

Department of Behavioral Health & Developmental Disabilities

ADA Settlement Agreement

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March 15, 2013



DBHDD

2010 ADA Settlement Agreement - Scope

- Five Year Agreement – signed in October of 2010.
- Provides Community supports and crisis services for
 - Persons with developmental disabilities (DD) who would otherwise be served in ICF/MR facilities
 - Persons with serious and persistent mental illness (SPMI) who would be served in State Hospitals without community services
- Quality management



Mental Illness Target Population

- The target population for community services is 9,000 individuals with Severe and Persistent Mental Illness (SPMI)
 - who are currently being served in the State Hospitals
 - who are frequently readmitted to the State Hospitals
 - who are frequently seen in Emergency Rooms
 - who are chronically homeless, and/or
 - who are being released from jails or prisons

Intellectual Disabilities Population

- The Agreement calls for:
 - The cessation of admissions of individuals to State Hospitals July 1, 2011
 - Movement of individuals from State Hospitals to the community with appropriate community supports
 - Additional waivers for individuals in the community
 - Additional Family support money
 - Crisis services – Mobile Crisis Teams and Respite



Settlement Agreement Services

	1-Jul-11		1-Jul-12		1-Jul-13		1-Jul-14	1-Jul-15
	Target	Compliance	Target (cumulative)	Compliance	Target	Compliance	Target	Target
Mental Illness Provisions								
35 Community Hospital Beds	35	Yes						
Crisis Line (no date)	1	Yes						
ACT Teams	18	Yes	20	Yes	22	Yes		
Intensive Case Management Teams	1	Yes	2	Yes	3	Yes	8	14
Supported Housing Beds	100	Yes	500	Yes	800	703	1400	2000
Bridge Funding (yearly)	90	Yes	360	Yes	270		540	540
Supported Employment	70	Yes	170	Yes	440	Yes	500	550
Community Support Teams			2	Yes	4	Yes	8	
Case Management Services			5	Yes	15	Yes	25	45
Crisis Stabilization Units			1	Yes	2	Yes	3	
Peer Support Services			235		535	Yes	835	
Crisis Service Centers					1		3	6
Mobile Crisis Services (counties)					91		126	159
Crisis Apartments					6	3	12	18
Target Population List								9000
Developmental Disabilities								
Cease all TIC admissions to State Hospitals	0	Yes						
Move persons from SH to community	150	Yes	300	Yes	450	22	600	750
Family Supports (yearly)	400	Yes	450	Yes	500	204	500	500
Community Waivers			100	Yes	200	Yes	300	400
Mobile Crisis Teams			6	Yes				
Crisis Respite Homes			5	Yes	9	Yes		
Education - Program Created for Judges and Law					Program	Yes		
Quality Management Audit of Waiver Services					X	Yes		
Assess Compliance					Annually	Yes	Annually	Annually
Quality Management System			X	Yes				
Reporting					Semi-Annual	2/1/2013		

Independent Reviewer

- Elizabeth Jones, Washington DC
- No authority of the court
- Issues annual report of compliance to the Court
- Must confer with parties before filing reports or budget with the court

Monitoring of the Agreement

- Specifically tailored to the particular program or activity
- Engagement of experts/consultants
- Shared with DBHDD throughout the process
- Opportunities for correction as necessary

Monitoring of the Agreement

- Are services individualized according to the individuals' strengths and needs?
- Are there appropriate supports for the placement?
- Community integration?

Monitoring of the Transitioned Individuals from State Hospitals to the Community

- 150 Waivers per Year for Transitions
- Subpopulation identified by statistician at VA Commonwealth – 48
- RN Consultants perform unannounced in-home visits
- Accepted screening instrument vetted with DBHDD
- Situations where health and safety issues are identified are brought forward to DBHDD immediately

Monitoring of the Transitioned Individuals from State Hospitals to the Community

- Elizabeth Jones and DBHDD Follow up
- Visits to every Region
- Follow up to previous year's visits by nurse consultants particularly to individuals with previously identified issues
- In FY '13, visits to individuals placed this year to prevent problems and proactively deal with placement issues

Monitoring of the Transitioned Individuals from State Hospitals to the Community

- Limited understanding of the individuals in their care
 - Medical issues – lack of informed consent for psychotropic medications, lack of follow up with medical providers or about medical issues, i.e. neurological, gastro-intestinal.
 - Behavioral issues – lack of understanding of behavior support plans and very limited use
 - Lack of follow through with ISP or daily activities – individuals who have no community activities, have lost access to community programs because of behavior, never leave the house

Home

- Everyone strives for and deserves a permanent home
- Placed in your care, these individuals are now in their own homes
- Do you and your staff know them, understand them, care for them like you would members of your family?
- Do you advocate for them like you would a family member?
- Does your staff have the skills, interest and ability to provide these individuals the level of care and commitment that you would like to see?

