

MEMORANDUM

To: Office of Management and Budget

From: Brian J. Hartman and Elizabeth G. Booth on behalf of the following organizations:

Disabilities Law Program (“DLP”), Community Legal Aid Society, Inc.
Developmental Disabilities Council
State Council for Persons with Disabilities
Governor’s Advisory Council for Exceptional Citizens

Date: November 20, 2014

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

Please consider this memorandum a summary of the oral presentation of Brian J. Hartman, Esq. 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.

We wish to highlight three (3) contexts in which the State may experience difficulty in meeting discrete targets in the State’s Settlement Agreement with the U.S. Department of Justice. These targets are set to be completed by July 1, 2016.¹ Particular areas where the State will need to demonstrate compliance are: 1) Acute Inpatient Bed Days; 2) Transition Planning and 3) Supported Housing.

Acute Inpatient Bed Days

While on the whole the State has made admirable progress in meeting benchmarks outlined in the Settlement Agreement, progress has lagged in reducing the number of acute inpatient bed days for the target population. The State was unable to meet the July 1, 2014 compliance target requiring a 30% reduction in acute inpatient bed-days.² By July 16, 2016, an ambitious 50% reduction in inpatient bed days is mandated.³ To meet this target, the State must expand community-based treatment options, ensure effective transition planning for individuals receiving inpatient treatment, and enhance outpatient crisis programs.

Transition Planning

The Settlement Agreement contemplates discharge of inpatients to community-based settings within 30 days of treatment team approval.⁴ This standard must be met for 75% of DPC and IMD patients during FY15 and 95% of such patients during FY16.⁵

¹ 2011 DOJ Settlement Agreement, pp. 10-14.

² Fifth Court Monitor Report, pp. 22-23; US DOJ Settlement Agreement, p. 11.

³ *Id.*

⁴ US DOJ Settlement Agreement at p. 16.

⁵ *Id.*

Delayed discharge is an area of major concern. While the State has made substantial progress in reducing the overall population at DPC,⁶ the DLP regularly encounters clients who remain in DPC for months due to delays in finalizing post-discharge arrangements. Apart from contravening the Settlement Agreement, such delays have a negative emotional effect on patients who are anxious to return to non-institutional therapeutic settings.

To facilitate achievement of “discharge” benchmarks, the State must continue to allocate funds to community-based mental health treatment options, including Assertive Community Treatment (ACT) and Intensive Care Management (ICM) teams and Community Reintegration Support (CRISP) services. The Settlement Agreement requires that community providers be assigned to patients and contacted within 24 hours of admission,⁷ and it is important that a range of community providers be available to affirmatively support prompt discharge planning.⁸

Supported Housing

To date, the State has been successful in meeting the implementation targets for provision of supported housing.⁹ State Rental Assistance Program (SRAP) vouchers and other housing supports enable countless DLP clients to be part of their greater communities while receiving the treatment and services they need. The current benchmark requires the provision of supported housing to 650 individuals by July 1, 2015. The FY16 benchmark is more ambitious, requiring the provision of vouchers, subsidies, and bridge funding to “anyone in the target population who needs such support by July 1, 2016.”¹⁰ Modifying the benchmark from a defined number (e.g. 650) to “anyone in the target population” precludes waiting lists and complicates budgeting. Given the applicability of the non-numerical standard, it may be prudent to adopt a higher cost estimate for supported housing than used in FY15.

Conclusion

In summary, we are encouraged by the State’s continued commitment to realign its mental health system in conformity with the Settlement Agreement. To successfully further that realignment, we support the inclusion of sufficient funds in the FY16 DSAMH budget to meet applicable targets with particular emphasis on inpatient bed days, transition planning, and supported housing.

Thank you for your consideration.

⁶ Fifth Court Monitor Report at p. 22.

⁷ Settlement Agreement at p. 5.

⁸ See Fifth Court Monitor Report at p. 26.

⁹ Fifth Court Monitor Report at p. 34.

¹⁰ Settlement Agreement at p. 13.