**Quarterly Olmstead Community Integration Summary**

1. **Report For:** First Quarter FY2015 (April - June 2015)
2. **Prepared By:** Department of Behavioral Health
3. **Date Submitted: July 13, 2015**

**Agency Analysis**

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| **Community Integration (Olmstead Plan)**  **Coordinator** | **Agency Leadership** |
| Vivi Smith | Dr. Barbara J. Bazron |

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| **Number of Persons to be Moved to Community Services** | **Quarterly Progress** | **Percentage of Agency Goal Met** |
| 80 | 57 | 71.25 |

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| **AGENCY GOAL TYPE** | **NARRATIVE** |
| **Quantitative Goal Progress** | In April, May and June of 2015, 30 individuals with a length of stay of 187 days or more were transitioned back to the community from Saint Elizabeths Hospital.  Also in April, May and June of 2015, 10 youth were discharged/transferred from PRTF placements. |
| **Qualtitative Goal Progress** | In our efforts to assist individuals who are transitioning from Saint Elizabeths Hospital (SEH) to community living, DBH has hired and trained, eight (8) Consumers of DBH services to work as Transition Specialists. These Transition Specialists utilize their training and lived experience to assist the individuals in care at SEH in making a smooth transition back to community living.  DBH also had in session, the first Winter of the Peer Specialist Certification Training (PSCT). These individuals, once certified will provide peer support to other Consumers of behavioral health services in their efforts to live successfully in the communities of their choice. The PSCT began on January 20, 2015 and 13 individuals, including family members of children and youth in the DBH system of care, completed all requirements to become DBH Certified Peer Specialists.  To support community integration of individuals discharged from institutions, DBH collaborates with other District agencies to offer a session called Family Talk, which is intended to inform parents of PRTF treatment, discharge and community based services. These sessions have been supported by numerous agencies (including DCPS, DYRS, OSSE, CFSA, and DHCF).  Additionally, the Juvenile Behavioral Diversion Program (JBDP) is a voluntary program that was established within the DC Superior Court Juvenile Division, in January 2011.  This program is a collaboration between the Family Court, Court Social Services, Office of Attorney General, the Department of Behavioral Health and a few of DBH's Core Service Agencies which are community based mental health providers conducting evidenced practices to the youth and their families.  The Juvenile Behavioral Diversion Program has operated within the DC Superior Court Juvenile and court-involved juvenile status offenders are given the option of participating in mental health services rather than being prosecuted.  JBDP links and engages juveniles in appropriate community-based mental health services and supports. The goal is to reduce behavioral symptoms that result in juveniles’ involvement with the criminal justice system and to improve their functioning in the home, school, and community.  This program is intended for children and youth who are often served within multiple systems who are at risk of re-offending without linkage to mental health services and other important supports.  DBH also operates a 24hour/7 days a week Access Helpline. The Access Helpline staff is able to link and/or inform callers about the range of community based services available through DBH. DBH also keeps its webpage up to date to inform the community on its supports and services.  As part of our outreach efforts to the community, DBH, in collaboration with the D.C. Office of Disability Rights, sponsors the Annual Olmstead/Community Integration Conference. As May, was Mental Health Awareness Month, this year’s Conference was held on May 27, 2015. Over 100 individuals registered to attend this conference which provided a platform to inform individual of the myriad of community services/events available that will enhance their quality of life and support successful community living.  DBH works with several community groups such as the Consumer Action Network (CAN), National Alliance on Mental Illness (NAMI-DC), and the Total Family Care Coalition (TFCC), to provide information on services and supports available through the DBH network of care. |