

Olmstead

Delaware's Settlement Agreement

Lessons Learned from a 5-year Settlement Agreement

A retrospective look at challenges and contributors to success

Melissa A. Smith, MA

Delaware Division of Services for Aging and Adults with Physical Disabilities

Delaware's *Olmstead* Settlement Agreement

Even in
the darkest
moments, there
is the hope of
a brighter
future.

In the Fall of 2010, the State of Delaware received a letter from the Civil Rights Division of the United States Department of Justice (USDOJ), which revealed the conclusions of their investigations from 2007-2008, and an on-site visit in 2010.

Have hope. We can help.

Facing addiction or mental health issues? Call Delaware's
Division of Substance Abuse and Mental Health Helpline.



Delaware Department of Health and Social Services
Division of Substance Abuse and Mental Health

1-800-652-2929

Delaware's *Olmstead* Settlement Agreement

USDOJ investigators found that Delaware's current mental health system **failed to provide services** to individuals with mental illness **in the most integrated setting** appropriate to their needs, **as required by the ADA.**

They also found that **this resulted in needless prolonged institutionalization of many individuals** with disabilities in Delaware Psychiatric Center (DPC) who could be served in the community. It also placed individuals currently in the community at risk of unnecessary institutionalization.

Delaware's *Olmstead* Settlement Agreement

In July 2011, Delaware signed a settlement agreement with the US DOJ to resolve these ADA issues, pledging to change the service provision in these areas:

- Reduce institutionalization;
- Increase array and availability of community support services, including crisis stabilization, case management, supported employment, peer services, and other rehabilitative services;
- Increase supportive community living options;
- Increase family and client supports.

Substantial Compliance in meeting targets set forth in the Settlement Agreement:

- Crisis Services
 - Hotline
 - Mobile crisis response
 - Crisis diversion training
 - Crisis apartments
 - Crisis stabilization services
- Supported Housing
- Family and Peer Supports
- Supported Employment
- Case management
- Assertive Community Treatment (ACT)
- Intensive Case Management (ICM)
- Transition planning
- Rehabilitation services
- Quality assurance

Sustainable change in Delaware

The State's ability to ensure sustainable change was critical to the success of the Settlement Agreement. This is evidence by:

- Two legislative changes (changes to the civil commitment process and the creation of an independent oversight commission)
- Creation of a credential for mental health screeners and peers.
- Approval and implementation of a Medicaid 1115 demonstration waiver to pay for an increased variety of community mental health services
 - Crisis
 - Supported Employment
 - Other Licensed Professionals
 - Group Home like clinical and personal supports – for individuals in private homes and supervised housing.
 - State Monitoring throughout an individual's eligibility for PROMISE
 - Non medical transport, respite, peer services, etc.

Data Challenges

Challenges in collecting and compiling data related to these targets:

- Definitions
- Data sharing
- Data collection
- Lack of Electronic Health Record (EHR)
- System changes that naturally occur over a 5 year period of time

Data Challenges- Definitions

Many nuances in the Settlement Agreement became critical components of defining data necessary to show success:

- Target Population Priority List (TPPL) (diagnosis, entry point)
- Intensive Case Management (ICM)
- Rehabilitation services
- Reduction in Acute Care Bed Days



Revised measures of compliance- Bed Days

- 1a Monthly Bed-Day Reports
- 1b FY16 DPC Admissions from an IMD, by IMD and the Total LOS
- 1c Mean, median, mode, and range of Days for 1b who have been discharged
- 1d Clients whose lengths of stay have exceeded 14 days
- 1e Direct admissions to DPC (i.e. not via an IMD)
- 1f Mean, median, mode, and range of Days for 1e who have been discharged
- 1g Removed22
- 1h ALOS at DPC by LOS Type: 0-14, 15-49, 50-179, 180+ days
- 1i Number of persons & length of time for each person on DPC ready to discharge list

Data challenges- Sharing

State Cross-departmental data sharing – logistics and agreements, HIPAA and confidentiality concerns

- Criminal justice
- Employment
- Medicaid and state pay
- Homelessness data

Standardizing measures across different systems and data elements

Developing measures and data collection methods where none exist



Data Challenges- New Measures

- New programming and targets necessitated new measures and data collection- fast!
- Creating data measures from existing data sources
- Lack of EHR and/or ongoing implementation of an EHR



Data Challenges- System Maturity and Changes

- Changes in programming and agencies creating disruption in data collection
- Application of “lessons learned” in later years of the Agreement while maintaining fidelity to the targets

Data Opportunities- University of Pennsylvania, Center for Psychiatry Research and Service

- Contract to design and conduct an evaluation of the system outputs and consumer outcomes of the Settlement Agreement in Delaware
- Design and implement a methodology to assess DPC client's appropriateness for community living.
- Design and implement an evaluation of the Community Re-Integration Support Program
- Identification and analysis of independent research questions for CRISP and system redesign (i.e. bed days target).
- Development and implementation of the Quality Program Review (QPR) process

Data Opportunities- Interest



- Court Monitor in favor of multiple data perspectives
- Strong data analysis skill set in existing state employee
- All parties interested in exploring the data and what it meant

Advice- Infrastructure and Staffing

Word of advice- Do not underestimate the staffing requirements to implement the Settlement Agreement.

- State hiring challenges in tight fiscal times
- Consultants are helpful, but can pose morale issues with state employees

Advice- Details!



Negotiations- pay attention to all of it



Changes and improvements in the MH system will amplify problems and shortcomings of the AOD system – be prepared to change both.

Displacement to other service systems not under the watch of the agreement

Advice- Other systems



Settlement Agreements can bring great pressure and money

Be mindful of pushing the problem to another arena

Ability to focus on “everything” in tight budget times
– watch for the rising tide on other issues

Life after Lawsuits...

MELISSA A. SMITH, MA

Delaware Department of Health and Social Services

Division of Services for Aging and Adults with Physical Disabilities

Herman M. Holloway Sr. Health and Social Services Campus

1901 N. DuPont Highway, New Castle DE 19720

Office: (302) 255-9380 Fax: (302) 255-4453

Melissa.a.smith@state.de.us