

Implementation of the USDOJ Agreement

Joint Legislative Oversight Committee on HHS
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Guiding Principles

- Individual choice is valued and supported
- Services should be in the least restrictive most integrated setting
- Services should be build on resiliency and be recovery oriented
- Housing setting enables individuals with disabilities to interact with individuals without disabilities to the fullest extent possible
- Housing setting does not limit individuals' ability to access community activities at times, frequencies and with persons of their choosing

Basis of Implementation Plan

- USDOJ Settlement Agreement
- Extended Conversations with USDOJ regarding implementation
- Commitment to build on existing systems and infrastructure
- Maximize federal funding participation

Agreement Components

- In-reach
- Diversion
- Transition planning
- Housing slots with rental assistance and transition supports
- ACTT fidelity
- Supported employment
- Quality Assurance and Performance Improvement
- Independent Reviewer

In-reach

- Coordinated by LME-MCO
- Use of certified peer specialists
- Adult Care Homes and State Psychiatric Hospitals
- Recurrent in-reach
- Begin with ACH determined to be IMDs
- Build on Money Follows the Person (MFP) experience

Transition Planning

- Establish teams coordinated by LME-MCO and headed by Transition Coordinator
- Adult Care Homes and State Hospitals with priority on ACH IMDs
- DHHS trains transition team based on MFP process and protocols
- Establish interest list and tracking mechanism

Transition Teams

Led by Transition Coordinator. Members include:

- The individual who desires to move into an integrated community setting
- Persons knowledgeable about resources and opportunities in the community, including community mental health service providers
- Regional Housing Coordinator
- Housing Liaison
- LME-PIHP Care Coordinator
- Professionals with expertise about accessing needed community mental health care, community health care, therapeutic services and other necessary services and supports to ensure a safe and successful transition to community living
- Persons who have the linguistic and cultural competence to serve the individual
- Certified Peer specialists
- The individual's guardian, as applicable, and/or other supporters

Diversion From ACH

- Use of Medicaid Universal Screening Tool (MUST) by January 2013 to identify individuals with MH needs seeking admission to ACH
- If identified MH need, referred to LME-MCO for care coordination and linking to services

Supported Housing Slots

- Package of rental subsidy, one-time transition supports, community services
- Total of 3,000; 100-300 in first year
- First come first served and based on geographic housing availability and individual preference
- Interest list up to twice the slots of current and subsequent year
- Establish a Tenant Based Rental Assistance program (TBRA)
- Build upon experience with targeted/key housing program

Housing Characteristics

- Permanent Housing with Tenancy Rights
- Tenancy support services to assist in overcoming barriers to obtain housing and develop skills to maintain housing
- Enable individuals with disabilities to interact with individuals without disabilities to fullest extent
- Do not limit access to community activities at time, frequencies, and with persons of choosing
- Are scattered site, no more that 20% units occupied by persons with disabilities
- Afford individuals choice in daily life activities
- Priority is single occupancy housing
- Not licensed

Assertive Community Treatment Team (ACTT) Fidelity

- By July 2013 all teams must meet fidelity and will have at least 33 teams serving 3,225 individuals.
- By July 2019, 50 teams serving 5,000 individuals
- Tool for Measurement of Assertive Community Treatment (TMACT) fidelity scale
- Service definition changes and rate revision
- Training
- Identify who will do fidelity assessment

Supported Employment

- Seeking to develop evidence based Dartmouth Individual Placement and Support (IPS) model
- 100 individuals by July 2013 building to 2,500 individuals by July 2019.
- Service definition and rate setting
- Training
- Fidelity review process

Quality Assurance and Performance Improvement

- Tracking length of stay, readmissions, community tenure
- Personal Outcomes including:
 - Incidents of harm
 - Repeat admissions
 - Use of crisis beds and community hospital admissions
 - Repeat ED visits
 - Time spent in congregate day programming
 - Number employed, attending school, maintenance of living arrangement, engaged in community life
- In-reach and discharge
- Quality of Life Surveys
- External Quality Review (EQRO)

Independent Reviewer

- Conduct initial baseline evaluation
- Evaluate status of compliance
- Produce annual reports

Budget

- SL2012-142 Appropriated \$10.3 million
 - Housing Development and Support
 - Services and Supports
 - In-reach/Transition Coordination
 - Screening
 - Oversight and Quality Management
 - Independent Reviewer

Implementation Structure

- DHHS Transition to Community Living Steering Committee
- Workgroups on
 - In-reach and transition planning
 - Housing
 - Community Services
 - IT/Data
 - ACH Transition funding
 - Budget
- Review initial Implementation Plan with stakeholders
- Special Advisor on ADA
- Development of plans for other disability populations ¹⁶