



**Testimony of Rita M. Landgraf
Before the United States Senate Committee on
Health, Education, Labor and Pensions**

June 21, 2012

Mr. Chairman and Members of the Committee, I am honored to testify before you today about the progress being made on advancing community inclusion for individuals with disabilities. My name is Rita Landgraf and I am the Cabinet Secretary for the Delaware Department of Health and Social Services or DHSS. My role in public service is mainly due to my role as a lifelong advocate in the areas of disability, health care and senior issues, including as the former executive director of The Arc of Delaware and the National Alliance on Mental Illness in Delaware, and president of AARP Delaware.

I do not believe, it is enough for us to be in mere compliance with the Americans with Disability Act and the Olmstead ruling, but we, as state leaders, must embrace the intent of the law beyond the compliance and embed inclusion and the benefits of diversity as a core value. We must engage our partners across the federal, state and local governments, and be inclusive of individuals with disabilities as we develop best practice policy and implementation. This is not merely meeting the objectives of enforcement or a settlement agreement. It is about systemic reform that enables services to meet the desires of the market to live ordinary lives with identified supports. Our state and federal systems need to ensure that our services adhere to these goals that many of us take for granted.

We know that States, CMS, and disability advocates are beginning to evolve to a new understanding of the "Olmstead Community Integration Mandate." The fundamental question is about "how government resources can support a quality of life for people with significant disabilities (eligible for Medicaid funding) that enhances full community participation, independent living and economic self-sufficiency?"

Today, in Delaware, it is a value that we are committed to extending across the state through meaningful systemic reform that promotes integration of individuals with disabilities in our society. Our Governor, Gov. Jack Markell, is committed to this priority, bringing the full weight of his office and the political will to accomplish this restructuring. However, the Delaware system has not evolved dramatically since the passage of ADA in 1990 and since the 1999 reaffirmation of the Integration Mandate by the Olmstead ruling.

For decades in Delaware, the State has had an overreliance on facility-based care and options within community have been limited to mid- to small-group living homes. Far too many individuals were placed in institutions and remained there for extended periods. Since 2009, under the Markell administration, we have focused on shifting our resources and our delivery strategy to a community-first focus. Community should be the norm not the exception. The level of reform, Delaware is addressing for individuals with serious persistent mental illness is seen, by us, as the prototype for all with disabilities and the aging population in need of supports. It begins with a simple, but powerful expectation:

Individuals with disabilities can live in their own home, have meaningful employment and be ordinary Delawareans. They may require some level of support, but those supports need to be provided that effectively foster independence and fully engage participation in society.

A pivotal benchmark for Delaware to excel in our commitment to meaningful reform is the July 6, 2011, settlement agreement between the State and the U.S. Department of Justice which resolved a three-year investigation of the Delaware Psychiatric Center. More importantly, the agreement became the blueprint for how Delaware would provide mental health services to individuals with severe and persistent mental illness, and creates the prototype for systemic reform across the government, in support of all individuals with disabilities.

In order to comply with the agreement, the State must prevent unnecessary institutionalization by offering agreed upon community-based services to the target population, a subset of individuals with SPMI (serious, persistent mental illness) who are at the highest risk of unnecessary institutionalization and the development of upgraded community supports and services. We want to make this State a leader in mental health services, and the USDOJ shares that vision.

Given the fiscal challenges, the need for smarter budgeting, smarter spending, and smarter management must take center stage if we are to achieve meaningful integration. We need to embrace the philosophy of community-based living, but without the rebalancing and flexibility of the funding system, the system will remain vulnerable to stagnation and erosion. DHSS is focused on the development of a quality assurance program that incentivizes based on outcomes as they relate to the promises of Olmstead/ADA and not funds for volume. As a State, we are focused not only on supporting individuals moving out of DPC and into the community, but are actively assessing all within our state facilities and asking if they want to return to their community and are assisting them to do so.

The underlying support for full community participation must be a focus on financial capability and advancing “economic self-sufficiency.” The Olmstead Community Integration Mandate compels us to attack poverty and financial instability through financial coaching as part of an individual’s Medicaid support plan. In Delaware, we will use our government infrastructure to reset the focus to change thinking and behavior about financial capability through an integrated system of supports that enhance financial empowerment skills and outcomes.

I believe we need ADA/Olmstead ambassadors throughout the states to promote the premise behind the civil rights movement and institute a broad education campaign. States must incorporate this awareness throughout the delivery system and in all areas of the Cabinet to fully support the civil rights of individuals with disabilities as a core value.

In closing, permit me to share with you my early lesson on inclusion:

My path here today began when I was 12 years old, when a young neighbor Mike who had an intellectual disability, ventured out into our community to befriend us. What Mike wanted was to be included with his peers and be a part of our group. What he encountered was ridicule at his expense. The memory still weighs heavy on my mind and heart. I didn’t tease Mike, but I did nothing to stop the others. That haunting look on Mike’s face changed my life, and I committed myself to working towards a system that educates and promotes diversity and inclusion. Mike on the red bike taught me my first lesson on the value of inclusion. I saw Mike a few years back and he told me that he now drives a car, works at a farmer’s market and is married. He is an ordinary Delawarean, a full participating community member and was smiling broadly. I told him that he was also a great teacher.

Thank you for this opportunity to testify and I look forward to your questions.