

## **DELAWARE SETTLEMENT AGREEMENT DISMISSAL FACT SHEET**

The U.S. District Court for the District of Delaware terminated the remedial settlement agreement governing the state of Delaware's service system for people with serious and persistent mental illness. The court agreed with the joint motion of the state and the Department of Justice that Delaware has fully complied with the terms of the 2011 agreement, based on the assessment of an independent court monitor.

This is the first successful conclusion of a systemic reform case brought by the department under the Americans with Disabilities Act (ADA) and the Supreme Court's *Olmstead* decision.

The agreement has:

- **Expanded community-based services.** Since entry of the agreement, Delaware has significantly reduced its reliance on institutional care, particularly at the state-run Delaware Psychiatric Center (DPC).
  - It has reduced the number of DPC bed days used by people in the target population by 47.2 percent. The average daily census in DPC for the target population in FY2016 was 76.
  - The number of Medicaid-eligible Delawareans receiving community-based services has increased by 92 percent since the United States began its investigation.
  - Individuals who receive services under the agreement through the state's Division of Substance Abuse and Mental Health have dramatically lower rates of hospital admissions than those who are not receiving those services: only 9.9 percent of hospitalizations in FY2016 involved individuals receiving services under the agreement.
  - Delaware now operates 15 Assertive Community Treatment (ACT) teams and two intensive case management (ICM) teams. Collectively, these teams serve about 1,700 people at any given time.
  - The state also created the Community Reintegration Support Project (CRISP) that provides community-based mental health services to 100 people with the most difficult and complicated needs, many of whom were institutionalized for decades.
  - Delaware provided funding for 812 permanent supportive housing units in FY2016, exceeding the agreement's targets. Importantly, the state has created a system that makes integrated housing the default option.
  
- **Expanded crisis and diversion services.** The state has successfully implemented a mental health crisis system.
  - Delaware now has a 24/7 crisis line; two mobile crisis teams that respond within one hour of a call; two "living room model" crisis walk-in centers; 21 crisis apartment beds; and 3 targeted care management teams.
  - Mobile crisis teams in Delaware typically divert 80 to 90 percent of people they encounter from hospitalization or criminal justice interaction.

- The state’s crisis walk-in center in Sussex County diverts about 70 percent of people from further hospitalization or criminal justice interaction. It takes law enforcement officers less than 10 minutes on average to drop-off an individual in a mental health crisis.
  
- **Ensured on-going quality assurance and performance improvement.**
  - To ensure sustainability of its reforms, Delaware created a “Quality Control Steering Committee” to analyze, interpret and act on data related to specific performance measures in order to improve mental health care in the state.
  - These efforts will be sustained by recently passed legislation that established an independent oversight commission to monitor Delaware’s public mental health system. The commission will be appointed by the governor and includes a variety of stakeholders, from doctors to peers.
  
- **Dramatically improved** the lives of individuals with mental illness.
  - One Delawarean was 16 years old when she was first admitted to DPC. She repeatedly attempted suicide because she “just wanted to die” and “couldn’t stand life anymore.” After each attempt, she would be brought back to the hospital, where she remembers smashing her head against a brick wall over and over and being held in four-point restraints. She describes that time of her life as going “through hell and back.”  
Following the department agreement with Delaware, her life changed because she started to receive the intensive supports she needed to remain stable in the community. She has a therapist who helps her write affirmations, which she repeats in the mirror every day, and a peer support specialist who regularly meets with her and has inspired her to become a peer support specialist. She also has her own apartment through the state’s permanent supported housing program. She lives with a roommate whom she met at the hospital and who has become her best friend.
    - She said that she “takes it slow every day; I don’t think about suicide anymore.” She is thankful for the time she can spend with her daughter and describes herself as “doing tremendously better now.”
  - A second Delawarean with mental illness who grew up in the foster care system and became involved in gang activities at an early age said that she used to be depressed and suicidal. Beginning in fifth grade, she tried to kill herself multiple times and was admitted to DPC. She now receives intensive community-based mental health services from the state and especially relies on her peer support specialist to help her through difficult times. She described being “afraid of life for a long time,” but now she “really believes in the State [of Delaware] and before I didn’t.”