



State of Minnesota

Office of the Ombudsman for Mental Health and Developmental Disabilities

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“Giving voice to those seldom heard”

February 9, 2012

Rep. Jim Abeler, Chair
Committee Members
House Health and Human Services Finance Committee
Minnesota House of Representatives
479 State Office Building
St. Paul, MN 55155

RE: Corporate Foster Care Moratorium

Dear Chairman Abeler and Members of the Committee,

The Office of Ombudsman for Mental Health and Developmental Disabilities fully supports the concept that persons with disabilities should be able to live in the least restrictive and most integrated community setting as possible. However the current moratorium on the development of corporate foster care homes has contributed to a problem that keeps some citizens in institutional settings long past the time when they are no longer in need of the services provided in those most restrictive of placements. This is wrong and it is expensive.

Minnesota has citizens who are stuck in the Minnesota Security Hospital and the Anoka Metro Regional Treatment Center because a placement cannot be found that can meet their needs. While these citizens wait for an appropriate placement, others are stuck in acute hospital beds in the community hospitals because the state institutional beds are full; while waiting to discharge those who are ready to leave. This situation puts Minnesota at risk of being in violation of the Federal Court ruling commonly referred to as the Olmsted Decision.

Minnesota has never developed a formal Olmsted plan. As a result of the METO Settlement Agreement approved by the Federal District Court, DHS is about to embark upon the planning process to develop an Olmsted Plan. The ideal situation, in theory, would be that these citizens would be able to live independently in their own homes or with family, with services brought to them. However, that system is not fully developed or available in Minnesota. As with all services, the needs of the citizens being served run a full spectrum of needs from highly intensive and supervised to relatively modest needs. There are many of the individuals who are at the highest risk of institutionalization have needs that require specialized care from trained staff on a 24 hour basis. For some that will be a permanent situation and for others that will serve as a transition from institutionalization until they are ready for more independent living.

As a result of the moratorium, DHS Disability Services Division developed a process by which a county and provider could go through a waiver process which added longer time lines and bureaucratic processes that did not seem to have any value added. In some respects that left State Operated Services MSOCS as the only option in many cases. This is one of our most expensive



options and is critically necessary for some client but in the end it is more cost effective to work with community providers and housing to insure that adequate resources are available when needed but not more than we need.

I would respectfully request that the moratorium be lifted and the plan to decertify those beds stopped, and allow our high need clients who are waiting in our institutions to have access to those placements. Perhaps after we study what is out there and determine what is the appropriate inventory for those higher needs clients we can then revisit this issue.

I ask that you consider allowing the Olmsted Planning Process to proceed before we cut back on corporate foster care; which should be better equipped to handle the clients who cannot live independently but still want to live in the community. Thank you for considering our position. Please do not hesitate to call me if you have questions. I can be reached at 651-757-1806.

Sincerely,

A handwritten signature in cursive script, reading "Roberta C. Opheim".

Roberta C. Opheim
Ombudsman