

MEMORANDUM

To: The Honorable Harris B. McDowell, III, Co-chair
The Honorable Melanie George Smith, Co-chair
Joint Finance Committee Members

From: Elizabeth G. Booth on behalf of the following organizations:
Disabilities Law Program, Community Legal Aid Society, Inc
Developmental Disabilities Council
State Council for Persons with Disabilities
Governor's Advisory Council for Exceptional Citizens

Date: February 26, 2015

Re: Division of Substance Abuse and Mental Health FY 2016 Budget

Please consider this memorandum a summary of the oral testimony presented by Elizabeth Booth on behalf of the Disabilities Law Program, Developmental Disabilities Council, State Council for Persons with Disabilities, and the Governor's Advisory Council for Exceptional Citizens. Today I will highlight two areas of great importance in the proposed budget for the Division of Substance Abuse and Mental Health (DSAMH): Assertive Community Treatment (ACT) teams and supported housing.

U.S. Department of Justice Settlement Agreement

As the State nears the end of its Settlement Agreement with the U.S. Department of Justice (U.S. DOJ), expanding and sustaining a network of interconnected community-based services for individuals with serious and persistent mental illness (SPMI) remains an urgent priority. To this end \$3.214 million dollars of the Division's proposed budget for fiscal year 2016 is allocated toward ongoing implementation of the Settlement Agreement.¹

The most recent court monitor report confirmed that for the first time the State failed to meet a target in the Settlement Agreement, as it was unable to reduce acute care bed days by 30% before July 1, 2014.² Reduction of acute care bed days depends upon a strong network of community-based services and supports for individuals with serious and persistent mental illness (SPMI), including outpatient treatment through Assertive Community Treatment (ACT) teams and other community-based treatment programs, targeted case management, crisis intervention and supported housing and employment.

¹ Presentation by Rita Landgraf, Cabinet Secretary, Department of Health and Social Services to the Office of Management and Budget, November 20, 2014.

²Sixth Report of the Court Monitor on Progress Toward Compliance with the Agreement, U.S. v. State of Delaware, Civil Action 11-591-LPS at p. 18.

While the new PROMISE program will fund an array of services for many Medicaid-eligible individuals with SMPI, not everyone in the target population of the U.S. DOJ settlement agreement can or will be served by PROMISE. It is important that the State maintain funding for community-based services to both meet the terms of the Settlement Agreement and to ensure the health and community integration of those in the target population.

ACT Teams

ACT Teams provide individualized treatment and services for individuals in a community setting, serving many of those with intensive mental health needs who are discharged from inpatient psychiatric care. Each team has 7-10 staff to meet the varied psychiatric treatment and support needs of the individuals in their care.³

Currently, the state has 11 ACT teams, demonstrating full compliance with all of the Settlement Agreement benchmarks in this area ahead of schedule.⁴ According to the most recent court monitor report, preliminary data indicates that “hospital admissions among clients of ACT occur relatively infrequently.”⁵

ACT team services are not always immediately available, however, and there is currently a waitlist for ACT services in New Castle County. These services are essential to ongoing compliance with the Settlement Agreement.

Supported Housing

The Settlement Agreement also calls for an expansion of supported housing offerings for individuals with SPMI. DSAMH has been required to incrementally increase the availability of housing vouchers and other subsidized living arrangements over the course of the agreement, and has met all targets in this area to date.⁶ By July 1, 2016, the state will have to provide “housing vouchers or subsidies and bridge funding to anyone who needs such support.”⁷

This is a very ambitious goal, but a laudable one. Safe, stable, and affordable housing for individuals with SPMI is an essential component of community integration and enables individuals to receive ongoing treatment and services in their own communities, however there are many challenges that individuals with SPMI may face in securing housing in the community without support. DSAMH has been working to broaden its housing offerings in the community, which include rental assistance vouchers, supported apartments and transitional housing. This variety of options enables to the provision of individualized community-based services.

³ US DOJ Settlement Agreement, p. 6.

⁴ Sixth Report of the Court Monitor, p. 25.

⁵ Sixth Report of the Court Monitor, p. 6.

⁶ Sixth Report of the Court Monitor, p. 34.

⁷ US DOJ Settlement Agreement, p. 13.

Recommendations

We support and recommend the DSAMH funding request to continue the State's important work to bolster community-based services and ensure ongoing compliance with the Settlement Agreement and the U.S. Supreme Court's *Olmstead* decision. Thank you for your consideration.