangara,
from the Olmstead
Implementation
Office**

Olmstead Plan Background:

1. Two women in Georgia sued their state's Department of Human Services (DHS) in 1999 because they were forced to stay in institutions as there were not adequate services in the community.
2. The women won. Commissioner Olmstead of Georgia started the Olmstead Plan, which is an extension of the ADA and states that people with disabilities should have choices/options about living, working, socializing & integrating in their communities.
3. All states are supposed to have an Olmstead Plan; in Minnesota, the first draft was submitted to the courts in 2013.
4. In Minnesota, the Jensen v. DHS suit also inspired the implementation of an Olmstead Plan in the state.
5. The revised draft of the MN Olmstead Plan, submitted in March, was denied because goals were not measurable. A new draft was submitted August 10, 2015.

Challenges faced by Olmstead Implementation Plan:

1. Difficult to get 8 state agencies working together.
2. To make goals measurable, it was necessary to separate tasks into work plans.
3. The Plan must be person-centered and look at what the individual needs and wants to be successful.

Different areas of the Plan include:

1. Transitional services (currently the most integrated)
2. Housing
3. Employment
4. Transportation
5. Education
6. Crisis services
7. Community relationships
8. Assisted technology
9. Prevention of abuse and neglect
10. Each section contains a vision statement and statistics; goals are outlined, strategies are identified, and a work plan is created.

<p>Guest Speaker cont.</p>	<p>Developing measurements:</p> <ol style="list-style-type: none"> 1. The Olmstead Office will be conducting a Quality of Life survey, covering every disability category and age range. 2. Later, they will evaluate the same people. 3. Qualitative part – seeking individual stories (for e.g.: Heidi explained that a challenge for her is feeling like her life is broken into tiny parts, depending on the services she receives. 4. In January 2015, the government set up a sub-cabinet to review the Olmstead plan. 	
<p>Guest Speaker Q&A</p>	<p>Plans to build safeguards to help vulnerable adults:</p> <ol style="list-style-type: none"> 1. Provide comprehensive training to providers and state workers. 2. Try to expand opportunities so people don't get "pipelined." 3. Allow for informed choice; minimize the risks without taking away potential opportunities. <p>Is there legislative support?</p> <ol style="list-style-type: none"> 1. Yes, but there is some resistance because of the finances involved. 2. Need to emphasize basic human rights. 3. Look at what rules are in place to prevent changes from happening. 4. Force people to think "outside the box" and become more creative. <p>Employment First Policy:</p> <ol style="list-style-type: none"> 1. Anyone can be engaged in productive, meaningful employment. 2. Used to be that people went to day treatment and sheltered workshops. 3. Is the problem underemployment or not providing accommodations? 4. There needs to be more education and support for employers. 5. More job coaches, educational goals, and provide a work experience for high school graduates. 6. Calling in sick (with depression) is the number one reason for job loss. <p>How fluid are the policies?</p> <ol style="list-style-type: none"> 1. The Olmstead Office has specific goals, looking at barriers and incentives for state agencies to adjust their rules. 	

<p>Roundtable Discussion</p>	<p>2. Some polices are outdated; others need language changes.</p> <p>What should we be doing as an LAC to support Olmstead?</p> <ol style="list-style-type: none"> 1. Possibly host a community event around a specific topic. 2. Elements that will impact clients: crisis, jobs, housing, positive supports. 3. Barriers include: the stigma of mental health, housing and transportation, and the need for more psychiatric providers and crisis beds. <p>What challenges does Olmstead face, particularly regarding funding?</p> <ol style="list-style-type: none"> 1. Plan to take existing resources and earmarked monies and reframe them. 2. Should we expand or target appropriations? 3. Funds limit the number of Quality of Life surveys to 3,000. 4. Must educate people first and then bring a referendum to the legislature. 5. Also, need a baseline to show progression (hence, the surveys). 6. Trouble with duplication of services. 7. Need a watchdog to make sure state agencies implement the goals. 8. Dispute resolution services are necessary. 9. Want community engagement projects. 10. Finally, must overcome entrenched practices, such as counties that are used to “doing their own thing.” <p>Ben explained, regarding the online motion made between the August and September meetings, that members were given 72 hours to respond to the email motion; a non-response is considered to be an abstention. If he didn’t receive any responses, he would have called members. The concern was raised that not everyone received the email.</p> <p>Concerns raised regarding Olmstead Plan: If funding revolves around a “replacement process” what current services might be reduced? Also, the application of the Plan may look completely different from the interpretation. How involved will mental health issues be in this Plan?</p> <p>If people do not disclose their disability to their employer, then they have no legal</p>	
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<p>Roundtable cont.</p>	<p>protections if the disability interferes with attendance and/or job performance.</p> <p>The concern that First Street is not listed in the phone book was made; it is listed in the government section of the gray pages.</p> <p>We briefly discussed the feedback received from the people who attended our Consumer Listening Session in August.</p> <p>Duplication of services regarding transportation is an issue that needs to be resolved; for example, you cannot have your personal care assistant (PCA) ride the bus with you.</p> <p>We do have some LAC funding, although it is hard to access. We also need to be more proactive about finding a diversity member for our council.</p> <p>Gary mentioned that the Clinicare Group from Hudson, WI, is going to convert the Victoria facility to an intensive regional treatment center with 16 beds, some of which could be designated as crisis beds. Crisis stays would be voluntary and no longer than 10 days.</p>	
<p>Election of Officers</p>	<p>Ben, Sam, and Lisa G. agreed to continue as Chair, Vice-Chair, and Secretary, respectively. Sam only wants to be Vice-Chair temporarily until an alternative person steps forward. Eddie moved to accept the nominations and Sue seconded.</p> <p>The question was raised whether or not there should be term limits for officers. Sam suggested that the limit be set for three years.</p>	
<p>Adjourn</p>	<p>Ben made the motion to adjourn. Twyla seconded.</p>	<p>Approved by consensus.</p>