

2014 Mental Health “Olmstead” Settlement Agreement



Adrienne Mallinson, Esq., Staff Attorney
Disabilities Rights Center
Protection & Advocacy System for NH



Greg Burdwood
Community Integration Coordinator
Bureau of Behavioral Health
Dept. of Health & Human Services

Objectives

- Improve the lives of individuals with serious mental illness:
 - Reduce institutionalization at NHH & Glenclyff
 - Enhance community integration
 - Address ER crisis
 - Avert criminal justice involvement
- Expand Community Services
 - 5 Key services
 - Transition planning
 - Monitoring

Settlement Agreement

- Finalized in Dec. 2013 between Plaintiffs, State, and US Dep't of Justice
- Federal Court approval Feb. 2014
- 5-year timeframe for full implementation

Target Population

■ Prioritization for Services

1. Currently residing at NHH or Glenclyff
2. Individuals with any of the following:
 - 2 or more admissions to NHH in last 2 years
 - Used crisis or emergency services in last 2 years
 - Criminal justice involvement as result of MI in last 2 years
 - Unable to access needed community services in last 2 years
 - THS – current or within last 2 years.

5 Core Components

- Supported Housing
- Supported Employment
- Assertive Community Treatment
- Mobile Crisis
- Peer Support/Family Support

Supported Housing

- 450 supported housing units
- Application for funding for add'l 150
- Integrated, scattered site, permanent
- Added capacity to address waitlist
- Tenancy and MH support services
- Proven, effective method of promoting community integration

Supported Housing

(cont.)

- 16 new community beds
- Complex health care and MH needs
- No more than 4 beds per residence
- Flexible settings – waiver model

Supported Employment

- Dartmouth Evidence-based model
- Job development
- Job customization
- Supports, AT, training, accommodations
- Increase to 18.6% eligible individuals over 4 years

Assertive Community Treatment

- Critical evidence-based components
- 24/7 mobility
- Multidisciplinary team of 7-10
 - Psychiatrist, nurse, clinician/therapist, FSS worker, peer specialist
 - Competencies in supported employment, housing, substance abuse support.
- 1:10 ratio
- Serving 1500 individuals by 2016

Mobile Crisis Teams

- 3 Regions: Concord, Manchester, Nashua
- 24/7 mobility
- 4 crisis beds / 2 apartments
- Up to 7-day stay in crisis beds
- Existing crisis beds maintained in other regions or mobile crisis implemented

Peer and Family Support

- Peer Support Centers in each region
 - 8 hours/day, 5.5 days/week or hourly equivalent
- Family support services maintained

Transition Planning

- Applies to NHH and Glenclyff
- Person-centered planning
- Presumes ability to live in community
- Based on needs not capacity
- Central Team to address barriers to discharge
- In-reach activities

Expert Reviewer

- Jointly selected
- Collects input from stakeholders
- Evaluates implementation of services
- Submits semi-annual public report

Greg's Role as Community Integration Coordinator

- Convene stakeholder meetings.
- Prepare and disseminate progress reports.
- Identify potential grants, funding to help with implementation.
- Participate in discharge planning at Glenclyff and NHH.
- Make recommendations for a multi-department integrated approach.

How You Can Help

- Continue your advocacy on behalf of persons who are recovering from a mental illness.
- Stay informed
 - Stakeholder meetings
 - Communication from BBH
 - Work together
- Tell us your concerns

DRC Contacts

- Amy Messer
- Adrienne Mallinson
- Aaron Ginsberg

1-800-834-1721 or 228-0432

www.drcnh.org

BBH Contacts

- Greg Burdwood
- Geoffrey Souther

271-5007

greg.burdwood@dhhs.state.nh.us

geoffrey.souther@dhhs.state.nh.us