MEMORANDUM

DATE: February 13, 2012

TO: Joint Finance Committee

FROM: Daniese McMullin-Powell, Chairperson
State Council for Persons with Disabilities

RE: State Rental Assistance Program

The State Council for Persons with Disabilities (SCPD) strongly endorses the Delaware State Housing Authority’s (DSHA’s) funding request of $3 million dollars for the State Rental Assistance Program (SRAP) which assists people with disabilities in their efforts to locate and secure safe, affordable, accessible and integrated housing. In addition, the program is utilized by the Department of Children, Youth and Their Families (DSCYF) for individuals transitioning out of foster care. The program was initiated in June 2011 and is designed to provide affordable housing for those needing community-based supportive services who are transitioning from Department of Health and Social Services (DHSS) facilities or “aging out” of foster care. It has been extremely successful. As of February 10, 2012, DSHA had received 159 applications and approved 116 vouchers (63 households in apartments and 53 households with vouchers issued and currently looking for units). The others are being processed. In this program, “supportive services” include any medical, psychological, personal care, or case management services necessary for an individual to live safely and independently in the community. To qualify for the State Rental Assistance Program, the applicant must 1) provide documentation that supportive services are necessary for his/her successful transition into the community, and 2) provide documentation that the applicant has a community-based supportive services plan with an approved service provider.

Lack of appropriate housing opportunities is a critical barrier to accessing community-based services for persons with disabilities. Indeed, it is the top priority of the Governor’s Commission on Community-Based Alternatives for Individuals with Disabilities. As background, the Department of Health & Social Services (DHSS) is conducting assessments of residents in its 5 long-term care facilities for the purpose of determining who have needs that can be served in the community. This is a result of a site-visit by the Centers for Medicare & Medicaid Services (CMS) which is encouraging the state to better comply with the Olmstead decision that requires public agencies to provide services in the most integrated setting appropriate to the needs of qualified individuals with disabilities. Consistent with the attached February 1 News Journal article, the State Monitor for U.S. District Court, has praised the work of DHSS in this context for persons with mental illness. In addition, DHSS operates a Money Follows the Person (MFP) program which assists persons with
disabilities with transitioning from institutional care to the community. As of February 13, 2012, the Division of Medicaid & Medical Assistance (DMMA) reported that have transitioned 68 individuals. In addition, there are 78 people in pre-discharge status and many of those will need housing.

SCPD encourages the State to fund SRAP at the Governor’s recommended budget of 3 million dollars. Funding SRAP will enable the state to better transition individuals with disabilities into the community consistent with federal law and Delaware’s commitment to rebalancing its disproportionate spending of long term care dollars on institutional care.

Thank you for your consideration.

jfc/dsha 2-12
DPC report: Del. has made 'significant advances' 

Delaware has made "significant advances" in its efforts to reform the Delaware Psychiatric Center and improve care for those with serious and persistent mental illness, according to a report issued today by Robert Bernstein, who is monitoring the state for U.S. District Court.

Bernstein was appointed to ensure Delaware’s compliance with terms of its settlement with the U.S. Department of Justice, which had sued the state for violating the Americans with Disabilities Act after a 2007 investigation by The News Journal revealed layers of problems at the facility.

Federal officials said the "vast majority" of DPC’s patients would be better served in community settings.

The state has five years from the July 2011 settlement date to meet a grocery list of requirements – ranging from establishment of more community-based supports to training for staff and improved housing options – and this is Bernstein’s first periodic report on the state’s progress.

Bernstein said the state has many of the services needed to support those with mental illness in community settings. But there aren’t enough and they aren’t nimble enough to meet the growing need for prompt, community-based care.

"The State’s current service framework reflects an accumulation of decades of bureaucratic ‘fixes’ and programs that are more structured around reimbursement than effective service delivery," he wrote.

Bernstein said no one could expect the state to comply with all requirements in six months, but he found evidence that the work has started in earnest.

"Of equal importance," Bernstein wrote, "the state is taking some very important steps to correct longstanding structural matters that now compromise the civil rights of individuals with SPMI [severe and persistent mental illness] and obstruct the effective provision and management of the services afforded them through public programs."

Bernstein praised the work of Rita Landgraf, secretary of Health and Social Services, and Kevin Huckshorn, director of the Division of Substance Abuse and Mental

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2/10/2012
Health, for their leadership in the work.


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