2014 Mental Health “Olmstead” Settlement Agreement

Adrienne Mallinson, Esq., Staff Attorney Disabilities Rights 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 & Glencliff
  - 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 Glencliff
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 Glencliff
- 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 Glencliff 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