

# MEMO

To:	Joint Finance Committee
From:	Brian Hartman, on behalf of the following organizations:  Disabilities Law Program Developmental Disabilities Council State Council for Persons with Disabilities
Subject:	Division of Substance Abuse & Mental Health FY 11 Budget
Date:	March 3, 2010

Please consider this memo a summary of the oral presentation of Brian J. Hartman, Esq. on behalf of the Disabilities Law Program (“DLP”), Developmental Disabilities Council (“DDC”), and the State Council for Persons with Disabilities (“SCPD”). We are addressing one (1) overarching aspect of DSAMH’s budget, the skewing of resources to institutional versus community programs.

In Governor Markell’s January State of the State address, he stressed the need for long-range budgetary planning. He commented as follows:

While next year’s budget requires our immediate attention, we must not govern only for the short term. We are here to make our State better for generations to come.

We view this emphasis on long-range planning as sound advice. Concomitantly, we encourage the JFC to consider the on-going fiscal imprudence of allocating a disproportionate amount of resources to an institutional setting. This is a chronic problem. In its 2007 report, the Governor’s Task Force on DPC noted that “Delaware’s rate of expenditures for community mental health services was only 45%, compared to the national average of 70%.”<sup>1</sup> This distorted allocation of funding remains in effect today. The FY11 proposed budget allocates only 44% (\$32.1 million) of the mental health budget to community support vs. 56% (\$40.6

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<sup>1</sup>Governor’s Task Force on the Delaware Psychiatric Center, Final Report (December 18, 2007) at 49-50. [Attachment “A”] The Task Force was co-chaired by the State’s former budget director, Pete Ross, and the current DHSS Secretary, Rita Landgraf.

million) to DPC.<sup>2</sup> Of the 14,000+ clients served in DSAMH contract and state-operated programs, 56% of funds will be spent on an institution serving a few hundred individuals.

The most recent national statistics underscore the disparity. Last year the National Alliance on Mental Illness (“NAMI”) issued a comprehensive report, “Grading the States 2009 Report Card”. Delaware received a grade of “D” for community integration. Moreover, Delaware ranked 5<sup>th</sup> in the Nation in the number of psychiatric hospital beds per 1,000 adults with serious mental illness.<sup>3</sup>

The anomaly reinforced by the budget is that many Division clients unnecessarily spend years in DPC simply because there is a lack of funded community options. We understand that there may be more than 70 individuals at DPC who could be transitioned to the community if supervised or supported housing options were available. DPC “length of stay” statistics paint a compelling picture of Delawareans unnecessarily languishing in the Center. The Governor’s Task Force report observed that “the average aggregate length of stay for residential adult patients at DPC in 2006 was 2,130 days (5.8 years) compared to the national average of 869 days (2.4 years).<sup>4</sup> This disparity has actually worsened since 2006. In 2009, the average length of stay for residential DPC patients was 2,682 days, i.e., 7.34 years! Federal SAMHSA statistics are corroborative. For DPC patients who reach the threshold of 1 year in the facility, the average length of stay is 3,379 days (9.25 years), almost double the national average.<sup>5</sup>

### Recommendations

We recognize that major shifting of resources from institutional to community options cannot be achieved “overnight”. We also recognize that the budget epilog continues to authorize the Department, with the approval of OMB and the Controller General, to reallocate some resources to the community.<sup>6</sup> However, statistically, progress towards shifting to a more

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<sup>2</sup>The relevant excerpt from the proposed FY 11 budget bill (S.B. No. 196) is included as Attachment “B”.

<sup>3</sup>Relevant excerpts from the report are included as Attachment “C”.

<sup>4</sup>Governor’s Task Force on the Delaware Psychiatric Center Final Report (December 18, 2007) at p. 49. [Attachment “A”]

<sup>5</sup>SAMHSA Delaware 2008 Mental Health National Outcome Measures, Table 2. [Attachment “D”]

<sup>6</sup>A copy of Section 155 of the epilogue of the proposed budget bill (S.B. No. 196) is included as Attachment “E”.

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community-based model is lagging. To “jump-start” the process, we recommend the establishment of a task force to analyze the current system and develop a “roadmap” for shifting to a more balanced mental health system. The Governor’s proposed budget already creates such a task force for the aging and persons with physical disabilities with a report due by March 15, 2011.<sup>7</sup> The budget epilogue recites as follows:

Recognizing that Delaware has an obligation to establish a rational long term care system to prevent expensive and premature institutionalization and to insure Delaware’s senior and disabled population who are able to remain in their homes and communities should receive services needed to remain as independent as possible, it is the intent of the General Assembly that a Task Force shall be formed to develop ...[an analysis of innovations in other states, services needs, and recommendations].

Delaware enjoys a committed and progressive DHSS Secretary, DSAMH Director, and provider network. We need to take advantage of available mental health expertise to conduct the same planning being undertaken to balance the service delivery system for persons with physical disabilities.

Thank you for your consideration of our comments.

Attachments

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<sup>7</sup>A copy of Section 175 of the budget epilog is included as Attachment “F”.