



## DOJ Olmstead Settlement Compliance News

The Delaware system of care for persons with severe and persistent mental illness has been working overtime since Delaware entered into a settlement agreement on July 15, 2011, to craft a new system of care. Delaware providers, consumers, staff in DSAMH, and countless others have put in an enormous amount of work over the last 18 months to meet the targets set forth in the US DOJ Settlement Agreement with the State of Delaware. This effort has been all-consuming as it has entailed keeping the existing system operational while at the same time developing new models that will allow many more people to receive care in the community rather than in institutional settings.

The fundamental changes that Delaware must make are far reaching and cannot be achieved under the exist-

*USDOJ ... continued on page 4*

## Changes in Community-Based Care For Persons with Mental Illness

A number of major changes took place in 2012 in the way Delawareans access behavioral health care. First, the structure of the treatment system moved from the old Community Continuum of Care Provider (CCCP) model to one in which clients are assigned to a treatment team based on level of need.

People requiring the most intensive support in order to live in the community will receive care through one of two CRISP (Community ReIntegra-

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## It's All About Housing



Housing is a basic human need and over the years social service providers have recognized that including housing as part of the treatment or recovery plan offers a foundation on which a client can recover and succeed in the community. DSAMH understands that stable, safe housing is a key need for people in recovery. With the support and direction of the Americans with Disabilities Act and U.S. Supreme Court Olmstead Decision, and the Settlement Agreement entered into by the State of Delaware and the U.S. Department of Justice (see article, left), the State Rental Assistance Program (SRAP) has offered many people we serve independent housing support.

SRAP was developed as the next generation of the "Step Up" program administered by the Delaware State Housing Authority (DSHA) for clients of the Department of Health and Social Services (DHSS) and the Department of Services for Children, Youth and Their Families (DSCYF, also known as the Kids Department). Both "Step-Up" and SRAP are based on the principals of the Housing Choice Voucher (Section 8) program whereby the client, who meets the

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## Addictions Services Next in Line for an Overhaul

A familiar face has joined DSAMH. Rosanne Faust, formerly with Horizon House, has come on board to oversee the overhauling of Delaware's services for people seeking recover from substance use disorders. She is working with consultant Peter Rockholz a nationally-recognized expert, to conduct a thorough environmental scan and gap analysis of the current system. This has included information from the RFI, interviews and visits with current providers, clients and former clients, acquiring an in-depth picture of what works and what doesn't work. One problem identified early in this process is that clients frequently experience delays in moving from one level of service

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tion Services Program) providers. These providers are responsible for about 75 clients who were long-time residents at the Delaware Psychiatric Center who are now moving to their own homes in the communities of their choice. The work to find suitable housing and help these individuals adapt to life outside an institution, where some have lived for well over a decade, is requiring a number of other changes in state-provided services, specifically housing assistance. (See article on Housing for more information on this).

Another group clients who have mostly been served in community but who may have been group home residents in the past are also receiving support and assistance in acquiring their own private residences. Peer support staff work with a client's treatment team, typically an ICM (Intensive Care Management) or ACT (Assertive Community Treatment) team, to help the client identify recovery goals and desires, locate suitable housing (if needed), employment (as desired), and engage with the community while participating in recovery work. The majority of clients formerly served by the CCCP model were assigned to an ACT or

ICM team this past summer to continue recovery services.

An entirely new type of service that has come into being is Targeted Care Management. This service, provided by a couple of TCM teams to individuals throughout the state, began first at DPC. TC managers are specialized case workers whose responsibility is to provide assistance and advocacy to people who are perhaps experiencing their first severe symptoms of mental illness or addictive disorder and whom may have received treatment services for the first time. TCMs work to ensure that the client remains firmly connected and engaged in seeking recovery, advocating for services and supports for the client as needed until the client's provider and the client have established a therapeutic relationship and the client is stable and capable of advocating for him/herself. The relationship between the TCM and the client may last days, weeks or months depending on the level of need. The goal is to assure that clients with no experience seeking recovery get strong initial support and encouragement to pursue their recovery goals at a time when they may be most vulnerable and least able to get their own needs

met. Any service provider can refer a client for TCM services through the Eligibility and Enrollment Unit.

Also new to Delaware is the Recovery Response Center in Ellendale. A new-to-Delaware provider, Recovery Innovations, was selected to operate the downstate Crisis and Psychiatric Assessment Center (CAPAC--which operates similarly to the CAPES program at Wilmington Hospital). RRC is a walk-in center for people experiencing a behavioral health crisis, where they can receive a professional assessment and referral to services, including inpatient hospitalization if warranted. People can self-refer, be brought by friends and relatives or be referred by a local hospital emergency department or law enforcement agency. The RRC offers a safe place to be seen and receive crisis support services either until the symptoms are manageable enough to return home or until the person can be connected with his/her community treatment team or referred to one. In rare cases when an assessment determines that the person is experiencing acute symptoms of illness requiring hospitalization, the RRC can arrange transportation to a psychiatric hospital.

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## Addictions *continued from page 1*

to another. These delays are exacerbated by the lack of sufficient sober housing, the structure in the current treatment system and by the number of unrelated providers who have differing capabilities and program designs.

Work on the initial investigative phase of this project is expected to continue through early spring with the results under internal review later this year. It is expected that the end result will eventually be a similar system transition process as took place in the mental health care system.



**August 8, 2013**

**Herman Holloway  
Campus  
(Springer Area)  
9 a.m. - 2 p.m.**

**Join us as we taste the  
garden's bounty, "walk and  
roll," explore the labyrinth,  
enjoy garden art and more.**

**Garden Fair!**

## Housing *continued from page 1*

eligibility criteria, voucher in hand, can find and rent an apartment or house anywhere in the state.

SRAP is a joint venture between DSHA, DHSS, and DSCYF. In early 2011, SRAP replaced “Step-Up” as the state housing subsidy program for the clients from DHSS and the Kids Department. During the same period of early 2011, the State of Delaware entered into the USDOJ Settlement Agreement that would bring its current mental health system into compliance with Americans with Disabilities Act, and Olmstead. The Agreement stated that services for individuals with mental illness are to be provided in the most integrated, least restrictive, setting appropriate to the client’s needs. The Agreement included specific goals for housing. SRAP became one of the tools to meet those housing goals.

For most clients, the right setting is “in their own community.” For some of DSAMH’s clients, that has meant finding a place to live, a home of their own, for the first time in many, many years (sometimes more than a decade.). Most of the over 70 clients coming out of DPC need assistance of many different kinds to make the transition to community-based care.

The Agreement describes the target population by priority for housing services. Clients of DSAMH who are diagnosed with serious and persistent mental illness (SPMI) and who fall under one of the following cat-

egories are eligible to apply for an SRAP voucher:

- People who are currently at Delaware Psychiatric Center, including those on forensic status for whom relevant court approves community placement;
- People who have been discharged from Delaware Psychiatric Center within the last two years and who meet any of the criteria below:
- People who are, or have been, admitted to private Institutions for Mental Disease (“IMD’s”) in the last two years;
- People with SPMI who have had an emergency room visit in the last year due to a mental illness or substance abuse;
- People with SPMI who have been arrested, incarcerated, or had other encounters with the criminal justice system in the last year due to conduct related to their serious mental illness; or
- People with SPMI who have been homeless for a full year, or who have had four or more episodes of homelessness in the last three years.

A dedicated team within DSAMH works with partners to assure that consumers of DSAMH services can



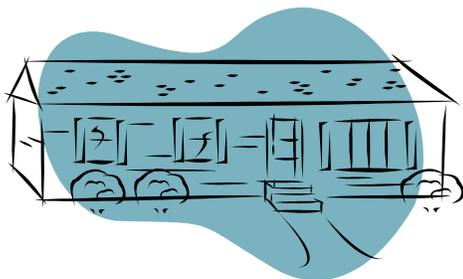
receive care in the least restrictive setting appropriate. They coordinate program resources, process client State Rental Assistance Program (SRAP) applications, track placements, and provide training

on SRAP to staff at DPC and community care providers.

The DSHA staff meet with the client and award qualified applicants an SRAP Voucher. Once the client is offered an SRAP voucher s/he works with their community-based care manager and a housing case manager to locate a suitable place to live. Before leasing, each unit is inspected by DSHA to ensure that it meets state and federal housing standards. The client pays 28% of his/her income toward the rent and utilities and DSHA pays the balance of the rent to the landlord according to the lease agreement and the SRAP program guidelines. Overall, the DSAMH and DSHA staff work together to manage the SRAP program.

As an important part of ensuring the success of the program, DSAMH staff have facilitated landlord outreach events. Constant advertising and outreach to landlords throughout the state is imperative to maintain an interested landlord pool. The SRAP program needs landlords who are willing to lease to our clients. DSAMH has been very fortunate to identify landlords who are willing to participate in the program.

**DSAMH will have successfully placed over 201 clients in homes statewide by June of 2013.**



ing systems. The implementation timeline—the settlement agreement spans five years—while staggered, requires some very immediate remedies and changes that DSAMH and our providers have been working very hard to meet. A notable accomplishment has been the successful discharge of many long-term DPC clients from the hospital into the community. Many of these individuals require community resources and wrap-around services that are scarce or only just beginning to be developed.

DSAMH staff authored and released multiple new RFPs in quick succession. The timetable was driven by deadlines in the settlement agreement and transition has been difficult both for staff and providers as everyone worked to transition from existing services to the new services prescribed in the Settlement Agreement. There have been some bumps along the way, but progress is notable and Delaware continues to keep pace with the targets in the Settlement Agreement for year two.

Bob Bernstein, the Court Monitor in charge of observing Delaware’s compliance with the Settlement Agreement, has authored the first three reports, released to the State and the Department of Justice, available on DSAMH’s website. Overall, the reports have been favorable and fair and DSAMH and its providers were accorded credit for what has already been accomplished.

The good news is that the first annual report noted our compliance with deadlines and we know we are well on the way to meeting quite a few of the deadlines for year two. If you are interested in these reports, you can find them on the web:

<http://dhss.delaware.gov/dhss/dsamh/repstats.html>



**DELAWARE HEALTH AND SOCIAL SERVICES**

**Division of Substance Abuse and Mental Health**

1901 North DuPont Highway, New Castle, Delaware 19720

**DPC INDUSTRIES - GREENHOUSE**

Open Monday 3/25 through Thursday 3/28

**7 a.m. to 2 p.m.**



*2013 Early Spring*  
**4-Day Easter Plant Sale**  
**Monday, 3/25- Thursday 3/28 ONLY !**



*All of our items are grown or produced by clients and former clients of Delaware Psychiatric Center, with guidance from our trained horticulturist. Client salaries are derived exclusively from the sale of our products, so your purchases allows us to continue to provide quality vocational services for those recovering from mental illness.*

**Potted Plants**

**4" Hyacinths \$3.50** each

*Tulips, Chrysanthemums  
or Mini Daffodils* **\$3.95** each

**Gardenias \$7.50** each

**4 1/2" Miniature Roses \$7.95** each

**6" Azaleas \$9.95** each

**Lilies \$6.95** each

Call ahead or for more information:  
**302.255.2993 or 302.255.4527**



*2013 Annual Bedding Plant Sale starts*  
**on April 29 at the DPC Greenhouse, 7 a.m.-  
2 p.m. Monday through Friday. Watch for  
more information in April.**

**42nd Summer Institute 29 July - 2 August 2013**  
*Addressing Trauma  
Across the Lifespan*